

PELC Out of Hours Service

Quality Report

PELC Out of Hours Service
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This report describes our judgement of the quality of care at this out-of-hours service. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from the provider, patients, the public and other organisations.

Summary of findings

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Summary of findings

Overall summary

The Partnership of East London Co-operatives (PELC) Ltd Out of Hours Service provides telephone advice for home treatment, face-to-face consultations, and home visits to people who need advice or treatment that can't wait until the next available routine appointment. The service provides out-of-hours cover for over 1.1 million patients registered to GP surgeries in Waltham Forest, Redbridge, Havering, Barking & Dagenham and West Essex.

PELC also provides other urgent care services, including urgent care centres at two local hospitals and local NHS 111 services.

The service is registered with CQC to provide the regulated activities of transport services, triage and medical advice provided remotely and treatment of disease, disorder or injury.

During our inspection, we spoke with people who used the service, relatives, and carers, who were very complimentary about their treatment and care. We also used comment cards to ask people for their views, and these were also positive overall.

We found there was effective leadership in the organisation and that treatment and care was planned around the patient. Patients' care pathways were coordinated, and integrated working across the range of urgent care services was designed to ensure patients received the right care in the right place at the right time. This meant that patients experienced a single, continuous and efficient service.

The provider used learning from incidents, patient surveys, compliments and complaints, and clinical audit to help them to improve the service. Senior clinical leaders took responsibility for checking and ensuring GPs provided effective treatment and care, in line with recognised best practice standards and guidelines. The provider recruited GPs and staff with suitable qualifications, skills and experience to meet the needs of people using the service. There were also provisions to enable the diverse population to access the service.

We found some risks associated with medicines and clinical equipment that the provider was not managing well. Medicines, clinical equipment and prescription forms at Becketts House were stored in an area that could only be accessed by staff and GPs working for the service. However, they were not stored sufficiently securely to mitigate the risk of unauthorised access and people misusing or tampering with them. Controlled drugs records were not maintained according to current guidance. There were no controls in place to ensure medicines were stored at the correct temperature and therefore fit for use. GPs were using items of clinical equipment that were not subject to the provider's equipment safety checks. Other records were not readily available to demonstrate that routine safety checks on medicines and equipment had been carried out.

We have asked the provider to send us a report by 09 May 2014, setting out the action they will take to meet these safety standards. We will check to make sure that this action is taken.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The provider learned from incidents to improve the safety of the service. Policies and procedures were in place to protect children and vulnerable adults from the risk of abuse. There were effective systems in place to reduce the risk and spread of health acquired infection.

However, improvements are needed because people were not protected against all the risks associated with medicines: appropriate arrangements were not in place for handling and keeping medicines safely.

People were not protected from unsafe or unsuitable equipment because GPs were using their own equipment, which was not subject to the provider's safety checks.

Records were not readily available to show that checks on medicines and equipment were always carried out.

Are services effective?

People's needs were met by suitably qualified and experienced staff working to recognised best practice standards and guidelines. The provider undertook clinical audit and participated in national clinical audit, which was used to help improve treatment and care.

Are services caring?

People were treated with compassion, respect and dignity. Care was taken to protect their privacy, and to keep information about them confidential and secure.

Are services responsive to people's needs?

The provider worked continuously to ensure people's individual needs were met appropriately without unavoidable delay. It made provision for the needs of the diverse population it served; and used patient feedback, including complaints, to improve the service.

Are services well-led?

There were areas in which strong leadership meant patients received the right care in the right place at the right time. For example, coordinated care pathways and integrated working across services had been developed to ensure patients experienced a single, continuous and efficient service. Strong governance arrangements enabled the provider to monitor, manage and improve the operation of these pathways.

Summary of findings

What people who use the out-of-hours service say

People who attended the primary care centres to see an out-of-hours GP were highly satisfied with the service. They told us they were happy with the appointment time they had been given, and with the treatment they had received.

The comment cards we received from people who had used the service told us staff were friendly, helpful, caring and informative. Most described the service as excellent, with a few going on to say they felt their needs had been listened to, and that the GP had been very thorough. A few people had commented on the high standard of cleanliness in the primary care centre.

During our visit we saw that people who arrived to see the out-of-hours GP were checked in quickly and seen within 30 minutes of their arrival. However, one comment card told us that a person with two small children had once been kept waiting for over an hour for their appointment. During our inspection we did not observe any people who used the service, experiencing long waiting times.

Areas for improvement

Action the out-of-hours service **MUST** take to improve

- Arrangements for storing and handling medicines to ensure that they cannot be tampered with or misused, and that they are fit for use
- Arrangements for the safe storage of prescription stationery.
- Arrangements for the recording of controlled drugs.

