

Commisceo Primary Care Solutions Limited

Southend University Hospital

NHS Foundation Trust

Inspection report

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Date of inspection visit: 5 December 2018
Date of publication: 01/01/2019

Ratings

Overall rating for this service

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 Southend University Hospital NHS Foundation Trust (GP service) on 5 December 2018.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

Summary of findings

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The service manager 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.

At this inspection we found:

- There was a process in place for significant events. These were discussed at staff meetings and the learning was shared.
- The systems relating to medicines management kept patients safe.
- There was a system in place for the safe recruitment of staff. There was no process for checking staff immunisation status, although there were records of the immunisation status of most of the clinical staff records viewed.

- Staff had access to appropriate training for their role.
- The service kept up to date with latest guidance. They used this as appropriate to their service.
- Patients felt treated with dignity and respect.
- There was a system to deal with complaints. The audit trail associated with this could be strengthened.
- Staff were aware of their roles and responsibilities.
- There was a clear leadership structure in place.

There were areas where the provider could make improvements and should:

- Review the recruitment process to include checks on the immunisation status of staff.
- Display the complaints process in the reception area.
- Review the documentation kept in relation to the complaints and significant events processes (communication with affected patients), to ensure that there is sufficient evidence trail of actions taken, and to demonstrate duty of candour has been complied with.

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

Southend University Hospital NHS Foundation Trust

Detailed findings

Background to this inspection

This service is provided by Commisceo Primary Care Solutions Limited. Southend University Hospital NHS Foundation Trust is a service based within Southend University Hospital and provides a primary care service for patients attending the emergency department 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.

There are always two GPs working at any one time, this is usually one male GP and one female GP. These tended to be a mix of regular staff and long term locums. The service operates from 8am to 12am, 7 days a week, 365 days a year. The building is based at the back of the acute hospital. There is clear signposting from the emergency department to the service.

This service is registered to provide the regulated activities of: Diagnostic and screening and; Treatment of disease, disorder or injury.

Are services safe?

Our findings

We rated the service as good for providing safe 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. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- 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. It was the service's policy to request a Disclosure and Barring Service (DBS) checks for all staff. (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 received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.

Records showed that regular flushing of at risk water systems was conducted.

The hospital that the provider was commissioned by, ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. They were also responsible for the systems for safely managing healthcare waste. The service had regular

formal meetings with the emergency department of the hospital and rapid access to senior staff in the emergency department. Any issues identified by the service could be easily raised and dealt with through this collaboration.

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.
- The service had emergency equipment and medicines in line with Resuscitation Council UK and British National Formulary (BNF) guidelines.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. The service kept a record of all clinical staffs' professional indemnity arrangements.

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 emergency department completed an initial assessment sheet during the patient triage, this assessment form was taken by the patient to the GP service when they were transferred into their care. The service only had access to patients' care records from when the patient brought them into the GP service reception and they were available in paper form for a few hours after the consultation. This included access to the patients electronic GP records including recent test results. Once a patient had been discharged from the GP service, the GP service no longer had access to the patient's electronic records. The care records contained sufficient information needed to deliver safe care and treatment. No paper records were kept overnight on the premises as they remained with the hospital.

Are services safe?

- 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 medicines, including prescription of controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed medicines to patients during specified hours and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety

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.
- There were systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and acted to improve safety in the service. For example, one patient was referred to a secondary care consultant, but once they left the GP service they were accidentally discharged from the whole system and therefore were waiting in the emergency department to be seen for a significant amount of time. The emergency department was unaware the patient was waiting. This led to a reinforcement of the transfer process.
- The provider was aware 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.

When there were unexpected or unintended safety incidents:

- There was no documented evidence that patients who were affected by a significant event were offered a written or verbal apology.
- 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?

(for example, treatment is effective)

Our findings

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We spoke with clinicians who could evidence that they assessed needs and delivered care and treatment in line with current legislation, standards and guidance (as relevant to their service)

- Patients' immediate 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.
- Arrangements were in place to deal with repeat patients. For example, patients were educated on the importance of seeing their own NHS GP. We saw evidence that patients recurrently using the GP service, via the emergency department streaming service, were discussed in clinical meetings to ensure that the appropriate approach was being taken.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. As they did not have access to clinical notes or data once the patient was discharged from the GP service, they had to request data from the emergency department to review their treatment process. We found the ease, quantity and quality and effectiveness of audit data would be improved if the service had greater access permissions post patient discharge from the service. For example, the service had audited the quality of information entered onto the assessment forms which the service received with a new patient. They had also initiated one cycle of an audit on the prescribing of antibiotics in the GP service.

