

Salford Primary Care Together - Covid Services

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 at Salford Primary Care Together - Covid Services on 9 December 2021 as part of our inspection programme and to provide a rating for the service.

Salford Primary Care Together set up COVID-19 services in response to the pandemic. The service provided access to healthcare for patients who may have experienced symptoms of COVID-19.

Our key findings were:

- The COVID assessment centre was clean and hygienic. Infection prevention and control was well managed with appropriate cleaning processes in place.
- There were good systems in place to manage risks so that safety incidents were less likely to happen.
- There was an open and transparent approach to safety and an effective system in place to report and record incidents.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was a strong focus on continuous learning and improvement throughout the service. Staff were proud to work for the service.

We saw the following outstanding practice:

- The service had an arrangement with a local transport company to provide transport for patients to the COVID-19 assessment centre, free of charge, so they did not use public transport.
- The service developed COVID-19 assessment guides for staff to follow. These assessment guides have been shared with other localities and countries as the assessments for COVID-19 developed.

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

- Review aims, criteria or criterion to be measured and standard for any audit carried out so improvements and actions to be taken can be clearly evidenced.
- Record clear evidence that the complaints policy is adhered to.

Overall summary

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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 specialist adviser.

Background to Salford Primary Care Together - Covid Services

Salford Primary Care Together set up COVID-19 services in response to the pandemic. The service provided access to healthcare for patients who may have experienced symptoms of COVID-19.

The main priorities of the service were:

- To reduce the pressure upon acute services including the local emergency department by having a clear pathway for patients who could be managed in the community.
- To ensure GP practices in Salford could be kept as cold sites (patients with COVID symptoms would not attend their GP practice, but be referred to this service) to reduce risk to both patients and staff.
- To ensure those who did not have transport didn't need to use public transport to get the care they needed by working with a local transport service.
- To ensure that patients who needed home visits were undertaken by a team dedicated to this and aware of the additional infection control procedures that were required.

The chief executive 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.

The service currently offers:

- Remote assessment for all referrals from general practice, other health care professionals, NHS111, and patients attending accident and emergency departments.
- Face to face assessment for all patients who require this and this includes patients aged six months and above.
- Home visits for housebound and vulnerable patients where this is appropriate.
- Oximetry at home operated via a virtual ward in collaboration with the local NHS trust. Pulse oximeters are provided to patients as part of the NHS response to COVID-19. A pulse oximeter is a small medical device that is put on the tip of the finger, to check someone's oxygen levels.
- Escalations from patients who are on oximetry at home pathways.

Salford Primary Care Together - Covid Services is based at 2 City Approach, 3rd floor, Albert street, Eccles, M30 0BL, where the delivery of all covid-related services is managed and coordinated. During the pandemic the service has flexibly used three sites for patient facing COVID-19 assessment centres. However, at the time of inspection only one site, St Andrews Medical Centre Annexe 30 Russell Street M30 0NU, was being used as a COVID-19 assessment centre.

During our inspection we visited both the COVID-19 assessment centre and the headquarters at 2 City Approach, 3rd floor, Albert street, Eccles, M30 0BL.

The service is open 10am – 10pm, 7 days a week. The COVID-19 service is staffed (remotely) from 8am when referrals begin to be received and reviewed.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting evidence from the provider before the inspection.

- A short site visit.
- Reviewing the provider's website and service feedback websites.

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:

We found that this service was providing safe services in accordance with the relevant regulations

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. The service had systems to safeguard children and vulnerable adults from abuse.
- 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. The clinical provision was sessional (locum) clinical staff. All staff were recruited through locum agencies who undertook all governance checks, including Disclosure and Barring Service (DBS) checks. The governance checks were provided to the service before the staff member started work. (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).
- All staff had 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. However, chaperones were not used unless requested due to infection control risks at the COVID assessment centre.
- There was an effective system to manage infection prevention and control. We found there was a lack of clarity around which service lead had responsibility for infection prevention and control. This was rectified and there were no risks identified around this. Following our inspection, the service conducted an infection prevention and control audit for the COVID-19 assessment centre. This identified good practice and improvements that could be introduced, such as waste bags to be sealed and emptied after each patient rather than at the end of the shift as was current practice.
- 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.
- 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. When patients attended the COVID-19 assessment centre they were met at the door and accompanied throughout their visit. There was a personal protective equipment (PPE) station when patients entered the centre and staff talked patients through how to put on and take off the PPE in order to avoid contamination.

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 induction system for agency 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. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Are services safe?

- There were systems and processes to manage the deteriorating patient including clear pathways for staff to follow. The service worked closely with the local NHS ambulance service to keep patients safe.

Information to deliver safe care and treatment

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

- 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.
- 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 oxygen stored on site minimised risks. The service had access to emergency medicines and equipment in the medical practice, these were managed by the practice. We checked the emergency medicines and equipment and saw it was in date and well managed.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.

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.
- All incidents were shared and discussed at Salford Primary Care Together board meetings, weekly staff meetings and at the urgent care re-design group for the Salford locality.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- 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. For example, the COVID-19 assessment centre was listed as a priority location for the local NHS ambulance trust and additional oxygen tanks were sourced and stored on site following an investigation into a near miss.
- During our inspection we saw evidence that incidents reported at the service were investigated and initial actions taken. The incident was then investigated, and any lessons learnt implemented.
- 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.