- Availability and maintenance of records to show that systems and processes for providing a safe service in relation to medicines are in operation.

Action the out-of-hours service **COULD** take to improve

- Arrangements to ensure that all clinical equipment is fit for use.
- Access to training and updates for GPs.

Good practice

Our inspection team highlighted the following areas of good practice:

- Continuous clinical audit of GPs and call operators to maintain standards and drive improvement in the safety and effectiveness of the urgent care service they provide.
- Continued development of coordinated pathways of care to meet patients' needs in a timely way and in the most clinically appropriate setting.

PELC Out of Hours Service

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. It included a GP, a specialist advisor, and an Expert by Experience. This is a person who has personal experience of using this type of care service or caring for somebody who has used out-of-hours services.

Background to PELC Out of Hours Service

The Partnership of East London Co-operatives (PELC) Ltd is a not for profit organisation. It was formed in 2004 when four GP co-operatives merged to provide the GP out-of-hours service for outer north east London. It has since been commissioned to provide further services including: the NHS 111 service for Outer North East London and for East London and City; the urgent care centres at Whipps Cross Hospital in Leyton and King George's Hospital in Goodmayes; and Single Point of Access and Outbound Calling services in Waltham Forest.

PELC Out of Hours GP Service provides telephone advice for home treatment, face-to-face consultations, or home visits to people who need advice or treatment that can't wait until the next available routine appointment. The service provides out-of-hours cover for over 1.1 million patients registered to GP surgeries in Waltham Forest, Redbridge, Havering, Barking & Dagenham and West Essex.

Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward. We included this service as it had not previously been inspected.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before our visit, we reviewed a range of information we held about the out-of-hours service and asked other organisations to share what they knew about the service.

We carried out an announced visit on 11 and 12 February 2014. We visited the service at its head office (Becketts House) and the three primary care centres where people were treated by an out-of-hours GP.

During our visit we spoke with a range of staff including GPs, reception staff, drivers, and members of the service's management team. We also spoke with NHS 111 call operators, clinical advisors, and clinical supervisors because the 111 service was the first point of contact for people who used the out-of-hours service.

Detailed findings

We spoke with people who used the service. We observed how people were being cared for, and talked with carers and/or family members. We reviewed comment cards where patients and members of the public shared with us their views and experiences of the service.

Are services safe?

Summary of findings

The provider learned from incidents to improve the safety of the service. Policies and procedures were in place to protect children and vulnerable adults from the risk of abuse. There were effective systems in place to reduce the risk and spread of health acquired infection.

However, improvements are needed because people were not protected against all the risks associated with medicines: appropriate arrangements were not in place for handling and keeping medicines safely.

People were not protected from unsafe or unsuitable equipment because GPs were using their own equipment, which was not subject to the provider's safety checks.

Records were not readily available to show that checks on medicines and equipment were always carried out.

Our findings

Learning from incidents

There was a procedure to guide staff and GPs about the action to take following an incident or accident, including near misses. All staff and GPs had access to the provider's online incident reporting form, and doctors and staff we spoke with correctly described the incident reporting procedure. The records we looked at showed that the provider investigated incidents and collated and analysed information from incidents to identify where lessons could be learned and changes made to improve the safety of the service.

This process involved sharing the learning with the member of staff concerned. We saw that learning was disseminated across the organisation also. For example, both the provider's clinical newsletter and staff newsletter carried a regular "Learning from feedback" section. Learning from incidents was also used in the recruitment of GPs, as the basis of scenarios in the interview process to assess the applicants' clinical approach and communication skills.

Medicines

A pharmacy and medicines policy provided guidance to staff about how to protect patients against the risks

associated with the unsafe use and management of medicines. However, at three of the four sites we visited (the Becketts House, Grays Court and Wych Elm Clinic) the policy was not being followed in full.

We were particularly concerned about the arrangements to store medicines at the service's head office (Becketts House). Here, medicines were prepared for supply by GPs to dispense, when it was not possible for the patient to visit a community pharmacy service. The area in which these medicines were stored was shared with a number of staff who played no role in medicines management. Access to this area was strictly controlled to prevent people not working for the service from entering.

We saw boxes of medicines that had been prepared for distribution to the primary care centres and GPs' visiting bags. These were not sealed with tamper proof tape, and were not stored in the available lockable cupboards. This increased the risk of unauthorised people having access to medicines. We brought this to the provider's attention, who later confirmed all the boxes had been moved into the lockable cupboards. The provider told us there were plans to create a dedicated secure storage area for medicines; however we were unable to assess the impact of these plans as part of our inspection. The provider also told us that a risk assessment had been completed of the existing medicines storage arrangements and that additional safeguards had been put in place to manage these risks. However, the provider could not provide us with the risk assessment, or evidence that action had been taken routinely, to ensure medicines were stored safely at all times.