- The service made improvements using completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The majority of performance data was held by the emergency department, who had overall view of the end to end process. If the GP service breached the operational standard, for example, the four hour wait, then this was discussed as part of regular commissioning meetings. Southend University Hospital's own performance report for 2017 to 2018 cited the primary care support via the streaming model, and the introduction of additional patient pathways, as leading to improved patient flow, less patients being admitted to hospital and more patients having focussed intervention before returning home. The service provided us with information on their performance which showed that since starting at the beginning of January 2018 the service has had 99% compliance with the four hour wait target. Where they had not met the target, the service informed us this was found to be delays in the system outside of the services control.

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.
- Relevant professionals (clinicians) were registered with the General Medical Council (GMC) 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.

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, if a

Are services effective?

(for example, treatment is effective)

patient required assessment in secondary care a referral would be completed. The patient would then be handed back to the emergency department, once the referral had been accepted, to await their consultation.

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. This was gained via their own GP notes, through the assessment completed during the triage process in the emergency department and through the details check that patients were required to complete on arrival at the GP service.
- Details of their consultation and any medicines prescribed were shared with their registered GP as part of the usual emergency department discharge process. Or, if the patient was admitted to hospital as part of the hospital discharge process.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient was not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. We saw that where a patient alert had been issued about a patient attempting to source medicines inappropriately this was shared with all clinicians. Clinicians had this information to hand and could discreetly review it whilst in a consultation, if needed.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, the GP service was alerted to any patients in vulnerable circumstances by the emergency department. If a patient had not been identified as vulnerable prior to admission to the GP service then there was a process in place to ensure appropriate communication with other agencies and ongoing support for the patient.

- 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 identified during the consultation were highlighted to patients and, where appropriate, the patient would be signposted to their normal care provider or other agencies for additional support. For example, for smoking cessation, community drug and alcohol support, sexual health.
- 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.

Are services caring?

Our findings

We rated the service as good for caring.

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. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- We received 15 comments cards. Thirteen were wholly positive about staff and the service provided. We spoke with three patients during our inspection. All their feedback was positive.

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. There were also multi-lingual staff who might be able to support them.
- Patients told us through comment cards, 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.
- Staff communicated with people in a way that they could understand, for example, communication aids were available.

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 a private room to discuss their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. Where possible, it took account of patient needs and preferences.

- 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. For example, if the emergency department had streamed an elderly patient to the GP service then either a hospital volunteer or a healthcare assistant from the emergency department would escort the patient to the GP service, by wheelchair if required. The GP service was accessible and had an accessible toilet.
- There were baby change facilities available and breastfeeding mothers were supported.

Timely access to the service

Patients could access care and treatment from the service within an appropriate timescale.

- Waiting times and delays were managed as part of the emergency department targets by the emergency department.
- Patients with the most urgent needs had their care and treatment prioritised. For example, considerations were made with regards to the age or vulnerability of the patient and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way.

- Performance was regularly reviewed, along with any feedback from patients relating to timeliness of the service. For example, the service completed monthly monitoring of the number of patients presenting to the GP unit within 15 mins of allocation to the service. They also reviewed the timeliness of response to complaints, the number of patients being referred onwards to a speciality doctor and well as other operational standards. This information was reviewed and discussed with the emergency department commissioners to improve the service provided.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and used them to improve the quality of care.

- Leaflets containing information about how to make a complaint or raise concerns was available. There were no notices in reception to advise patients of how to complain.
- The service's complaints leaflet 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 a complaint policy and procedures in place. The service learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.
- We viewed the three complaints received by the service in the preceding 12 months and found that they were investigated appropriately and any learning shared and disseminated. The audit trail showing the track of the complaints investigation and the response to the complainant was lacking the response letter to the complainant. This made it difficult to tell if all concerns had been addressed and whether the complainant was signposted to the Ombudsman's and duty of candour applied.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We rated the service as good for leadership.

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.

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 focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- There was a culture of openness, honesty and transparency that was evidence throughout our inspection. The provider was aware of the duty of candour. But some of the systems, relating to significant events and complaints handling, required review to ensure that they were complying with the requirements of the duty of candour.

- Staff we spoke with 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. The provider had only been in operation since January 2018, however we saw that all staff would receive annual appraisals and had completed a supported self-appraisal at six months. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and leaders.
- There were positive working relationships between the GP service and the emergency department who commissioned their services.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. 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 policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- There was a 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. They were in continued discussions with the emergency department leaders to manage and drive improvements to performance.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to streamline processes to improve the quality of service.
- 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, as far as they were able, to support high-quality sustainable services.

- The public's, patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. This was through complaints, friends and family responses and through feedback from the emergency department leaders.
- Staff told us that they could provide feedback informally on a day to day basis or via regularly staff meetings.
- 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 made 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.