

# Service Administration Office

## Inspection report

Suite Seven, Skyline Plaza  
45 Victoria Avenue  
Southend-on-sea  
SS2 6BB  
Tel: 01702742102  
[www.commisceopcs.co.uk](http://www.commisceopcs.co.uk)

Date of inspection visit: 29 October 2019  
Date of publication: 30/12/2019

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?

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 at The Administration Office as part of our inspection programme. This is the first inspection of this location.

The inspection covered three services provided by The Administration Office: a flu swabbing service in care homes, the special allocation service list and an enhanced access service.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the services it provides. It is registered with CQC to deliver diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures, and treatment of disease, disorder or injury.

The chief operating officer is the registered manager. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Patients we spoke with on the day of the inspection were positive about the service, and staff in the care homes who had used the flu swabbing service commented on the efficiency of the service.

At this inspection we found the following for all three services:

- The service had effective systems in place to manage risk so that safety incidents were less likely to happen.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment were delivered in line with evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients were able to access the service they needed within an appropriate timescale.
- There was a strong focus on continuous learning and improvement.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our team was led by a CQC lead inspector and included a GP specialist adviser.

## Background to Service Administration Office

The Administration Office is a location of Commisceo Primary Care Solutions, which is an independent healthcare provider. It is situated at Suite Seven, Skyline Plaza, 45 Victoria Avenue, Southend on Sea SS2 6BB which is in a refurbished multi-purpose high rise building in the heart of Southend on Sea.

Four separately commissioned services are co-ordinated and managed from this location. Central governance systems were in place and where necessary, there were individual procedures for each of the services.

1. An enhanced access service, which provides evening and weekend appointments for patients registered with a GP in Southend. Patients can pre-book appointments via their own surgery or direct with the hub when it is running clinics. Commisceo have been providing this service since April 2019 from two hubs in the local area.
2. A flu swabbing service for residential care homes which Commisceo have been delivering since September 2018. This service provides timely diagnosis and treatment of flu and other respiratory conditions within care homes across a number of clinical commissioning group (CCG) areas.
3. The special allocation service for Southend, which is a service for patients who have been excluded from accessing GP surgeries due to violent or aggressive behaviour. This group of patients receive GP or nurse consultations in selected, secure locations. All patients in this group are aged 18 years old or over.
4. The provision of a primary care service for patients attending the emergency department in Southend University Hospital without a life or limb threatening

condition. Primary care support is provided for all patients who attend the emergency department with health care needs more suitably met by a general practitioner.

The provision of primary care services at Southend University hospital had been inspected separately in December 2018 and was not included as part of this inspection.

### How we inspected this service

Prior to the inspection we reviewed feedback information provided by Southend CCG, and information received from the provider. We looked at all of the domains for each of the three services to ensure that they were all complying with the regulations. On the day of inspection, we received feedback from patients on the special allocation list, patients who had used the enhanced access service, and clinical staff who delivered sessions in both the enhanced access service and the special allocations service. We also spoke with staff in care homes who had used the swabbing service for their residents.

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?

When inspecting this service, we looked at all three services to ensure they were safe. We found that whilst there were overarching policies and systems for delivering safe care and treatment, some of these had been adapted to meet the requirements of the individual services.

## Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The provider had systems to safeguard children and vulnerable adults from abuse. These were regularly reviewed and communicated to staff. All of the information was accessible to staff working in the three separate services. The information outlined clearly who to go to for further information and guidance and gave details of who to contact during the evening and at weekends.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). On the day of inspection, we examined a sample of staff files from each of the three services and found them to be compliant.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Contracted staff in the special allocations service and the enhanced access service who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.

- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste for all three services.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand and shortages of staff.
- There was an effective induction system for agency and contracted staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly for the enhanced service and the special allocation list patients. However, some items which were recommended in national guidance were not kept, and there was an absence of an appropriate risk assessment to inform this decision. On the day of inspection, we saw evidence of action to rectify this and immediately after the inspection the practice had completed risk assessments and accompanying procedures for the special allocation service and the enhanced access service.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place

## Information to deliver safe care and treatment

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

# Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records for the special allocation service in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## 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 vaccines, controlled drugs and equipment minimised risks.
- The service kept prescription stationery securely and monitored its use for the enhanced service and there was no prescription stationery used in the special allocation service as all prescriptions were sent electronically to a local pharmacy.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. On the day of inspection we saw evidence of audits relating to the prescribing of anti-biotics and high-risk medicines for the special allocation service and the enhanced access service. At the time of inspection these two services had been in operation for six months and so there were no two-cycle audits in place, although we saw evidence that these had been programmed for a future date.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## 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. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- On the day of inspection, we looked at one significant event and we saw that the service was responsive, and that learning was disseminated.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned, and shared lessons identified themes and took action to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

**We rated effective as Good because the practice had systematic performance review systems in place to continually monitor and improve care and treatment.**

## Effective needs assessment, care and treatment

- The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians across each of the three services assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).
- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- There was an effective system to cascade NICE guidelines to staff working across all of the services.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions. For example, those patients on the special allocation list were treated with dignity and respect and staff worked with them to enable them to return to mainstream primary care services.
- Staff assessed and managed patients' pain where appropriate.

## Monitoring care and treatment

### The service was actively involved in quality improvement activity.

- The provider continually monitored their performance against the key performance indicators (KPIs), contained within their contract agreements with individual CCGs.

