

# Care Quality Commission

## Inspection Evidence Table

### Extra Care Blaydon

Inspection date: 23 October 2018

## Safe

### Safety systems and processes

Source	
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
The service worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record.	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes

Recruitment Systems	
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent	Yes

person Date of last inspection/Test:	Sept 17
There was a record of equipment calibration Date of last calibration:	Yes Various
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 17.11.18
Actions were identified and completed.	N/a – see below
Additional observations: No issues requiring action were identified during the fire risk assessment carried out on 17.11.2018	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes 19.6.18
Health and safety risk assessment and actions Date of last assessment:	Yes 19.6.18

<b>Infection control</b>  Risk assessment and policy in place Date of last infection control audit: The provider acted on any issues identified	Yes 14.12.17 No actions identified
The arrangements for managing waste and clinical specimens kept people safe?	Yes

## Risks to patients

The service had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Yes
The service had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the service carried out changes to the service or the staff.	Yes

## Information to deliver safe care and treatment

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals	N/a*
Referrals to specialist services were documented.	N/a*
The service had a documented approach to the management of test results and this was managed in a timely manner.	N/a*
The service demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers:</p> <p>*The extra care service offers 15-minute pre-bookable, routine primary care appointments with GPs and nurses to patients already registered with any of the 30 GP practices in the Gateshead area. Patients book an appointment through their own, or 'home' GP practice. The home practices are aware that they should not book extra care appointments in certain circumstances. This includes patients who may require an onward referral or those with long term conditions, or chronic diseases, where the reason for the appointment is directly related to their condition.</p> <p>Due to the nature of the extra care service any patient who required a referral to a secondary care service or tests were sign posted back to their own or 'home' GP practice (with the exception of some swabs or urine tests for microbiology testing which were carried out at the extra care facilities). Their records were updated accordingly and patients were told to follow this up with their own GP practice.</p> <p>The exception to this was where extra care GPs felt patients needed an urgent referral for suspected cancer under the two-week weight rule. In these circumstances the consulting GP would put a note on the patients record and ask the receptionist to alert the patient's usual GP practice the following day (or on the following Monday if the consultation had taken place on a Saturday or Sunday) that a 2WW referral was required. However, there was no effective system in place to alert the patient's own GP that the patient</p>	

required further investigation or referral to another service. Nor was there any system to check that required referrals and tests had been undertaken.

## Safe and appropriate use of medicines

Medicine Management	
The service had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	N/a*
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing	Yes
<p>The service monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength)</p> <p>There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer</p> <p>If the service had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.</p>	Yes
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	N/a
The service held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
<p>There was medical oxygen on site</p> <p>The service had a defibrillator</p> <p>Both were checked regularly and this was recorded.</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p>
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	N/a
<p>Explanation of any answers:</p> <p>Nurses were employed by the service to deliver a weekend wound dressing service only. They did not administer vaccines or medicines so PGDs were not required.</p> <p>Due to the nature of the service the extra care provision does not hold any medicines, such as vaccines,</p>	

that require refrigeration.

### Track record on safety and lessons learned and improvements made

Significant events	
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	No
Number of events recorded in last 12 months.	19*
Number of events that required action	19
*Please note that this figure is a combined total for both extra care locations ran by the provider (Extra Care Blaydon and Extra Care Central Gateshead)	
<b>Explanation of any 'no' answers:</b>	
There was no evidence of a formal channel of communication or meetings during which learning from matters such as significant events, complaints or clinical audit was shared with clinical staff.	

### Example(s) of significant events recorded and actions by the service;

Event	Specific action taken
A patient had attended an appointment at an extra care location but had not given consent to the extra care GP accessing their medical records	The GP had explained that he would be unable to carry out a consultation if the patient would not consent to their record being accessed. All 'home' GP practice staff were reminded of the need to ensure patients were asked for consent when making an extra care booking.
Extra care GP had accessed the wrong patient notes	The provider's clinical lead had sent an email to all clinical staff working at the extra care facilities to remind them of the importance of checking patient demographics (i.e. name, date of birth and address) at the start of a consultation. The computer system had also been upgraded to include a tick box as a prompt to remind clinicians to check patient details thoroughly.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place:  The provider currently uses an intranet system, email and a website to share details of all patient safety alerts with clinicians who work for the service. The registered manager told us that they were in the process of implementing Share Point (a web based document management system) to aid better communication with staff and that this was due to go live approximately January 2019. Pharmacists employed by the provider dealt with all medicines related patient safety alerts and a system was in place to ensure these were actioned appropriately across all provider locations.	

# Effective

## Monitoring care and treatment

Indicator	Service	CCG average	England average
Overall QOF score	N/a	N/a	N/a
Overall QOF exception reporting	N/a	N/a	N/a
Due to the nature of the service Extra Care Blaydon does not participate in the Quality Outcomes Framework scheme. They are not involved in the management of patients with long term or chronic conditions or complex mental health issues.			

## Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes*
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	No
The service could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
<b>Explanation of any answers:</b>  Staff working for the service were given an induction. A comprehensive induction pack was available on site.  Locum GPs who worked on a sessional basis and nurses who worked for the service were not given the opportunity of an appraisal. The registered manager told me that they were in the process of introducing appraisal for their salaried GPs. All GPs and nurses who worked for the service had access to the providers clinical lead and a pastoral GP who they could contact for advice and support. Clinicians were also able to access a social media application where they could seek advice, support and guidance from other GP's working for the provider.  *Health Care Assistants were not employed at the extra care facilities.	

## Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed.	N/a

## Caring

### Kindness, respect and compassion

CQC comments cards	
Total comments cards received	40
Number of CQC comments received which were positive about the service	40
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

### Examples of feedback received:

Source	Feedback
Comment cards	<p>All 40 comment cards we received were very complimentary about the extra care service. Patients reported that staff were caring, they were treated with dignity and respect, they were listened to and their needs were responded to.</p> <p>Specific comments included:</p> <ul style="list-style-type: none"><li>• Brilliant service for the weekend</li><li>• Excellent service in every way</li><li>• Perfect for people who work full-time</li><li>• Fantastic service</li><li>• The service is a credit to the NHS</li></ul>

### National GP Survey results

Due to the nature of the service they do not participate in the National GP Survey. However, they do carry out their own patient survey/patient feedback exercises

Date of exercise	Summary of results
April to June 2018  (Please note this data relates to both extra care facilities - Extra Care Blaydon and extra care	<p>During this period, 2140 extra care appointments were made available. Of these,</p> <ul style="list-style-type: none"><li>• 90% of the 1834 appointments available with a GP were used</li><li>• 90% of the 306 appointments available with a nurse were used. e</li></ul> <p>12 patients completed friend and family tests during this period. 96% rated their visit as being either good, very good or excellent. No negative comments were received and patients were very complimentary about the service provided.</p>

Central Gateshead)	
July to September 2018  (Please note this data relates to both extra care facilities – Extra Care Blaydon and extra Care central Gateshead)	<p>During this period, 2619 extra care appointments were made available. Of these,</p> <ul style="list-style-type: none"> <li>• 88% of the 2312 appointments available with a GP were used.</li> <li>• 78% of the 307 appointments available with a nurse were used. e</li> </ul> <p>13 patients completed friend and family tests during this period. 97% rated their visit as being either good, very good or excellent. Negative comments were in relation to having to pay for car parking at the Central Gateshead site and a time delay in getting through to the 111 service.</p>

### Any additional evidence

In March 2016, the provider had also surveyed GPs who worked for the extra care service:

- 17 (71%) responded to the survey
- 94% felt that 15 min appointments were appropriate
- 42% felt that demand for Sunday appointments could be improved
- 75% felt that access to a patient's full patient records was extremely beneficial (a further 19% felt this was beneficial)
- Inappropriate bookings included patients requesting referral to specialist services; management of chronic diseases; requests for repeat medication and requests for sicknotes.

The registered manager told us that they were continually reinforcing appointment criteria with referring practices and a handbook was available in each practice with further details.

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Comment cards	None of the 40 comment cards we received contained any negative comments. Patients reported that they felt listened to, felt they were given ample time during their consultation and that clinicians were knowledgeable, caring and supportive.

Interpretation services were available for patients who did not have English as a first language. Yes

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. Yes

Information leaflets were available in easy read format. Yes

Information about support groups was available on the service website. No – but information was available for patients on their own GP practice website.

Carers	Narrative
Percentage and number of carers identified	Due to the nature of the service the location did not have a register of carers. Carer's were recorded and supported at their 'home' or usual GP practices.
How the service supports carers	See above
How the service supports recently bereaved patients	Patients requiring further support as a result of a bereavement were referred back to their usual GP practice.

## Privacy and dignity

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	When we inspected Blaydon GP Led Surgery (the host practice for Extra Care Blaydon) in January 2018 we felt that the size and layout of the waiting room and reception desk did not ensure that patient conversations could not be overheard. The provider was aware that this was an issue, had included it as a concern on their risk register and were looking at ways to address the problem. However, notices were in place advising patients that they could ask for a private discussion should they prefer.

Consultation and treatment room doors were closed during consultations. Yes

A private room was available if patients were distressed or wanted to discuss sensitive issues. Yes

Examples of specific feedback received:

Source	Feedback
Comment cards	None of the 40 comment cards we received contained any negative feedback, including in relation to being treated with dignity and respect.