Are services safe?

- 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:

We found that this service was providing effective services in accordance with the relevant regulations.

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 assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. The service developed assessment guides for staff to follow. These assessment guides have been shared with other localities and countries as the assessments for COVID-19 developed.
- Clinicians had enough information to make or confirm a diagnosis. When patients were referred to the service a detailed assessment was conducted over the phone by a GP. Following this assessment, the patient may be referred to the COVID-19 assessment centre for a physical assessment.
- The GP telephone assessment covered family history, social history, risk factors, assessment of the severity of the disease and severity of breathlessness. This telephone assessment was detailed in order to limit the attendance time of patients at the COVID-19 assessment centre (where clinically needed).
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. The service had monthly meetings with the local emergency department to discuss admissions and readmissions.
- Staff assessed and managed patients' pain where appropriate.
- The service had an arrangement with a local transport company to provide transport for patients to the COVID-19 assessment centre, so they did not use public transport.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service used a web-based technology to implement an audit of clinical consultations. The service used these audits to monitor the quality of care provided.
- The service completed clinical audits. These included for emergency admissions and paediatric care. Although the aims of these audits were not clear and no criteria or standard was set there was improvement demonstrated for the benefit of patients.

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. Staff are given protected time at the start of the shift to review the handbook / protocol / policies and clinical updates, they are told how to access these for future reference.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation. All clinical staff had their documents reviewed prior to starting a shift. These were approved by the clinical leads in the service.

Are services effective?

- Up to date records of skills, qualifications and training were maintained. The provider had training requirements that staff employed needed to meet. Staff that were recruited through locum agencies were expected to meet this requirement in their own time.

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. For example, the service worked closely with the local ambulance trust to add the COVID-19 assessment centre to the priority list, so in the event a patient needed to be transferred to hospital, the referral was a priority.
- Before providing treatment, doctors and advanced nurse practitioners at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment to ensure safe care and treatment.
- 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.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. Access to the service is via NHS 111, GP referral and ED. However, direct access to the service was made available to vulnerable or at-risk patients.
- 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.

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. The service had a follow up procedure for patients on the oximetry at home pathway. The frequency of follow up calls for a patient was based on assessed clinical risk.
- 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:

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Feedback on clinical care was mostly positive. Patients stated they felt supported when on the virtual ward pathway and understood their condition after their assessment.
- Feedback from patients was positive about the way staff treat people
- 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. Information leaflets about the oximetry at home were available in easy read formats, to help patients be involved in decisions about their care.
- Staff communicated with people in a way that they could understand.

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 time to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

We found that this service was providing responsive services in accordance with the relevant regulations.

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, following comments about access to car parking, the service reserved two car parking spaces for patients.
- 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. The service had good access for wheelchair users.

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, monitoring and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way. For example, the service worked closely with the local ambulance trust to add the COVID-19 assessment centre to the priority list, so in the event a patient needed to be transferred to hospital, the referral was a priority.

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 didn't have evidence that they had 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.
- At the time of inspection, the service had received six complaints since November 2020. There was evidence that the complaints had been investigated and actions taken, however, it was not clear what responses had been sent to patients without reviewing the service email inbox.
- We were satisfied that the service was dealing with complaints in line with their policy, however, the tracking system in place at the time of inspection did not allow the service to evidence this. This had been partly rectified following the onsite inspection.
- The service had plans to use an online system to monitor complaints going forward once the identified IT concerns were fixed. The service gave a deadline of January 2022 for this to be operational.

Are services well-led?

We rated well-led as Good because:

We found that this service was providing well-led services in accordance with the relevant regulations.

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 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, however, this was a challenge as the service was developed in response to the COVID-19 pandemic and was commissioned for limited time scales as needed.

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 (where relevant).
- Staff 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.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service. The service had a good retention rate for locum staff, many who worked there had been with the service since March 2020.
- The service focused 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. 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 was a strong emphasis on the safety and well-being of all staff. Locum staff were able to access the employee assistance programme.
- There were positive relationships between staff and teams.

Governance arrangements

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

Are services well-led?

- 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. Service leads attended locality wide meetings to promote co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities. However, we found there was a lack of clarity around which service lead had responsibility for infection prevention and control. This was rectified and there were no risks identified around this.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service held weekly team meetings via video call, a service lead was always in attendance. The minutes were circulated to staff so those who couldn't attend could catch up on updates. The minutes we reviewed were detailed so staff would understand what was shared.

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.
- 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 and non-clinical audits had a positive impact on quality of care and outcomes for patients. Improvements were evidenced, but there was no clear process in place to demonstrate how the audit had been carried out and some audits did not have a second cycle completed.
- 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 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 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.

Are services well-led?

- 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. The service asked for feedback from patients via telephone call and text message. The results were analysed by the service and actions identified and circulated to staff. For example, following feedback the service asked staff to park off site and reserved two places for patients.
- Staff could describe to us the systems in place to give feedback. Staff onsite had a phone that enabled them to call staff for support, including an executive member of staff who was on call each week.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.