For example:

- The flu swabbing service had a five-day turnaround target from the time the service was alerted to a potential issue within a care home, to the delivery of the required medication. Within this overall target, there were sub-targets for the time taken to take the swabs, the number of swab-taking errors, the time for the

swabs to be delivered to the laboratory, the time taken to receive the results and finally the time taken to deliver the medication if necessary. The provider had met all of these targets.

- The enhanced access service was contracted to deliver GP services at two locations within Southend on Sea between 6.30pm and 8.30pm each weekday evening and on weekends and bank holidays from 9am to 3pm. The service was run with regular staff, and there was also a bank of other staff who updated the service with their availability. The service had delivered every session with no cancellations.
- The provider showed us a log of all calls from patients on the special allocation list, requesting an appointment. They were all offered an appointment on the same day if it was urgent and the following day if not.

## Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. Parts of the induction programme were standard for all new staff and parts were tailored to the specific requirements of the service they were working for.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- We saw evidence that staff who were working with patients on the special allocation list had attended communication training to enable them to work confidently with this particular patient group.
- On the day of inspection staff were engaged in difficult conversations with patients and we saw that they were assertive when necessary and also understanding and compassionate.
- We reviewed a sample of staff files from each service and found that staff were provided with ongoing support which included one-to-one meetings,

# Are services effective?

appraisals, coaching, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making.

## **Coordinating patient care and information sharing**

### **Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, those patients on the special allocations list with substance misuse problems who gave consent, were referred to local support agencies.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant

staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services by the enhanced access service. Consultations were recorded on system one.

## **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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **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 and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.



# Are services caring?

## **We rated caring as Good because:**

**Staff were aware of the complex lives of some of their patients and provided care and treatment with dignity and respect.**

### **Kindness, respect and compassion**

**Staff treated patients with kindness, respect and compassion.**

- Feedback from patients was positive about the way staff treat people. We spoke to patients from both the enhanced access service and the special allocations list and feedback was positive. We also spoke to staff in the care homes who had used the swabbing service who told us that the staff were professional and reliable.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

### **Involvement in decisions about care and treatment**

**Staff helped patients to be involved in decisions about care and treatment.**

- Interpretation services were available for patients who did not have English as a first language.
- Patients told us that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved. We saw evidence from patient records that some people on the special allocations list had given permission for family members or another professional to speak about specific health issues on their behalf.

## **Privacy and Dignity**

**The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- The provider had privacy and consent policies which were accessible by all staff.
- Staff checked with the care homes that patients receiving the swabbing service had capacity.



# Are services responsive to people's needs?

## We rated responsive as Good because:

The provider recognised the differing needs of the patient groups using each of the three services and responded appropriately.

### 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 tailored services in response to those needs. For example, staff took into consideration the location of people on the special allocations list when deciding on the venue for their clinical consultation.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

### Timely access to the service

**Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. The swabbing service worked to a set timescale for each stage of the process and this was monitored on a daily basis.
- Patients with the most urgent needs had their care and treatment prioritised.

- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. We saw evidence of a system that tracked referrals to completion for patients who used the enhanced access service.

### 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 complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- The provider had not received any written complaints from any of the services but had recorded verbal complaints from patients on the special allocations list. On the day of inspection, we saw that each of these had been followed up, with other professionals involved in the solution when necessary. For example, we looked at one complaint where a patient had complained about how his daily controlled medicine prescription was processed which meant that he did not know what time to go to the pharmacy to collect it and was making multiple trips. An appropriate solution was worked out with the local pharmacy which resolved the issue for the patient.

# Are services well-led?

## We rated well-led as Good because:

**Leaders provided effective governance for all three services and had a strategy and operational plan to ensure that they were able to deliver high quality care.**

### 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 were addressing them.
- Leaders were aware of the contractual requirements and key performance indicators for each of the three commissioned services and these were monitored against target. There had been no issues with performance for any of the contracts.
- Staff told us that 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 leadership capacity and skills, including planning for the future leadership of the service.
- There was an on-call system in place which was covered by managers on a rota basis so that a senior person from the provider with decision-making responsibility was available at all times.
- We saw examples of clinical one-to-one sessions which showed evidence of a two-way dialogue, problem solving and sharing of ideas.

### 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 staff and external partners. The provider met regularly with contracted staff and CCGs to discuss future plans and priorities.
- Staff we spoke to were aware of and understood the vision, values and strategy and their role in achieving them.

- The service monitored progress against delivery of the strategy and although two of the services provided had only been running for six months, their performance data against targets was collected and monitored and a formal review had been programmed.

### Culture

**The service had a culture of high-quality sustainable care.**

- Staff we spoke to told us that they felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers had procedures in place to act on behaviour and performance inconsistent with the vision and values.
- 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 need. This included appraisal and career development conversations. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. There were individual safety risk assessments for each of the services.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between management and staff.

### 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. 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 proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

# Are services well-led?

## Managing risks, issues and performance

### There were clear and effective 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.
- There was a business continuity plan for each service and we saw an example of where this was implemented in adverse weather conditions for the swabbing service. As a result of this, there was no disruption to the service and no risk to patients.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### The service acted on appropriate and accurate information.

- Quality and operational information was being collected to review 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 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.

- 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, some patients reported that they were unsure which number to call for the extended access service. Staff visited each practice using the service with leaflets and posters with clear instructions on how to make an appointment.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- 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.

- There was a focus on continuous learning and improvement.
- The service had systems in place to make 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.