Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

St Marks Hospital Primary Care Centre

St Marks Hospital Outpatients Department, St Marks Road, Maidenhead, SL6 6DU

Tel: 01189365390

Date of Inspections: 22 April 2013
18 April 2013

Date of Publication: July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	East Berkshire Primary Care Out Of Hours Services Limited
Registered Managers	Dr. Julius Parker Mr. Patrick Rogan
Overview of the service	East Berkshire Primary Care Out Of Hours Services Limited is a not for profit community service. It provides out of hours GP services at St. Marks Hospital. During daytime hours only, it also runs an urgent care centre at St. Marks Hospital which is led by nurses. Patients who have minor or moderate injuries can be treated at the urgent care centre. Patients with more complex medical needs or whose injury is more than 48 hours old are referred to their GP or to hospital.
Type of services	Doctors treatment service Mobile doctors service Urgent care services
Regulated activities	Diagnostic and screening procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 April 2013 and 22 April 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

East Berkshire Primary Care Out of Hours Services (EBPCOOH) provides out of hours GP services to the Slough, Windsor & Maidenhead, South Buckinghamshire, and Bracknell areas. It provides these services at St. Marks Hospital, the Herschel Medical Centre,and Heatherwood Hospital. During the day only, EBPCOOH also runs an urgent care centre at St. Marks Hospital which is led by a team of nurses. This inspection relates to visits to the urgent care centre and out of hours service at St. Marks Hospital.

During our inspection, we found that the EBPCOOH web site provided clear explanations of the services offered and how they could be accessed. There was a service guide, information about how to make a complaint or provide feedback, and general health information. At the reception desk at St. Marks Hospital, there were also leaflets explaining the services offered by the urgent care centre.

We spoke with two people who used services at the urgent care centre and three people and their relatives who used the out of hours service. All the people we spoke with told us they were very pleased with the service. People said they were seen and treated promptly and felt nurses and doctors were very approachable. Those people who used the urgent care centre commented particularly on the professionalism of the nurses and rated this highly. One person told us the treatment "was excellent, first class."

We found that people using the service were provided with appropriate care to meet their needs. National clinical guidelines and recommendations were understood and implemented. Infection prevention and control measures were in place. Equipment was regularly maintained and there were well established protocols for reporting faulty equipment. There were systems in place for monitoring the quality and safety of services provided to people.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's care and treatment reflected relevant research and guidance.

People we spoke with were very pleased with the services provided at the urgent care centre and by the out of hours service. They felt the staff were approachable and gave clear explanations about their treatment and how to seek further advice, if they needed it. At the urgent care centre, one person (who had a fall) told us "the nurse was brilliant; she was sensitive and didn't make me feel stupid or clumsy." Another person, in describing their experience of the out of hours service, said "[the doctor] explained everything to me and told me what my options were. [The doctor] told me what to do when I get home."

We looked at a total sample of six sets of patient records. Three of these related to patients who were treated at the urgent care centre and three for patients seen by the out of hours service. We found records recorded a summary of each patient's condition along with details of their medical assessment, what was discussed, and the treatment provided. Where medicine was prescribed, the name of the medicine was recorded along with the reason it was given to the person.There were notes relating to the risks and side effects of using the medication. In one case, a person was referred for x-rays. The reasons for this were documented in the person's medical record.

GPs told us they had access to the provider's electronic information system whilst they were out on calls and could enter data remotely. We saw details of the treatment and advice provided to people through the out of hours service. We found this information was sent to people's own GP before the out of hours service closed to ensure their continuity of care.

There were well understood criteria for the kinds of illnesses and injuries nurses could treat at the urgent care centre. The nurses we spoke with were able to tell us when they would not be able to provide treatment or care and what they would do in such a situation.

For example, they told us that if patients had very serious injuries such as a serious head injury or stroke, they would refer them to hospital. Nurses also told us they could refer to specialist clinics, such as a fracture clinic for broken bones, and that they had good links with local A&E services. The nurses described how they would make such a referral and the specific contacts they had for doing so. There were also referral protocols in place for the out of hours service. The GPs we spoke with were familiar with these and were able to tell us when they would make a referral.

There was evidence doctors and nurses worked to national guidelines and recommendations. Staff were able to identify relevant National Institute for Health and Clinical Excellence (NICE) guidance and tell us how the guidance was implemented in practice. For example, they talked us through the NICE guidance on treating head injuries. Staff also used a number of professional clinical databases to keep up to date with new treatments and for accessing information on different medical conditions.

Information provided by the service showed there was a system for reporting, recording, and monitoring adverse incidents. Incidents were recorded on an adverse incident register and reviewed by the medical director. Where there was a concern, the concern was raised at clinical governance meetings. There was evidence concerns were investigated and addressed. Systems were in place to receive and act on national medical alerts and safety notices.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

We found the rooms used to provide urgent care and out of hours services were clean. The treatment areas used by the urgent care centre were immaculate. We met with the lead nurse prescriber who told us she and EBPCOOH's health and safety representatives undertook monthly infection control and maintenance checks to make sure standards of cleanliness were maintained. Checks included meetings with cleaning supervisors with whom any concerns could be discussed.

Alcohol gel for maintaining hand hygiene was available throughout the premises. There were signs encouraging people to use it. Cars used by GPs for out of hours home visits were included in monthly infection control checks. These checks were documented and we saw a sample of the documentation. Monthly car checks included the storage of sharps and clinical waste as well as drivers' hand hygiene awareness. Cars were required to be equipped with hand hygiene wipes.

There was an infection control lead for the service who provided advice and support on infection prevention and control issues. There were arrangements in place with a local NHS trust infection control team to provide additional advice and support to the infection control lead, if required.

