

PELC Out of Hours Service

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services well-led?

Good



Overall summary

This service is rated as Good overall (Previous inspection 9,10,12 April 2018 – Overall Good rating).

We carried out an announced comprehensive inspection at Partnership of East London Cooperatives Limited (Out of Hours Service) on 14 March 2019. Our inspection included a visit to the service's King George's hospital location.

This inspection was to confirm the provider had carried out their plan to meet the legal requirements in relation to breaches in regulations that we identified in our previous inspection on 9,10,12 April 2018. At that time the service was rated as good for safe, effective, caring and responsive services and was rated good overall. The service was rated as requires improvement for well led services because governance arrangements did not ensure the Hepatitis B status of doctors was on file or ensure all relevant people were involved in learning from significant events and safety alerts.

This report only covers our findings in relation to those areas where requirements had not previously been met.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Partnership of East London Cooperatives Limited (Out of Hours Service) on our website at www.cqc.org.uk/location/1-199811091.

The key questions are rated as:

Are services well-led? – Good

At this inspection we found:

- Action had been taken since our last inspection such that there were appropriate governance arrangements for ensuring the Hepatitis B status of all doctors was on file and for ensuring learning from significant events involved all relevant people.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a CQC pharmacist specialist adviser and a CQC practice manager specialist adviser.

Background to PELC Out of Hours Service

Partnership of East London Cooperatives (PELC) Limited is a not for profit organisation which was formed in 2004 by a group of GPs who wished to share resources to provide quality out of hours GP services for their local communities. The organisation is a certified social enterprise which reinvests all profits into improving services and communities served. There are no shareholders.

PELC provide GP out of hours services in City & Hackney, Newham, Tower Hamlets, Barking and Dagenham, Redbridge, Havering, Waltham Forest and West Essex Clinical Commissioning Group (CCG) areas to approximately 1.1 million patients.

PELC is also commissioned to provide urgent care services for this locality (excluding West Essex). The findings of this inspection report relate only to PELC's out of hours service.

The opening hours are seven days a week from 6:30pm to 8am and 24 hours at weekends and bank holidays. Patients access the service via the NHS 111 telephone service. Depending on their needs, patients may be seen by a GP at one of the service's six primary care base locations, receive a telephone consultation or a home visit. The service does not normally accommodate walk in patients.

PELC's primary care base locations are located at:

King George Hospital

Barley Lane

Goodmayes

Essex IG3 8YB

Queens Hospital

Rom Valley Way

Romford

RM7 0AG

Grays Court

John Parker Close

Dagenham

Essex

RM10 9SR

St Margaret's Hospital

The Plain

Epping

CM16 6TN

Wych Elm Clinic

1a Wych Elm

Harlow

CM20 1QP

Uttlesford

The Community Clinic

58 New Street

Dunmow

Essex

CM6 1BH

The service is staffed by a team of 137 whole time equivalent staff, comprising a chief executive officer, a medical director, a head of governance, drivers, nurses and GPs. The service employs sessional (self-employed contractor) GPs directly and occasionally through agencies.

The service's head office is located at:

- Third Floor, Becketts House, 2-14 Ilford Hill, Ilford, Essex, IG1 2FA

The provider is registered to provide two regulated activities:

- Treatment of disease, disorder or injury;
- Transport services, triage and medical advice provided remotely.

Are services well-led?

When we inspected in April 2018, we rated the service as requires improvement for providing well led services because the governance arrangements in place had not ensured the Hepatitis B status of doctors was on file or that learning from significant events and safety alerts involved all relevant people.

At this inspection, we noted several changes in personnel to the service's senior leadership team and that a range of new policies, procedures and activities had been introduced to ensure safety. Appropriate governance arrangements had also been introduced to provide assurance the new policies and procedures were operating as intended.

We rated the service as good for leadership.

Leadership capacity and capability

Shortly after our last inspection report was published, the service made several changes to its senior management team including the appointment of a new interim Chief Executive Officer (whom we were later advised had been offered a two-year fixed term contract), a new Medical Director and a seconded Director of Nursing. Leaders had the capacity and skills to deliver high-quality care. For example:

- A new strategy had been implemented and leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality care.

- The service's interim Chief Executive Officer spoke of a culture where staff were respected, supported and valued.
- Action had been taken to refocus the service on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, we saw the service undertook root cause analyses of serious incidents and held round table discussions with relevant stakeholders. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- The leadership actively shaped the culture of the service through effective engagement with stakeholders. For example, performance was benchmarked against other urgent care services in England and the service's significant events analyses routinely involved round-table discussions with local stakeholders.

Governance arrangements

Are services well-led?

When we inspected in April 2018, governance arrangements did not always operate effectively. At this recent inspection:

- Protocols had been reviewed and revised to ensure the Hepatitis B status of all doctors was on file.
- Protocols had been reviewed and revised to ensure learning from significant events and safety alerts involved all relevant people. For example, a “safety matters” bulletin was routinely circulated to staff and a restricted access social media group had also been set up to help disseminate learning from safety incidents and alerts.
- Leaders had established proper policies, procedures and activities to ensure safety and had also established a monthly Governance Committee for oversight and to assure themselves these policies and procedures were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- The service had established a fortnightly risk management meeting to identify, understand, monitor and address current and future risks, including risks to patient safety. The group regularly reviewed the service’s risk register and took appropriate mitigating actions as necessary.
- The provider had processes to manage current and future performance of the service. Leaders had oversight of external safety alerts, incidents and complaints.
- Leaders also had a good understanding of service performance against local key performance indicators. Performance was regularly discussed at senior leadership team and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had plans in place and had trained staff for major incidents.
- The provider implemented service developments with input from clinicians, to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients’ views were encouraged, heard and acted on to shape services and culture.
- Staff who worked remotely were engaged and able to provide feedback through a restricted access social media group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service. For example, just before our inspection the service was visited by a national quality improvement organisation which was benchmarking the service against other urgent care services in England.

Are services well-led?

- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a strong culture of innovation evidenced by the number of pilot schemes in which the provider was involved. There were systems to support improvement and innovation work.