

GP Primary Choice Ltd

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 safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection of GP Primary Choice Ltd on 13 January 2023, as part of our inspection programme. GP Primary Choice Ltd is registered under the Health and Social Care Act 2008 to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.

This service provides both routine and urgent phlebotomy services to children over 6 years and adults, from 2 local locations at the Colchester Primary Care Centre and from within the diagnostic centre at Clacton Community Hospital.

The chief officer is the registered manager for GP Primary Choice Ltd. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The service provided care in a way that kept people safe and protected them from avoidable harm.
- There were no assessments to understand if emergency equipment or emergency medicines needed to be held or easily accessed by the service.
- Sharps bins were not secured in line with guidance.
- The service encouraged feedback from patients which was positive and included timely access to the service.
- The provider cared for people in a kind and respectful manner.
- The provider had appropriate processes and systems in place to monitor quality and governance.

The areas where the provider **should** make improvements are:

- Carry out an assessment regarding the need and access to appropriate emergency equipment and emergency medicines.
- Continue with the newly implemented process to formalise and document clinical supervision meetings within staff records.
- Take steps to ensure sharps containers located at the Clacton location are safely secured in line with guidance.

Overall summary

- Continue the newly implemented process to collect patient feedback at the point of service delivery to identify improvements that patients using the service would value.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services.

Our inspection team

Our inspection team was led by a CQC lead inspector.

Background to GP Primary Choice Ltd

- The registered head office address for GP Primary Choice (GPPC) Ltd is Unit 1, Block C University of Essex, Knowledge gateway, Parkside Office Village, Nesfield Road, Colchester, Essex, CO4 3ZL.
- The services are provided from two locations; one located in a room within Turner Road Surgery at Colchester Primary Care Centre, Turner Rd, Colchester CO4 5JR. The second is located within the diagnostic centre at Clacton Community Hospital, Tower Rd, Clacton-on-Sea, Essex, CO15 1LH. We visited the head office, and both the Colchester and Clacton locations as part of this inspection.
- The provider offered phlebotomy at both locations and additionally spirometry procedures at the Clacton location.
- There is accessible parking at both locations.
- The service is accessed through an on-line booking site or by telephoning the service desk.
- Appointments are available at the Colchester location from Monday to Wednesday 7:15am to 3pm, and Thursday to Friday 8am to 3pm. Appointments are available at the Clacton locations from Monday to Friday 8am to 7:45pm and Saturday and Sunday 8am to 1:45pm.

How we inspected this service

Before the inspection, we asked the provider to send us some information, which was reviewed prior to the day of the site inspection. We also reviewed information held by the CQC on our internal systems.

During the inspection we spoke with staff present including the Registered Manager and clinical staff. We made observations of the facilities and service provision and reviewed documents, records and information held by the service.

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

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

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse.

- The provider could evidence that safety risk assessments were carried out. These included fire safety, health and safety and environmental checks of the clinic space used by the service.
- Staff received safety information from the provider as part of their induction and refresher training.
- The service had systems and policies in place to safeguard children and vulnerable adults from abuse. Staff at GPPC were aware of the safeguarding lead at the service.
- Staff had received safeguarding and safety training appropriate for their role. They told us they knew how to identify and report concerns.
- The service told us they would work with other agencies to support patients and protect them from neglect and abuse.
- The provider conducted staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We saw that staff immunisation checks were complete.
- The service had an infection prevention and control (IPC) policy and provided evidence of IPC audits that had been carried out for assurance of safe practice.
- Evidence from the provider showed that equipment was safe and maintained according to manufacturers' instructions.
- There was a safe system for the management of healthcare waste.

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Evidence of indemnity arrangements were seen.
- There was emergency equipment and medicines at the shared sites of both locations however, there was no signage to show where they could be accessed. We did not have assurance that risks relating to medical emergencies had been adequately assessed by the service.
- We found the sharps containers used by the service were located on the open shelves of the trolleys at each work station. However, they were not safely secured in line with guidance. Following the inspection, the provider advised us that the location estates management was addressing this issue.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The staff were provided with the information needed to deliver safe care.
- The service had processes in place to share information with staff and other agencies to enable them to deliver safe care.

Safe and appropriate use of medicines

- The service did not prescribe or use medicine to carry out their phlebotomy or spirometry procedures.