The provider did not monitor the temperature at which medicines were kept. This increased the risk of medicines not being stored at the correct temperature recommended by the manufacturer, and so potentially they would be not fit for use.

All of the medicines we looked at were within their expiry date, and we saw they had been ordered from a registered medicines supplier. However, stock control records were not available. This meant we could not be assured that adequate stocks of medicines were maintained at all times to meet the needs of patients.

Are services safe?

Arrangements for the secure storage of prescription forms were inadequate at Becketts House. We observed that the key to the cupboard in which the forms were stored was not kept securely. This increased the risk of prescription form theft and misuse.

Controlled drugs are medicines that are subject to higher levels of control under the Misuse of Drugs Regulations. We saw that although controlled drugs were stored securely, entries in the controlled drugs register were incomplete. This meant that controlled drugs may not be properly accounted for, which increased the risk of controlled drugs being misappropriated.

GPs received national safety alerts to inform them about medicines and medical equipment so that they were withdrawn from use. GPs' prescribing practice was regularly monitored through clinical audit. However, the provider could not provide evidence that it regularly checked any other aspects of its pharmacy and medicines policy and standard operating procedures to ensure medicines were managed safely at all times.

Staff and GPs received relevant medicines management training when they joined the service. GPs were required to make an annual declaration that they have read and will comply with the provider's policies; however there was no requirement that staff should receive refresher training. This potentially increased the risk of their knowledge and skills becoming out of date and may affect the care, treatment and support received by the person using the service.

Medical equipment

We looked at a policy which stated that doctors conducting home visits shall only use bags provided by PELC and that bags were stocked and equipped by the pharmacy department.

We saw that clinical equipment was available in the primary care centres, and GPs making home visits were provided with visiting bags. However staff and GPs we spoke with told us that GPs used their own equipment on a regular basis and therefore the policy was not being followed and equipment was not subject to the provider's safety checks. GPs and staff told us the pharmacy

department checked the equipment to make sure it was working properly, and that stocks were maintained. However, the provider was unable to provide us with records of the equipment checks. This increased the risk for people who used the service, being treated with equipment that may not be of the quality intended and could therefore be unsafe or unsuitable.

Infection control and hygiene

People who had a face-to-face consultation at the primary care centres were treated in suitable clinical premises. The environment was visibly clean. There were appropriate facilities for hand-washing and for dealing appropriately with clinical waste. Personal protective equipment, for example disposable gloves, was available.

Safeguarding

There were policies and procedures to guide staff and GPs about their role in safeguarding and promoting the welfare of vulnerable adults and children. Safeguarding training was included in the induction programme for new staff. GPs registering with the provider were required to produce documentary evidence that they had completed training in safeguarding children and adults. Staff received refresher training after three years and GPs were required to make an annual declaration that they had undertaken training in Safeguarding children and adults.

There was a system in place for receiving information from other organisations for adults who were at risk, or that a protection plan was in place for a child. This was recorded securely on the out-of-hours computer system as a Special Patient Note (SPN). This was to alert the GP to liaise with the safeguarding authority before seeing the patient.

NHS 111 and reception staff we spoke with demonstrated an understanding of what constituted abuse, and knowledge of the procedure for reporting suspected abuse. However, one GP we spoke with was less certain about the procedure to follow if faced with the possibility that a person's welfare or safety may be at risk. The provider's clinical audit programme assessed how well GPs and call operators addressed any potential safeguarding issues.

Are services effective?

(for example, treatment is effective)

Summary of findings

People's needs were met by suitably qualified and experienced staff working to recognised best practice standards and guidelines. The provider undertook clinical audit and participated in national clinical audit, which was used to help improve treatment and care.

Our findings

Promoting best practice

The out-of-hours GPs worked to guidelines from the National Institute for Health and Care Excellence (NICE). The out-of-hours service was subject to regular clinical audit to ensure patients received effective care as set out by the guidelines. Senior clinical staff regularly checked samples of electronic patient records for each call operator and GP, using the Royal College of General Practitioners urgent and emergency care clinical audit toolkit. Clinical audit results were reported to the integrated governance sub-committee (IGSC). This committee decided appropriate action to take on audit findings to improve performance. For example, an organisation-wide prescribing audit was carried out when a sample of records showed variable prescribing practice that was not always in line with best practice. This meant that people who used the service could be assured that the provider undertook clinical audits and participated in national clinical audits, which was used to help improve the treatment and care received by the individual.