Infection control measures were audited. We saw audit records and, where concerns were identified, an action plan was in place. The nurses we spoke with told us they had regular hand hygiene audits.

There were no documented risk assessments for the prevention and control of infection but staff could describe the control measures which were in place to minimise infection.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People were protected from unsafe or unsuitable equipment.

We found comprehensive equipment lists by location and by room for all of the services provided and saw servicing and maintenance records for various pieces of equipment. Electrical appliances were portable appliance (PAT) tested. The last test was completed in December 2011. Reports dated December 2012 from an external contractor showed that medical equipment was calibrated annually. Where the reports identified faults, the provider's records showed they were addressed. For example, we found that one of the couches used by the urgent care centre had failed its check due to a tear. Staff told us the couch was being repaired.

At the time of our inspection, doctors working as part of the out of hours service used their own equipment to assess and treat patients. This meant the provider could not be sure patients were treated by medical equipment which was suitably maintained. In response, we were told there were plans in place to organise occasions where GPs from the out of hours service could have their equipment calibrated.

Equipment checks were also done on cars. We saw a check dated January 2013. The check found that the nebulisers in the provider's spare cars were faulty. We saw records which showed the nebulisers were replaced. We saw the vehicle log books (V5 forms) for each of the provider's cars. The cars were just over a year old. Staff explained because the cars were new they did not need an MOT in the first three years of use but were due to be serviced in May 2013.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place.

We spoke with nurses, doctors, senior managers and administrative staff. They told us recruitment checks were undertaken before they began work. The recruitment checks included criminal records bureau (CRB) checks and references. They told us they had interviews before being employed by the service and were required to provide evidence of their qualifications.

We found systems were in place to ensure recruitment and employment checks were completed and audited. There was a spreadsheet with a list of all staff employed by the service, the employment checks made, and the date specific checks needed to be redone, for example, professional registration. The manager responsible for monitoring employment checks told us the spreadsheet was reviewed at least once a month and concerns were discussed at the monthly managers' meeting.

We checked the employment records of three nurses, one new driver, and four GPs. We found staff went through a number of recruitment checks. These included application, interview, references, CVs, and criminal records bureau disclosures (CRB). The employment records for all staff except doctors included job descriptions and photo identification. Nurses' registration with the Nursing and Midwifery Council (NMC) was confirmed and recorded.

GPs' registration with the General Medical Council (GMC) was also confirmed and recorded. A further check of GPs' fitness was done by checking the Thames Valley Medical Performers list which was issued by the former primary care trust. Although there was evidence that GPs had CRB checks, these checks were often undertaken some time ago. For example, one of the GPs whose employment records we saw, contained a CRB check which was dated 2005. In addition, we were told that the provider did not conduct its own CRB checks. Instead, GPs submitted copies of CRB checks which were completed by their own surgery and these were kept on file. We were also told that a GP could not be on the Thames Valley Medical Performers list unless they had a CRB check and that the provider checked this list. We saw evidence that the performers list was cross referenced.

Similarly, two references were taken up for each GP but, in one case, the reference was

not on any company letterhead. This poses a risk that the reference might not be authentic. At the time of our inspection, we found there were no formal employment contracts or contracts for services with GPs, however, service agreements between the provider and GPs was in development. We also found there was no photo identification for GPs. Since our inspection, the provider wrote to us and confirmed this issue was addressed. All GPs acting on behalf of the service are required to submit photo identification for their employment records.

In all the employment records we saw, we found training records and qualifications of staff were checked.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider took account of complaints and comments to improve the service.

East Berkshire Primary Care Out of Hours Services Limited had a system in place for collecting feedback from people who use its services. The service's last patient survey results, from an analysis done in September 2012, showed 94% of ninety respondents felt the nurse who treated them explained their condition in a way they could understand. 98% felt they were treated with courtesy and respect by the healthcare professional who attended them. Of those people who used the urgent care centre, 83% rated the service as excellent.

There was a system in place for reviewing, monitoring, and responding to people's complaints. Staff we spoke with were able to tell us what the main theme of complaints was and how the issue was being addressed. None of the people we spoke with had complaints about the quality of the treatment they received.

We found there were robust systems for monitoring the quality of treatment given to patients. Each month auditors were assigned a random selection of patient records which had been completed by the out of hours GPs to audit. Findings from the audit were shared at monthly auditor meetings and at quarterly meetings with the provider's medical director. The results of the audit were also sent to the individual GPs who had completed the patient records so they had feedback on their work. Information from these audits was used to monitor GPs' performance. Outcomes for GPs were rated as excellent, satisfactory, or needs reflection. We were told that a higher percentage of case notes were audited for those GPs with outcomes rated as 'needs reflection.' Similarly, new GPs had more of their patient records audited to ensure the quality of care they provided was appropriate. GPs we spoke with told us they were involved in the process and had feedback on the quality of their consultations.

There were other arrangements in place to monitor the quality of the service. There was a system for reporting, recording, and monitoring adverse incidents. Minutes of clinical

governance meetings showed that incidents were discussed, risk rated, and monitored. Where concerns were identified, actions were taken to ensure they were addressed. Minutes from the clinical governance, patient safety, and risk meeting from 5 March and 2 April 2013 showed a review of adverse incidents, complaints, risks, and safeguarding. Risk assessments for each of the provider's services were in place, although they did not include risk assessments for infection control issues.

We found the provider reported regularly to the commissioners of the services on a number of key performance targets relating to the quality of the service. Where reports highlighted a concern, the provider took remedial action. All out of hours services are required to meet targets called 'National Quality Requirements' (NQRs). Progress against the NQRs was monitored by the local commissioner. The provider was able to explain these key requirements and show us how they ensured the requirements were met.

Calls and response times for the out of hours service were monitored for quality assurance purposes.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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