

PDS Medical Planned Care

Inspection report

Newfield House
Vicarage Lane
Blackpool
Lancashire
FY4 4EW
Tel: 01253951345
www.pdsmedical.co.uk

Date of inspection visit: 22nd May 2018
Date of publication: 26/07/2018

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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as good overall. The service has not been inspected previously.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced inspection at PDS Medical Planned Care (also known as the Zero Tolerance Practice or Special Allocation Scheme) on 22 May 2018 as part of our inspection programme.

At this inspection we found:

- The service had clear systems to manage risk so that the impact of safety incidents were minimised or less likely to happen. When incidents did happen, the practice investigated them and discussed them as a team. However outcomes of these discussions and lessons learnt were not clearly recorded.
- 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 wherever possible.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients did not always find the appointment system easy to use and some patients would not engage with the service.

- There was a strong focus on continuous learning and improvement at all levels of the organisation in order to continue to develop this new service.

The area where the provider must make an improvement is:

- Ensure care and treatment is provided in a safe way to patients

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

- Outcomes of investigations and complaints and the lessons learnt should be clearly recorded and actions reviewed.
- Records of managing patient safety alerts should be maintained and audited.
- The service should consider establishing a planned programme of audits.
- Staff should consider adding summaries of previous patient care to their records to improve the understanding for clinical staff.
- Staff should consider the use of a care plan system to support patients with long term conditions or complex problems and implement a regular review of medication.
- Implement a more comprehensive assurance system from the clinical locations used in respect of infection control requirements
- The service should implement a system to obtain patient feedback

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Population group ratings

Older people

People with long-term conditions

Families, children and young people

Working age people (including those recently retired and students)

People whose circumstances may make them vulnerable

People experiencing poor mental health (including people with dementia)

Our inspection team

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

Background to PDS Medical Planned Care

PDS Medical Planned Care (also known as the Zero Tolerance or Special Allocation Scheme) is based in Newfield House, Vicarage Lane, Blackpool along with a number of other PDS Care services. The service website is www.ZTPS@pdsmedical.nhs.net

Primary medical services are provided to a patient list of approximately 145 patients under an Associated Primary Medical Services (APMS) contract with NHS England North (Lancashire Area Team). The principle aim of this service is to deliver high quality primary care within a secure environment for patients who have been excluded from their previous GP practices. The geographic area this service covers is Lancashire, Blackburn with Darwen, Blackpool, Chorley & South Ribble, South Cumbria and Halton. Patients are seen at clinical premises rented by PDS Medical Planned Care within ten miles of their home.

The service delivers the following regulated activities: -

- Diagnostic and screening procedures

- Treatment of disease, disorder or injury

The service's population is 145 patients with 88% male, 12% female, all over the age of 18 yrs and under 75 years.

The service is staffed by seven sessional GPs (five male, two female).

Other clinical staff consist of a Medical Director, a Director of Nursing and Quality and one health care assistant. Clinical staff are supported by a manager, a Head of Planned Care, a risk manager and a team of finance, human resource, reception and administration staff.

The service is open between 8am and 6.30pm Monday to Friday, with telephone triage available 9am-12 midday and face to face appointments 10am-5pm. Outside normal surgery hours, patients are advised to contact their local out of hours' service by dialling 111.

The inspection included a visit to the office base and one location where patients were seen.

Are services safe?

We rated the service as requires improvement for providing safe services

Safety systems and processes

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

- The service had appropriate systems to safeguard vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- Infection control and prevention was not effectively managed as the service relied on each location without having an agreed system in place
- The service had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The GP's did not have appropriate access to emergency equipment although staff were suitably trained in emergency procedures.
- We saw no evidence that clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff did not consistently have the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that some information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results; however in the sample of records inspected we saw no evidence of medical summaries. Staff had recently gained access to the previous notes of patients.
- The service did not use care plans for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The service did not have reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines and equipment, did not minimise risks. On the day of the inspection staff did not carry emergency medicines, oxygen or a defibrillator. We were assured by the provider that this would be rectified immediately.
- Staff prescribed to patients and gave advice on medicines in line with current national guidance. The practice had not reviewed its antibiotic prescribing or taken action to support good antimicrobial stewardship in line with local and national guidance.
- There were effective protocols for verifying the identity of patients during remote or online consultations.

Are services safe?

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. We did not see evidence that patients were involved in regular reviews of their medicines.

Track record on safety

The service had a good track record on safety.

