

ESP Primary Care Hub

Inspection report

The Lowford Centre
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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



Overall summary

This service is rated as Good overall. (Previous inspection was in October 2021, and we rated this service Good overall and Requires improvement for the safe key question)

The key questions are rated as follows, as a result of this inspection:

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 focused inspection at ESP Primary Care Hub to follow up on a breach of regulations, which meant the focus was on the key question of Safe. The ratings of Good for effective, caring, responsive and well-led carried over from the previous inspection.

At the last inspection in October 2021 we reported a breach of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment. We asked the provider to make improvements. At this follow up inspection in May 2023 we found improvements had been made and the requirement had been met.

The provider of this service is Eastleigh Southern Parishes Network Limited, a GP federation. The company is made up of the 3[BA2] GP surgeries (Blackthorn Health Centre, Hedge End Medical Centre and the Living Well Partnership West End Surgery). They work together to share resources, skills and experience to provide health and care services for patients in the Eastleigh Southern Parishes area. The provider employs staff at ESP Primary Care Hub (the Hub) to deliver a range of services that are funded from different contracts. These services include a range of primary care appointments with GPs and other health professionals, offered during and outside normal working hours. The hub also offers an advisory service, supported by a clinician, for patients within the primary care network and also in the New Forest. The details are provided in the background section of this report.

The Operations Director and PCN (Primary Care Network) Manager is the registered manager of the service. 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.

We found the provider had made improvements since our last inspection and delivered a safe service.

Our key findings were:

- Systems were in place to manage medicines and prescription stationery safely. Electronic prescribing was the preferred method and paper prescriptions were effectively monitored and controlled.
- Emergency medicines were available, checked and stored safely. The range of medicines had been risk assessed.
- The service held a range of medicines that had been assessed as appropriate for the needs of the patient population.
- The provider had completed medicines audits including audits of non-medical prescribing, to promote safe medicine management.

Overall summary

- Safety alerts were shared with clinicians via email and the provider had set up read-receipts to gain assurance they were received and read.

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

- Extend the all-staff training record to evidence the range of training completed by staff, not only on-line certificated training.
- Maintain up-to-date records of staff training.
- Continue to re-audit referrals to check they are completed.
- Continue to audit the prescribing of non-medical prescribers.

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Chief Inspector of Healthcare

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to ESP Primary Care Hub

The provider, Eastleigh Southern Parishes Network Limited and the location, The ESP Primary Care Hub are both registered at The Lowford Centre, Portsmouth Road, Southampton, SO31 8ES.

The ESP Primary Care Hub provides extended primary care services from the Lowford Centre, Burseldon, to the patients of the 3 GP practices within the Eastleigh Southern Parishes Network. These services are:

- An enhanced access services that provides GP services outside normal working hours (on weekday evenings from 6.30pm to 8pm, on Saturdays from 9am to 5pm and on Sundays from 9am to 1pm.
- Out of hours appointments, on weekday evenings from 8pm to 9.30pm, Saturdays from 5pm to 9.30pm and on Sundays from 1pm to 5.30pm.
- An in-hours service for GP appointments on Mondays, Wednesdays and Thursdays from 2pm to 6.30pm, and on Fridays from 8am to 4.30pm. These appointments are made by the patients' own practices.
- The provider also offers a phlebotomy service on Thursdays from 4.30pm to 7.30pm and on Saturday mornings from 9am to 11.30am.
- In addition, the provider offers a care navigation service for elderly and/or vulnerable patients in the local patient population and those in the New Forest, to help them find the most suitable services within health, social care and community and voluntary service provision, to meet their specific needs. The service is supported by a 'proactive care nurse' and extends to face to face care for people in their own homes. This helps people receive the right services in the right place for their individual needs.
- The provider manages the Additional Roles staff recruited under the Primary Care Network. These staff include clinical pharmacists, pharmacy technicians, social prescribing link workers, health and wellbeing coaches, first contact practitioner musculoskeletal (MSK) professionals (physiotherapists), home visiting paramedics and a Mental Health Practitioner.

The provider's website is www.espnetwork.co.uk.

Are services safe?

