

Sutton Out-of-Hours GP Service by SELDOC-Urgent Care Centre - St Heliers Hospital

Inspection report

Urgent Care Centre, St Heliers Hospital
Wrythe Lane
Carshalton
Surrey
SM5 1AA
Tel: 020 8299 2619
<https://www.seldoc.co.uk>

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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 well-led?

Good 

Overall summary

This service is rated as Good overall. The service was previously inspected by the CQC on 9 February 2017. At that inspection the rating for the service was requires improvement overall. This rating also applied to safe and well led. Effective, caring and responsive were rated as good.

The report stated where the service must make improvements:

- Ensure that all staff are aware of safeguarding policies, are aware of how to make a referral and have undertaken relevant training.
- Improve medicines management processes and audit the use of medicines.

The areas where the provider should make improvement are:

- Review serious untoward event processes to ensure that no possible incidents have been missed.

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 a focused inspection of the Sutton Out-of-Hours GP Service by SELDOC-Urgent Care Centre - St Heliers Hospital on 21 May (a visit of the hub centre) and 22 May 2018 (a visit of the main site). The focussed inspection was to check if areas within the safe and well led domains which were in breach of CQC regulations were now resolved

At this inspection we found:

- Cars used by the service had Oxygen and an Automatic External Defibrillator available for use.
- The service utilised prescriptions where GPs provided medicines to patients directly in line with guidance.
- The service had implemented new systems for how medicines were supplied to the site. Stocks were monitored and relevant medicines were available.
- Medicines audits had been completed and the service showed improved antibiotic prescribing following audits.
- Staff were aware of safeguarding referrals and significant events and both had been raised in the past year.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Our inspection team

Our inspection team consisted solely of a Care Quality Commission Lead Inspector.

Background to Sutton Out-of-Hours GP Service by SELDOC-Urgent Care Centre - St Heliers Hospital

South East London Doctors On Call (SELDOC, the provider) is commissioned to provide a range of GP out of hours services in South London. In South West London, Sutton Out-of-Hours GP Service by SELDOC-Urgent Care Centre - St Heliers Hospital is one of seven hubs at which patients may attend. There is a single hub that has administrative oversight for the area. Governance arrangements are co-ordinated locally by service managers and senior clinicians for each of the seven service locations, including the service provided from Sutton Out-of-Hours GP Service by SELDOC-Urgent Care Centre - St Heliers Hospital. The provider provides centralised governance for its services which are co-ordinated locally by service managers and senior clinicians.

The service is led by a service manager (who is based at SELDOC's headquarters), and there is a lead GP on site who has oversight of the out of hours service. The service

has a limited number of staff working full time at the service. The majority of GPs working at the service were either bank staff (those who are retained on a list of employed staff by the provider and who work across all of their sites) or agency. The site had permanently employed reception staff. The drivers of the cars used by doctors who visit patients were subcontracted through a separate agency.

The practice is registered with the Care Quality Commission (CQC) for the following regulated activities: treatment of disease, disorder or injury, and transport services, triage and medical advice provided remotely.

The urgent care service is open 24 hours a day at weekends and from 6:30pm until 8am during the week. Patients can attend the service without referral, but most patients are referred to the service by 111 services.

Are services safe?

At our previous inspection on 9 February 2017, we rated the provider as requires improvement for providing safe services and stated that the practice must:

- Ensure that all staff are aware of safeguarding policies, are aware of how to make a referral and have undertaken relevant training.
- Improve medicines management processes and audit the use of medicines.

The areas where the provider should make improvement are:

- Review serious untoward event processes to ensure that no possible incidents have been missed.

At this inspection we found that these areas had been addressed, and we rated the service, and all of the population groups, as good for providing safe services.

Safety systems and processes

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

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- Staff were aware of safeguarding processes and three referrals had been made from the site in the past year.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks.

- The service kept prescription stationery securely and monitored its use. This included the implementation of lilac prescriptions for medicines which were either administered or dispensed by the GP. These were kept securely in the relevant sealed medicines trays.
- Arrangements were also in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately. Oxygen and an Automatic External Defibrillator were available in all cars.
- The service had developed a system with an external provider that medicines were stored in secure boxes that were checked once a week. When medicines were used there was a “yellow flag/red flag” system in place to determine whether the box may still be used or would need to be replaced.
- The service had carried out regular audits of the use of broad spectrum antibiotics and prescriptions of painkillers. The analysis of the first audit of antibiotics showed that the service was only prescribing first choice antibiotics for urinary tract infections 50% of the time. Following training of all clinical staff at the second audit this had improved to a compliance rate of 79%.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- We saw that significant events had been raised by staff at the location in the last year and that the number of issues raised had been reviewed.

Are services well-led?

At our previous inspection on 9 February 2017, we rated the provider as requires improvement for providing well led services and stated that the practice must:

- Ensure that all staff are aware of safeguarding policies, are aware of how to make a referral and have undertaken relevant training.
- Improve medicines management processes and audit the use of medicines.

At this inspection we found that these areas had been addressed, and we rated the service, and all of the population groups, as good for providing well led services.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and reporting significant events.
- The provider had monitoring arrangements in place to ensure that the service was reporting significant events and making safeguarding referrals in line with its protocols.