## Responsive

### Responding to and meeting people's needs

Opening Times		
Location opening times	<b>Monday</b>	8am to 8pm
	<b>Tuesday</b>	8am to 8pm
	<b>Wednesday</b>	8am to 8pm
	<b>Thursday</b>	8am to 8pm
	<b>Friday</b>	8am to 8pm
	<b>Saturday</b>	9am to 2pm
	<b>Sunday</b>	9am to 2pm
<b>Appointments available from:</b> Weekdays - 8am to 1pm and 3pm to 8pm Weekends – 9am to 2pm		
The service offers 15-minute pre-bookable, routine primary care appointments with a GP to patients already registered with any of the 30 GP practices in the Gateshead area (total patient population 222,000). They do not offer appointments for:		

- Patients with long term conditions, or chronic diseases, where the reason for the appointment is directly related to their condition should be booked into the service.
- Patients with complex mental health issues, where the reason for the appointment is directly related to their condition.
- Cases of alcohol or substance misuse.
- Patients who require a sick note.
- Repeat medication requests.
- Patients who might require an onward referral.
- Patients who have not agreed to “data sharing”.
- Patients who are known to be aggressive/violent.
- Nurse appointments for patients under 18 years of age
- Patients on maggot therapy

Patients access appointments via their ‘home’ or usual GP practice. The extra care facilities also offer a nurse led wound dressing service on a weekend. 50% of appointments were pre-booked and the remaining 50% were same day appointments.

### Home visits

The service had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention

N/a

This location is an extended access facility and does not deal with requests for home visits. All home visit requests are dealt with at a patient’s ‘home’ or usual GP practice.

### Timely access to the service

Examples of feedback received from patients:

Source	Feedback
Comment cards	None of the 40 comment cards we received contained any negative comments concerning timely access to the services. Patients reported that they were seen on time, the service was punctual and appointments were convenient for patients who worked full time.

### Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations.  
Yes

Information was available to help patients understand the complaints system. Yes

Complaints	
Number of complaints received in the last year.	5
Number of complaints we examined	5

Number of complaints we examined that were satisfactorily handled in a timely way	5
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## Well-led

### Leadership capacity and capability

#### Vision and strategy

Service Vision and values
<p>The extra care mission statement was:</p> <p>‘At Extra Care, we strive to offer the highest quality modern health care, whilst being grounded in traditional patient, family and community centred values’.</p> <p>The provider’s ethos was to do the right thing for practices and patients of Gateshead</p>

#### Culture

Examples of feedback from staff or other evidence about working at the service

Source	Feedback
Staff questionnaires	<p>Nine non-clinical staff members completed and returned our questionnaires:</p> <ul style="list-style-type: none"> <li>Six reported that they felt well supported and valued by their immediate line manager and that communication regarding the service was effective. Two stated that support could be better in some areas and one reported that they did not feel supported or valued</li> <li>All felt that clinicians, non-clinical staff and management worked well together</li> </ul>
Telephone interview with member of the nursing team	<p>The member of staff stated that they felt well supported for their role in the extra care service and had a point of contact with the provider who they could contact at any time they were working for the service. They also stated that they felt staffing levels were sufficient and that they had the training and equipment they needed to perform their roles. However, when questioned they were not able to describe any process for sharing information such as learning from significant events and complaints or best practice guidance. Nor did they receive any supervision or appraisal for their role with CBC health. The registered manager told us that as the nursing staff were from community services and the clinical lead for community services was employed by CBC Health they felt there was no need to carry out an additional appraisal.</p>
Feedback from GP	<p>Feedback from one Gateshead based GP about the extra care facilities was that it provided a pressure valve and that they felt assured consultations would be carried out by good quality doctors, that they would be good solid consultations and would not require further follow up.</p> <p>Another stated that it was ‘an excellent support service to GP practices in</p>

	Gateshead, we are able to offer same day appointments to patients should they fit the criteria'.
Feedback from practice manager	Feedback from one practice manager was that the extra care facilities were 'a valuable resource for general practice and patients to deliver patient focused care within appointments up to 8pm and over weekends'.

#### Examples of changes made by the service as a result of feedback from staff

Source	Example
Significant event analysis	Member of staff had raised separate concerns about lone working and staff security on weekends at one of the extra care facilities. Discussions were ongoing with the landlord (NHS Property Services) regarding access to the building and a possible buzzer or keypad entry system.
Significant event analysis	Staff had raised concerns on a few occasions about patients being given inappropriate appointments at the extra care facilities. The provider had taken action to remind referring GP practices of the exclusion criteria and to refer to the pack issued to every GP practice if in doubt.
The services speaking up policies are in line with the NHSI National Raising Issues Policy.	
Yes	

#### Examples of action taken by the service to promote the safety and wellbeing of staff

Source	Example
Registered Manager	The registered manager was able to describe how the provider had been supportive of staff during times of illness and difficult personal circumstances. Staff had access to occupational health services. GPs working for the services had access to a pastoral GP whose role included supporting and mentoring GPs, particularly during times of pressure and stress.