The provider's clinical directors identified any poor clinical practice and supervised remedial action. Where necessary, the provider had referred doctors to the General Medical Council (GMC). The GMC registers doctors to practise medicine in the UK.

The provider was a member of Urgent Health UK (UHUK), which is the federation of social enterprise unscheduled primary care providers. The provider took part in UHUK audits and reviews to benchmark its performance against other members of the federation, and to promote best practice. This meant that the provider was continuously

reviewing its performance and service delivery to ensure that the patient experience was positive and operating in line with the National Institute for Health and Care Excellence (NICE)

Feedback from patients

People we spoke with were very complimentary about the service they received. For example, one parent told us "I'm very relieved and [the service] was very quick. I was worried about my son." A person stated on a comment card: "Very caring, excellent treatment. Staff very good." Another comment card read "I think the service is really good. They are very thorough in what the outcome is or was, very friendly staff, very clean."

Staffing

Appropriate pre-employment or pre-registration checks were completed before staff and GPs were allowed to work for the provider, to ensure staff were of good character, and were appropriately qualified and fit for the work. The checks included identity and right to work verification, criminal records checks, two references, and occupational health checks. Where applicable, qualifications, professional registration, and membership of a professional defence organisation were also completed.

There were sufficient numbers of suitably qualified, skilled and experienced staff and GPs employed to provide the out-of-hours service. There were clinical advisors and clinical supervisors to support call operators. GPs had clearly designated roles so that they were either triaging patients on the phone, seeing patients face-to-face (base doctors), or visiting patients at their home (visiting doctors). Base doctors were supported by reception staff, and visiting doctors had drivers. Base and visiting doctors also triaged telephone calls to assess and prioritise the order of the treatment of people when not seeing patients.

The provider used a rostering tool to forecast and schedule staff and GPs to predicted demand for the service. Staff and GPs used the tool to register their availability for different shifts and the tool then allocated the work. In its monthly report to commissioners in November 2013, the provider reported it was meeting this National Quality Requirement, and that all clinical shifts were covered during the reporting month and there were no gaps in service provision at any of its sites. Call operators working on flexible arrangements and GPs were required to work a minimum number of sessions each month to maintain their out-of-hours service competencies and skills.

Are services effective?

(for example, treatment is effective)

Staff and GPs felt supported and were positive about working for the service. Morale was high. Call operators told us induction training prepared them for their role, and several remarked on there being a 'no blame' culture. This meant they could discuss any difficulties they experienced with clinical advisors and supervisory staff. There was a rolling programme of mandatory and essential training, including safeguarding, basic life support, infection prevention and control, and patient confidentiality. The provider kept training records and prompted staff when they were due for refresher training. We saw a selection of training records which evidenced mandatory training had been provided.

Recruitment and retention of GPs was high, and some doctors told us they received regular contact with the provider, for example through the provider's clinical newsletter. The provider told us that training courses for clinical staff were poorly attended and a few doctors told us it was difficult to attend training because of where the courses were held. A few doctors told us that they would like more training, for example on triaging.

Are services caring?

Summary of findings

People were treated with compassion, respect and dignity. Care was taken to protect their privacy, and to keep information about them confidential and secure.

Our findings

Involving patients in their treatment

We observed people, particularly those with a sick child, or caring for an elderly relative or people who had a disability, arriving at the service looking anxious and harassed. After seeing the GP, they left the service looking relieved and calm.

Patients told us they felt they had been listened to, and that their treatment and care met their needs. One comment card read: “The staff have always been caring

and informative.” We also received comments about the friendliness and helpfulness of staff and GPs. There were information booklets about the out-of-hours GP service in the primary care centres, and freepost ‘Have your say’ cards were available so that patients could provide feedback to improve services. We observed GPs and staff to be courteous and approachable in their dealings with patients.

Privacy and confidentiality

GPs and staff had received training on information governance, and we observed them taking care to protect people’s privacy and to keep information about people confidential and secure. Patient information leaflets were available in the primary care centres, explaining the information the service holds about them, how that information is used, and how people can access their records.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The provider worked continuously to ensure people's individual needs were met appropriately without unavoidable delay. It made provision for the needs of the diverse population it served; and used patient feedback, including complaints, to improve the service.