We rated safe as Good because:

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 revised where necessary. They were accessible to staff on the provider's electronic systems. Staff received safety information from the service as part of their induction and refresher training, and were alerted to any changes to policies and procedures. Key policies were also embedded in the electronic staff handbook.
- The service had systems to safeguard children and vulnerable adults from abuse. Policies and procedures outlined where to go to for further guidance. The provider had an appointed safeguarding lead GP met with non-clinical staff for training and reflective practice. Training was shared electronically to promote access. The provider had made 1 safeguarding referral in the past 12 months.
- 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 staff provided examples of when they had raised alerts. There were contact details for different safeguarding teams in each room and the safeguarding referral form was available to all staff within the service's electronic document management system.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. The provider's policy was to carry out Disclosure and Barring Service (DBS) checks for all staff, and repeat these at 3-yearly intervals.
- All staff actively working for the hub received up-to-date safeguarding and safety training appropriate to their role. The provider required all clinical staff to be trained in safeguarding to level 3. At the time of the inspection, 1 of their Advanced Nurse Practitioners had not provided evidence of their training, and the provider said this would be requested once the staff member returned from leave, to ensure compliance with their policy.
- Any member of staff working at the hub might be requested to act as a chaperone. All staff were trained for this role and had received a DBS check, with further face-to-face training booked for June 2023.
- There was an effective system to manage infection prevention and control (IPC). The provider used a local cleaning contractor and the quality of their work was regularly monitored. The appointed lead for IPC had attended a lead IPC training course within the past year. There were cleaning checklists for each room and the cleaning cupboard contained sufficient quantities of colour-coded cleaning materials and disposable mop heads.
- The IPC audit programme included a cleaning and repairs audit that was completed in May 2023, and led to a change in cleaning contractor. Other audits included a hand hygiene audit, compliance with clinical hygiene, sharps management and waste management. Actions had been identified, which included replacing some furniture and arranging training for staff on managing body fluid spillages. An external audit of waste management in February 2023 had led to additional staff training and there were no outstanding actions.
- The provider had completed its annual IPC statement based on the NHS Hampshire and Isle of Wight template, which listed planned audits for 2023/2024.
- Cleaning chemicals were risk assessed under the Control of Substances Hazardous to Health (COSHH) regulations. The service had reviewed its water safety risk assessment with an independent organisation to ensure that the water supply was safe for patients, visitors and staff.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. This included routine, contracted safety testing of equipment including fire equipment (February 2023) and the lift, in line with the provider's own policies. Certificates showed contractors completed portable appliance testing (PAT) and the calibration of medical equipment in November 2022.

Are services safe?

- 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. A security risk assessment was undertaken in February 2023, that identified a range of actions, such as improvements to car park lighting, installing a doorbell camera and improving the safety of access arrangements.
- Fire risk assessments had been carried out in August 2022 and actions identified had been completed.

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. The provider engaged a core group of regular locum and contracted staff and rotas were planned up to 3 months in advance. This enabled the team to identify and fill any gaps in a managed way.
- There was an effective induction programme for staff tailored to their role. The provider used an induction checklist and we saw these were completed for new staff.
- When there were changes to services, the provider assessed and monitored the staffing and delivery levels required to maintain safety for patients and staff.
- There were appropriate indemnity arrangements in place.
- 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.

Information to deliver safe care and treatment

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

- Care records were written and managed in a way that kept patients safe. The provider had clear information sharing agreements with GP practices to ensure they accessed patient records only when necessary and for a defined time period. Practices and the NHS111-service provided specific information about the patients' needs for each booked appointment. The care records we saw showed that information was available to relevant staff in an accessible way, to deliver safe care and treatment.
- The service made electronic referrals for the patient, when needed, and the service monitored these were followed up in line with their referral process. We identified from the provider's referral list that 1 patient's referral was still outstanding. This was followed up after the inspection and the provider established a further checking process for patient referrals.
- The provider ensured there was daily clinical review of tasks received into the service. Tasks were received on a generic inbox and GPs were rostered to review and address tasks each shift, to minimise any delays.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

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

- At our last inspection we found prescription stationery was not monitored safely when distributed to printers used by clinical staff. Since then, the provider had updated its system for prescribing medicines and these were done digitally. Emergency prescription stationery was available and used rarely, and when necessary, these were printed on a specific printer and there was a log of serial numbers.

Are services safe?