Are services safe?

Track record on safety and incidents

The service could evidence a good safety record.

- The provider evidenced the processes to manage safety risks, we saw records that assessments had been managed appropriately, for example fire safety, environmental checks, and infection prevention and control.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The provider recorded and acted on significant events. Staff understood their duty to raise concerns and report incidents and near misses. We were told leaders at the service supported them when they did so.
- The service provided evidence they learned and took action when things went wrong to improve the safety of the service.
- The provider was aware of and complied with the requirements of the 'Duty of Candour' encouraging a culture of openness and honesty. The service had a system in place for notifiable safety incidents.
- The service acted on and learned from external patient safety alerts and disseminated the learning to members of the team.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice.

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their capacity to understand the service provision and patients' anxiety levels to manage their needs.
- Clinicians had enough time and information to assess patient needs.
- We saw no evidence of discrimination when making care decisions.
- Staff assessed and managed patients' pain and anxiety where appropriate.
- The service had chairs that were able to tilt to manage patients who felt unwell during or after their blood test.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used assessments to monitor quality, these showed actions had been taken to make a positive impact on improvements at the service, for example improvements with infection control and the service environment.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an effective induction programme for all newly appointed staff. This was confirmed with staff at inspection.
- Relevant professionals (medical and nursing) were registered with the Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided them with protected time for training. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given the opportunities to develop. Development of staff was confirmed by staff who told us they were supported and encouraged.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective patient care.

- Patients received coordinated and person-centred care.
- The provider had assessed the service and care they offered. This was seen in the changes made to the increased hours the service was available.
- Patient information was shared appropriately in a timely and accessible way.
- There were effective arrangements to follow-up on issues or concerns when patients had been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care following a blood test or spirometry procedure.

Are services effective?

- Where patients needs could not be met by the service, staff referred them appropriately.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way they were treated.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- We saw the service gave patients timely support and information.

Involvement in decisions about care

Staff helped patients to be involved in decisions about care.

- The provider advised us that, if necessary, interpretation services were available to patients. They told us that patients usually brought someone with them to help with their communication needs, if necessary.
- Patients told us they felt listened to and supported by staff and had sufficient time during appointments to make an informed decision about the care available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately encouraged to be involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them somewhere private to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, an accessible system to book appointments.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

Patients were able to access appointments from the service within an appropriate timescale for their needs.

- Patients had timely access to appointments for blood tests and spirometry procedures.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients told us the appointment system was easy to use.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

The service had an effective complaints policy and procedure in place. We saw that the service learned lessons from individual concerns

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and addressed them.
- Staff told us leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop services, 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 with supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy of the service and their role in achieving them.
- The service monitored progress against delivery of their strategy.

Culture

The service had a culture of high-quality sustainable care but did not have complete oversight of some systems to ensure patients and staff were safe.

- Staff told us they felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients. However, the service did not have complete oversight of some systems and processes to ensure patients and staff were safe. For example, the sharps bins were not safely secured in line with guidance to reduce risks to staff and a lack of awareness of the need for emergency equipment and medicines.
- 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. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisals and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. All staff were given protected time for professional development and evaluation. Nurses and phlebotomists were provided clinical supervision meetings however; these meetings were not documented in staff records. Following the inspection, we were told that clinical supervision meetings were being commenced and we saw that they were being recorded in staff records.
- The service actively promoted equality and diversity. Staff had received equality and diversity training and told us they felt treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

There were responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established some policies, procedures and activities to ensure safety and assured themselves they were operating as intended.
- The information used to monitor performance and the delivery of the service quality was accurate.
- 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.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance.
- Leaders had oversight of safety alerts, incidents, and complaints.
- There was clear evidence of action to change services to improve quality.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings and staff had sufficient access to information.

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.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, we saw service changes as a result of learning from complaints.
- Patients could leave feedback on the providers website. The service had asked patients to feedback via patient satisfaction surveys, friends and family test, compliments and complaints. However, regular collection of patient feedback had not been undertaken. Following the inspection, we were told the service would be collecting patient feedback at the point of service provision at their two locations to understand improvements patients using the service would value.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

The service was focussed on continuous learning, improvement and development. For example, they developed services to support