Our findings

Responding to patients' needs

We saw call operators and GPs working in a calm and unhurried way, and they told us there was enough time in which to respond fully to people's needs. Guidelines were in place to ensure people who contacted the service received a timely response appropriate to their clinical need. Call operators were competent in the use of NHS Pathways, which is clinical assessment software developed by NHS doctors, nurses and information technology specialists. NHS Pathways enabled call operators to assess symptoms over the telephone to identify the best clinical skill set and a defined timescale for meeting a person's identified needs. For people requiring an out-of-hours GP service, triaging doctors then completed a definitive clinical assessment and provided telephone advice, or arranged a face-to-face consultation where this was clinically indicated. A visiting policy based on guidelines recommended by the National Association of GP Co-operatives provided guidance to triaging doctors on assessing the clinical need for home visits, and prioritising visits.

We saw that people who attended the primary care centres were checked in promptly by reception staff, and were seen by the GP within 30 minutes of their booked appointment. People who used the service and their family and carers were highly satisfied with the efficiency of the service, from making the initial telephone call to being seen by the GP. For example, two people told us they had received a call back from the GP when promised, and that an appointment for them to see the doctor had been made very quickly. A third person told us "The service is good. It's really quick. I live nearer to Whipps Cross, but the staff told me it'll be rammed, so I've come to Wych Elm."

Waiting times

Real time performance against National Quality Requirements relating to waiting times was on display in the call centre for call operators and for out-of-hours GPs triaging patients over the phone. However, staff and GPs told us they were not pressurised to put performance targets before a patient, and this message was reinforced by managers and in training materials. The monthly performance report to commissioners in November 2013 showed the provider was meeting most performance targets, and was making progress towards meeting all waiting times performance targets. The provider's annual patient experience report dated 19 December 2013 showed four out of five respondents to the out-of-hours patients survey said the service they received was 'excellent' or 'good'.

Access

The provider had made arrangements to enable people with diverse needs to access the service. People who are hard of hearing were able to access the service using typetalk, a service which allows text-based communications over the phone. There was a specialist language translation service for people who don't speak English as their first language. Call handlers told us they always used translation support when necessary; and that this service worked well, and was readily available in the most common languages they needed. Parking, baby changing facilities, and wheelchair access was available at the primary care centres.

Patient feedback and complaints

The provider used information from patient surveys and complaints to help improve the service. The annual patient experience report to the PELC Council, dated 19 December 2013, provided an overview of complaints and compliments received in 2012/13, incidents, and results of patient surveys. Learning from feedback included, for example, reminding triage doctors to return urgent calls within 20 minutes; clarifying aspects of how to deal with calls on behalf of palliative care patients; and reminding visiting doctors of the guidelines for safe disposal of sharp instruments.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Summary of findings

There were areas in which strong leadership meant patients received the right care in the right place at the right time. For example, coordinated care pathways and integrated working across services had been developed to ensure patients experienced a single, continuous and efficient service. Strong governance arrangements enabled the provider to monitor, manage and improve the operation of these pathways.

Our findings

Governance arrangements

The integrated governance sub-committee was chaired by one of the clinical directors and met regularly. It received reports about incidents, complaints, performance, patient surveys, and clinical audit; and used this information to improve the quality, performance and effectiveness of the out-of-hours service. Policies and procedures we looked at set out clear lines of accountability and responsibilities.

Cooperating with other providers and commissioners

Under separate commissioning arrangements, The Partnership of East London Co-operatives (PELC) Ltd provided the NHS 111 service for Outer North East London and for East London and City; the urgent care centres at Whipps Cross Hospital in Leyton and King George's Hospital in Goodmayes; and Single Point of Access and Outbound Calling services in Waltham Forest.

There were coordinated pathways of care across these services designed to meet patients' needs in a timely way and in the most clinically appropriate setting. PELC monitored and improved these pathways to ensure that patients experienced a single, continuous and efficient service. The operation of these pathways was supported by a real-time electronic patient record and case management system that could be accessed by all elements of the urgent care service, including the out-of-hours service and visiting GPs.

PELC also worked with emergency departments and GP surgeries to ensure that the out-of-hours service worked well with these services. For example, it had recently introduced a new system for sending consultation details to patients' GPs by 8.00am the following day to ensure continuity of care. In-hours GPs told us the new system was good. They also told us the out-of-hours service responded well to their needs, for example when a surgery had to close for training or for repairs.

Putting the patient first

PELC's aims and objectives were clearly stated. Staff at all levels of the organisation and GPs we spoke with told us they enjoyed working for PELC. They demonstrated commitment to providing a service that ensured patients received the right care in the right place at the right time. An example of this was the participation of PELC as a beta testing site for NHS Pathways software development.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: Management of medicines</p> <p>How the regulation was not being met: People who used the services were not protected against the risks associated with medicines because medicines and prescription pads were not stored securely and safely. Regulation 13.</p>