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

Lessons learned and improvements made

The service's system was not sufficiently developed to learn and make improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were not adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons informally, however themes were not identified and action to improve safety was not recorded.
- Staff told us they acted on and learned from external safety events as well as patient and medicine safety alerts although we saw no evidence of this.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the service as good for providing effective services

(Please note: This service was not contracted to report on Quality Outcomes (QOF) data. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. On the day of inspection PDS Medical had no patients aged over 70 years.
- They were working towards the Proactive Care Program to prevent unplanned admissions for this group of patients.
- The service followed up on older patients discharged from hospital. It ensured that their prescriptions were updated to reflect any extra or changed needs.
- All patients were invited to attend a face to face appointment to assess any long term condition; a number of the patients would have been to a large number of practices within a short period of time. Staff did not want to rely on outdated information from previous practices.
- Staff told us patients received annual medication reviews completed by a pharmacist. However, we did not see evidence of this on patient records.
- End of life care was delivered by community services staff following a coordinated handover from the service.
- The service assessed and monitored the physical health of people with mental illness, severe mental illness, and

personality disorder by signposting patients to physical activity, and to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

- When patients were assessed to be at risk of suicide or self-harm there were arrangements in place to help them to remain safe and worked closely with crisis teams.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The service had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided by discussing individual patients with a multiagency group and through the Senior Management Team.

There was limited clinical audit activity which had a positive impact on quality of care and outcomes for patients. However, there was clear evidence of action to change practice to improve quality

Effective staffing

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

- Staff had appropriate knowledge for their role.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The service 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.
- The service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by peer review of their clinical decision making.

Are services effective?

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked well together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The service shared clear and accurate information with relevant professionals when deciding care delivery for people. The shared information with, and liaised, with community services, social services and carers for housebound patients.
- The service discussed rehabilitation of patients with the relevant multidisciplinary team when they were considered ready to move back to their local GP service. The PDS team managed referrals to other services and monitored their care after they were discharged from hospital. The practice did not work with patients to develop personal care plans.
- When a patient was in need of end of life care they were referred back to the palliative care team and local GP services in a coordinated way.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The service identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, and carers.
- Where possible staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- They supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the service as good for providing caring services

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice 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. They were aware of the Accessible Information Standard (a requirement to make sure those patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, easy read materials were being developed.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.

Privacy and dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

We rated the practice as good for providing responsive services

Responding to and meeting people's needs

Services were organised and delivered to meet patients' needs. It took account of patient needs and preferences.

- The service understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments were made when patients found it hard to access services.
- The service provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- The service was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Meetings with the local district nursing teams to discuss and manage the needs of patients with complex medical issues such as palliative care.
- Appointments could be arranged after 6.30pm depending on the location required.
- Patients could use the Patient Access system to book appointments online and order prescriptions.
- The service regarded all patients on the scheme as "Difficult to Doctor" and therefore vulnerable.
- The scheme worked with homeless organisations and local drug, alcohol and substance misuse teams.
- Weekly prescribing was made available to those who required support in managing their medicines.
- Easy read communication was in development for those with language or literacy issues.
- Staff ensured the nine Protected Characteristics (regarding potential areas of discrimination) were considered when decision making about patients.
- Staff had access to language line to communicate with patients who did not speak English as a first language.

- Staff interviewed had a good understanding of how to support patients with mental health needs.
- Patients were referred to a one to one cognitive behavioral therapist.
- The service had links to mental health crisis and resolution teams for advice, support and referral.
- Staff facilitated a multidisciplinary team approach to determine the correct approach was followed.
- Patients were referred to self-harm services. A chaperone was available at every appointment.
- A reminder service (courtesy call) was available for patients who required it.

Timely access to care and treatment

Patients were able to access care and treatment within an acceptable 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.
- Patients with the most urgent needs had their care and treatment prioritised.
- One patient we spoke with reported that the appointment system was not easy to use; however, we saw evidence that patients were offered several locations and flexible times for appointments to encourage their engagement with the 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 complaint policy and procedures were in line with recognised guidance. The service learned lessons from individual concerns and complaints; but as yet there was no analysis of trends. It acted as a result of complaints, for example when a patient complained about having difficulty in accessing the services and obtaining necessary medicine, an extra clinic was added to meet the patient's needs.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the service as good for providing well led services

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 service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. There was a realistic strategy and supporting business plans to achieve priorities. The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. Services were planned to meet the needs of the practice population.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- They 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 we spoke with told us they were able to 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. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. 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.
- They actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Generally, 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 including in respect of safeguarding and infection prevention and control
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were generally 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 employed clinical staff

Are services well-led?

could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of national and local safety alerts, incidents, and complaints.

- There was limited clinical audit activity which had a positive impact on quality of care and outcomes for patients. However, there was clear evidence of action to change practice to improve quality.
- The service had plans in place and had trained staff for major incidents.
- The service implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

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 not yet combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- Performance information 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 improve and develop this information further.
- The service used information technology systems to monitor and improve the quality of care.
- They submitted data or notifications to external organisations as required.
- There were effective 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 did not involve patients or the public in supporting high quality sustainable services. Staff were involved in informal discussions on an ongoing basis and partners were involved through multidisciplinary meetings and through meetings with the NHSE and CCG representatives.

- A full and diverse range of staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was not an active patient participation group. The service was aware of the need for more patient involvement and was considering potential approaches.
- 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.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was used to make improvements but not formally documented or reviewed.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the Evidence Tables for further information.Regulatory action

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met... Clinical staff did not have access to emergency medicines and equipment whilst treating patients. There was no evidence that clinicians knew how to identify and manage patients with severe infections including sepsis. We did not see evidence that patients were involved in regular reviews of their medicines. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.