

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

St Ives House

St Ives House, Accrington Road, Blackburn, BB1
2EG

Tel: 01254266400

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

Respecting and involving people who use services ✓ Met this standard

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

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

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

Complaints ✓ Met this standard

Details about this location

Registered Provider	East Lancashire Medical Services Limited
Registered Manager	Mrs. Diane Ridgway
Overview of the service	<p>St Ives House is located in Blackburn and is the head office for the East Lancashire Medical Services Ltd. St Ives provides a triage service which directs patients to receive either medical advice from qualified doctors, are directed to visit an out of hours centre or to arrange a home visit from a doctor. Facilities at St Ives includes the call centre, rooms where doctors give advice, main pharmacy store and transport for visiting services.</p>
Type of services	<p>Doctors consultation service</p> <p>Dental service</p> <p>Doctors treatment service</p> <p>Mobile doctors service</p> <p>Remote clinical advice service</p> <p>Urgent care services</p>
Regulated activities	<p>Transport services, triage and medical advice provided remotely</p> <p>Treatment of disease, disorder or injury</p>

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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 21 May 2013, observed how people were being cared for and talked with staff.

We visited the main office on 2 May 2013 to look at records and talk to the management team.

What people told us and what we found

Patients accessed this service by dialling the National 111 number for non emergency care. Following a telephone assessment of their medical condition they were either given advice from a doctor, given an appointment to attend an out of hours medical centre or received a doctors visit dependent upon their needs.

We looked at records held at the main office and spoke with members of the management team and three staff members. The records we viewed were up to date and accurate.

Patients were given the support they needed to make a comment or complaint. Records were clear and showed that patient's concerns or complaints had been responded to appropriately and the information was used to improve the service. We also saw a number of 'compliments' made about the service.

We spoke with patients who used the service at one of the out of hours centres. Patients said the advice and direction they received was appropriate to their needs.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People access the service by dialling the national 111 number for non emergency care. For people living in the East Lancashire area the call would be transferred to a centre in Blackburn. From here people's needs were assessed and they may receive advice from a doctor, be asked to attend a drop in medical centre or receive a doctors visit dependent upon their needs. People were then treated following assessment.

Each patient had their treatment recorded and passed to their own GP the following day. There was a system for recording each part of the process and national guidelines were followed to control the amount of time that people had to wait, dependent upon their assessed needs.

The centres are located in various parts of East Lancashire to treat a large population. People were directed to their nearest centre for assessment and treatment. We were told that at times of high usage of the service people were told of the waiting times and given the option of using a less busy centre.

Doctors who visited people in their own homes were transported by drivers and there was a system to track where each car is to ensure the service operated efficiently. There was a backup car for continuity of service should there be a breakdown. Stored at the drop in centres were medical bags which contained drugs and other equipment which may be used on a visit. They were stored securely prior to use and there were suitable systems to replenish any items used and a team who audited the system to prevent possible errors.

All staff were trained in information governance which meant they were aware of privacy and confidentiality issues.

Patients were given appropriate information regarding their care or treatment. This helped people to understand more about the service they would receive and gave them the opportunity to make comments about their experience.

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

Staff at St Ives received the details of each patient through the 111 call centre. The role of staff is to update the computer systems. They send patients to one of the various centres and make appointments to be seen by a doctor or visiting doctor. There was also a doctor located at certain times at St Ives to offer advice and a surgery which could be opened if the other centres were very busy.

The service had a system to receive 'special patient notes' in instances where patients were vulnerable due to conditions such as palliative care, mental health needs or where there were safeguarding concerns. This meant when a patient with such a condition called the service, staff would be alerted to their medical history.

Staff told us they could access an 'interpreter service' to help them to communicate with all patients who accessed the centre.

We spoke with patients at one of the out of hours surgeries who told us they were very satisfied with the system and the advice and treatment had met their needs.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The service had procedures in place to respond to allegations or suspicions of abuse. This included using the latest Department of Health good practice guidance for protecting adults and children. Staff we spoke with and records we looked at showed they were aware of their responsibilities in protecting patients. Staff also attended annual safeguarding training in order to update their knowledge and skills in this area.

The use of 'special patient notes' identified patients who were vulnerable due to their medical condition. This ensured staff were aware of and were responsive to the specific needs of this patient group.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at the training records held at the main office and spoke with the training officer. We found staff were provided with mandatory training and training specific to their roles. They also had access to a range of training opportunities based upon their personal and professional development needs. There was a system that identified when training was needed. This would help to make sure all staff were up to date and had the skills and knowledge they needed. Staff said they had sufficient training to perform competently. Training included any updates to the computer system

There was an in depth induction programme for all staff. The induction program was tailored to each staff members needs. Staff operating the computers were given intensive training to manage the systems and medical staff were given training specific to their roles. One doctor in an out of hours service said they were always being offered training. Another doctor said he was given training such as safeguarding. Staff were able, from time to time, to obtain further relevant qualifications.

Staff received an annual appraisal, which gave them the chance to highlight any training they felt they needed. Team Leaders visited the service to talk to staff, offer support and advice and to take any issues forward to the management team. Any issues raised by staff would be discussed at regular management meetings. We were told the meetings were useful for staff and also helped to improve the service.

We saw there were systems in place to annually appraise all levels of staff. This meant all levels of staff had access to personal development reviews. Not all staff we spoke with felt supported, although staff felt they worked as a team. A supervisor role had been implemented and it was hoped this would provide supervision, support and better communication. However, the provider may find it useful to note there were no records of regular one to one support. This meant it was difficult to determine how shortfalls in staff practice or how individual training needs were identified and acted on.

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

There were effective management systems in place to monitor the quality of the service provided. During our visit to the main office we were provided with a detailed analysis of how the service audited their performance. The information had been used to develop and improve the safety and operation of the service.

As part of the National Quality Requirements for this type of service, patients were asked to provide their views on various aspects of their care. The feedback from the patient satisfaction surveys were analysed and a summary of the findings produced. Any negative comments were acted on. This meant the views of stakeholders were taken into account and listened to. We looked at the summary and found there were very few negative comments.

Management meetings were held to look for any improvements that could be made. The service also had to complete regular audits for the government agencies who commissioned their services and would receive feedback from them should it be required.

There was a service specific framework for the out of hours service, which set the standards for the service to follow and provide data to show they were meeting targets. This was used to monitor how the service was meeting patient's needs.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The service had a procedure in place to manage any concerns or complaints. Patients were given the support they needed to make a comment or complaint. Records were clear and showed that patient's concerns or complaints had been responded to appropriately and the information was used to improve the service. We also saw a number of 'compliments' made about the service.

We spoke with several patients in the various treatment centres. No patients had any concerns and said they had been very satisfied with the service overall.

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.

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