#### Examples of actions to improve quality in past 2 years

Area	Impact
General prescribing audit – July 2017 to June 2018	<p>The aim of the audit was to consider whether patients could have been managed effectively without the need for a GP appointment. It did not look at the appropriateness of medicines prescribed. During the period in question 6069 prescriptions were issued. The audit revealed that:</p> <ul style="list-style-type: none"> <li>• The three most frequently prescribed medicines could easily have been prescribed under the Think Pharmacy First scheme.</li> <li>• 30% of prescriptions under the respiratory category were for antihistamines which could have been bought over the counter or recommended by a pharmacist.</li> <li>• 1199 (under 20%) of prescriptions were for a clinical condition that could have been routinely managed by a community pharmacist.</li> </ul> <p>The conclusion of the audit was that more effective triaging of patients when booking an appointment would have resulted in less demand for GP appointments and more signposting to the Think Pharmacy First scheme.</p>

<p>Antibiotic audits (Sept/Oct 2015; Nov 16 to Jan 17; Nov 17 to Jan 18)</p>	<p>Antibiotic audit – Sept/Oct 2015</p> <ul style="list-style-type: none"> <li>• 269 oral antibiotics had been prescribed during this period.</li> <li>• 48% of the prescriptions were not for an appropriate course length.</li> <li>• 55% of the prescriptions did not adhere to best practice guidance either in terms of choice or length of course.</li> </ul> <p>Antibiotic audit – Nov 16 to Jan 17</p> <ul style="list-style-type: none"> <li>• 863 oral antibiotics had been prescribed during this period.</li> <li>• The audit showed that best practice course length was not being adhered to when prescribing amoxicillin. In addition, amoxicillin was being wrongly prescribed for otitis media against best practice guidance.</li> </ul> <p>Antibiotic audit – Nov 17 to Jan 18</p> <ul style="list-style-type: none"> <li>• 695 oral antibiotic prescriptions were issued during this period.</li> <li>• A random selection showed that 39% of the prescriptions were for amoxicillin.</li> <li>• There had been a reduction in general antibiotic prescribing by 18% since the previous audit.</li> <li>• 79% of prescriptions were for an inappropriate course length</li> <li>• 55% of prescriptions did not conform to best practice guidance.</li> </ul> <p>However, there was no evidence of the learning from these audits being shared with staff or discussed with individual clinicians.</p>
<p>Audit of written consultation records</p>	<p>The aim of the audit was to ensure that consultation records were of a consistently high standard and included an adequate clinical history, record of examination findings, working diagnosis, appropriate prescribing and evidence of safety netting/follow up arrangements.</p> <p>19 records were reviewed which related to 6 clinicians. The findings were that:</p> <ul style="list-style-type: none"> <li>• 18 of the 19 records showed a working diagnosis.</li> <li>• All prescriptions were felt to have been appropriate</li> <li>• The conclusion was that the consultations were safe and that the patient could be effectively managed using the written notes in all cases.</li> </ul>

Examples of service developments implemented in past 2 years

#### Development area and impact

The provision of the extra care facilities had started as a pilot scheme in 2015. Originally it was anticipated that the extra care services would be delivered from three locations but the outcome of the pilot was that this was not feasible or sustainable. They had also piloted a home visiting service but

found that the 55-square mile coverage area was too big to manage, particularly during the rush hour. In addition, the service aimed to deliver additional weekday nurse appointments nurse. However, the pilot revealed that there was little demand for these appointments. This was therefore changed to a weekend wound management clinic which was introduced at the request of the local clinical commissioning group to ensure patients were able to access wound care services over a weekend.

## Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
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## Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Friends and family test	See previous
Staff	GP Survey	See previous
External partners	Feedback from Newcastle Gateshead CCG and Gateshead GP practices	The registered manager told us that they regularly liaised with the local clinical commissioning group to gain feedback. Specific feedback received from the Service Reform Manager for Newcastle Gateshead CCG was that: 'Extra Care offers more appointments than ever anticipated. NHS England advised any organisation wanting to improve access to primary care should learn from the Gateshead model as it works'. The provider also relied on feedback from the 30 GP practices who referred patients to the service

## Feedback from Patient Participation Group;

### Feedback

Due to the nature of the service and the fact that they did not have an actual patient list the service did not have a patient participation group. Any patient using the service was able to access a patient participation group at their own or 'home' practice.

## Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Business continuity	The extra care facilities were able to provide cover and accommodation for the 30 GP practices across Gateshead when required. For example, during pandemics or whilst practices were moving premises.
General Practice Access Fund (GPAF) Buddy Scheme	The provider participated in the GPAF buddy scheme to promote learning nationally. They had shared their experience and worked with other providers in the region to develop local extended access schemes.