- At our last inspection we found the service had not carried out checks on the competency of non-medical prescribers, to ensure they prescribed in line with best practice guidance. At this inspection, we found the service had audited the prescribing by Advanced Nurse Practitioners (ANPs) at the acute respiratory infections clinics (January to March 2023). The results showed a need to improve documentation and compliance with the South Central Antimicrobial Network (SCAN) guidance. The audit has led to reflection and learning before the next audit. The service had also completed a full cycle wound audit (in 2020 and 2022), to check adherence to the wound formulary. Findings showed that staff needed to improve documentation, and use a wound care template. A further audit was planned for 2023.
- The hub had completed 2 audits of the prescribing of trimethoprim antibiotic by medical and non-medical prescribers to patients over the age of 65 years. There were a range of recommendations from the first audit, covering 12 months in 2021-2022. Results of the second audit showed an improvement in practice with an overall reduction in prescribing of trimethoprim to patients aged 65 and over, with further learning required to ensure adherence with the SCAN guidance.
- Non-medical prescribers were supervised by GPs in their own practice and by Hub medical director. They said they felt well supported to work within their competencies.
- Clinical staff had access to the SCAN guidance for antibiotic prescribing on all computers in the consulting rooms and a prescribing software tool was integrated into patient records. The provider prescribed medicines for acute need only and not repeat medicines, in line with their medication policy.
- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment, minimised risks. The medical director was the lead for medicines management and the provider's medicines policy had been reviewed and updated in May 2023. The service held a store of commonly required medicines suitable for an out of hours/extended access service, as agreed with the clinical team. A member of staff had been trained to check medicine stocks and clear records were maintained. Medicines were stored securely and the temperatures of medicine fridges (eg for the storage of some vaccines) was monitored. The service also used designated cool boxes for transporting vaccines to care homes or on home visits, and there was a process for ensuring the cold chain was maintained.
- Emergency medicines were stored appropriately (securely yet accessible for staff) and these were regularly checked to ensure there were available and in date. The emergency medicines and equipment were in line with best practice guidelines.
- At our previous inspection we found some medicines were not stocked for dispensing and there was no assessment for this. This list of medicines held in stock had been revised and included items previously identified as not available.
- The service did not hold stocks of any controlled drugs (CDs) as a result of a risk assessment that indicated it would not be safe or appropriate for the type of service offered. The service often operated with 1 clinician on site with a receptionist and it would not be safe to dispense CDs. Alternative medicines were held in stock.
- The service had carried out medicines audits for non-medical prescribers to ensure they prescribed in line with best practice guidelines for safe prescribing. Learning included improving the documentation of their clinical decisions.
- Treatment was provided in booked appointments. There were protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- The service monitored and reviewed activity to help it to understand risks and promote safety improvements.
- The provider had risk assessed the different services offered for example by reviewing staffing requirements, clinical systems, referral processes, incident management and responsibilities and access to patient records.

Are services safe?

- Improvements to systems were identified and implemented, for example to resolve IT communication issues across different NHS providers. There were risk assessments in relation to safety issues and the provider maintained and reviewed their risk register at monthly meetings. The service also held weekly operations meetings where incidents and complaints were discussed.
- The provider's lone working policy included pre-visit risk assessments for staff making visits outside the hub as well as guidance for safety at the hub. Staff had access to alert systems on their mobile phones.

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. There had been 9 significant events recorded in the past year. These had been logged on the provider's electronic system and the records showed incidents were investigated, discussed and actions identified. Investigations involved the appropriate staff. Incidents and complaints were discussed at the weekly at the weekly operational board meetings, to agree actions required. We saw the service involved involving patients and carers where appropriate and offered explanations and apologies. Actions also included training and reflections for staff and the development of improved processes.
- For example, following an incident involving communication with the pathology laboratory, the provider updated their answerphone message to include clear, accurate information to minimise the risk of blood results not being communicated promptly.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. There had been 2 incidents relating to the COVID vaccination process. These highlighted learning to ensure the team had access to the electronic system before vaccinating patients, to minimise the risk of errors.
- The provider understood the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- At our previous inspection we found the provider shared safety alerts with clinicians but did not required them to acknowledge these had been read. As a result the service had set up read-receipts to gain assurance that staff had been alerted.