

Bedford On Call Limited

Inspection report

Elstow Medical Centre, Abbey Fields
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Bedford
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services effective?

Good



Overall summary

We carried out an announced focused inspection at Bedford On Call Limited on 10 October 2019 as part of our inspection programme.

The provider was rated as good overall; however, we found a breach of regulations which meant the service was rated requires improvement for providing effective services.

The report for the October 2019 inspection can be found by selecting the 'all reports' link for Bedford On Call Limited on our website at www.cqc.org.uk

This inspection carried out on 3 December 2021 was a desk-based review to confirm that the practice had carried out its plan to meet the legal requirements in relation to the breach of regulations that we identified at our previous inspection in October 2019.

We based our judgement of the quality of care at this service on a combination of:

- information sent to us from the provider.
- information from our ongoing monitoring of data about services.

We rated the practice as good for providing effective services because:

- Quality of care and outcomes for patients were monitored through a programme of clinical audits.
- Staff had the skills, knowledge and experience to carry out their roles.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was carried out by a CQC lead inspector.

Background to Bedford On Call Limited

Bedford On Call Ltd provides a range of primary medical services, from seven satellite clinics in Bedford and the surrounding towns and villages.

It provides services from these sites, also known as base practices, from 6.30pm to 8pm Monday to Friday. It also provides services from 8.30am to 2pm on Saturdays and 8.30am to 11.30am on Sundays and bank holidays. The base practices are registered GP practices.

Patients who are registered at any practice within the Bedford clinical commissioning group (CCG) area are able to access a GP or practice nurse at any of these sites. At least two base practices are open every evening and weekend.

The senior management team consists of a council of directors and operational managers. The service also has lead clinicians, nurses and a pharmacist. All management and governance functions are completed at the head office at Elstow Medical Centre. However, no regulated activities are provided from here.

GP practices are able to book appointments with the service, through a remote booking system.

Bedford On Call Ltd employ some nursing and reception staff to greet patients at the satellite clinics, other staff, including GPs are contracted on a self-employed basis.

Each base practice has disabled access and parking available and consultation rooms are all on the ground floor.

The practice provides family planning, treatment of disease, disorder or injury, transport services, triage and medical advice provided remotely, and diagnostic and screening procedures as their regulated activities.

Are services effective?

At the October 2019 inspection, we rated the service as requires improvement for providing effective services because:

- The service was not able to provide evidence that all staff were trained in safeguarding, infection control, fire, health and safety or equality and diversity.
- Clinical audits were limited and required strengthening. The service told us that repeat audits were underway and we saw evidence of an audit schedule.
- Not all staff had received formal 'one to one' support however, regular consultation reviews were completed, and results were discussed with individual members of staff.

At the December 2021 inspection, we rated the service as good for providing effective services because the provider had made the necessary improvements to address the breaches of regulation.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

At the October 2019 inspection, the service had carried out two single-cycle audits related to prescribing. There was an audit plan in place but completed audits had not been undertaken.

At the December 2021 inspection, the service had an annual programme of clinical audits in place that identified the clinical area, auditor and frequency of audits that were carried out. The audits covered different areas, such as, prescribing and clinical performance to ensure current guidelines were followed. There was also a plan of audits to cover information governance, health and safety and operational aspects of the service.

Clinical audit had a positive impact on quality of care and outcomes for patients. For example, the service had completed an audit that looked at the prescribing of a non-steroidal anti-inflammatory drug (NSAID), a medicine that was used to relieve pain and reduce inflammation, prescribed to patients over the age of 65 years. The aim of the audit was to check that the patients were also prescribed a medicine to protect them from gastro-intestinal side-effects. The result of the audit demonstrated that the risk of gastro-intestinal side-effects had been considered and gastric protection had been prescribed appropriately. The audit also demonstrated there had been a 50% reduction of prescribing NSAIDs to this age group from the previous year.

Effective staffing

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

At the October 2019 inspection, the service was unable to provide evidence that staff had received all relevant training, including safeguarding and infection prevention and control, and appraisals had not been carried out for all staff.

At the December 2021 inspection, the provider used a combination of an online training programme and face-to-face learning. A training log was kept to monitor when training was due and had been done. This was reviewed each month at Quality and Assurance meetings and the Clinical Review meetings. All staff had completed training relevant to their role. The provider ensured that new staff did not have access to book shifts until they had completed identified mandatory training.

Are services effective?

The provider provided staff Staff were provided with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.