

# BrisDoc Healthcare Services – Osprey Court

## Quality Report

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This report describes our judgement of the quality of care at this out-of-hours service. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from the provider, patients, the public and other organisations.

# Summary of findings

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# Summary of findings

## Overall summary

Brisdoc Healthcare Services Limited is a general practitioner (GP) led out-of-hours service. It currently provides out-of-hours services to a population of 920,000 covering inner city, urban and rural areas in Bristol, North Somerset and South Gloucestershire.

The service is available out of hours for people with urgent medical conditions when their GP surgery is closed. People access the service by telephoning NHS111. The provider calls them back and their medical condition

is assessed over the phone. They may then either receive medical advice over the telephone, receive an appointment to see a GP at one of the locations or a GP may visit them at their home.

Services provide 24-hour healthcare cover, including an award winning (2009) GP Support Unit working in hospital environments, daytime GP walk-in services and a GP practice.

We found that Brisdoc Healthcare Services Ltd provided a service which was safe, effective, caring, responsive to people's needs and the service was well-led.

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

Overall the service was safe.

People were protected from avoidable harm and abuse. There was an open culture of reporting within the organisation and staff understood their roles and responsibilities to keep people safe from avoidable harm.

Standard operating procedures and processes were in place to protect people. The provider monitored performance against standards such as The National Quality Requirements.

People told us that they felt safe. They said their needs were met in a timely manner and people were satisfied with their diagnosis and treatment.

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### **Are services effective?**

Overall the service was effective.

People's care and treatment was evidence-based and achieved good outcomes. There were effective clinical governance frameworks in place. The management monitored the quality of care and were committed to improving and reviewing the effectiveness of treatment.

People told us that the service, advice and treatment had met their needs. We saw that the provider worked with other agencies and had multi-disciplinary working and arrangements in place. Information about a people's treatment was shared with the individuals own GP, and appropriate information was shared with relevant parties, such as the clinical commissioning groups, mental health professionals, local authority safeguarding teams, and NHS England. This meant that the provider both supported and actively engaged in working with other stakeholders to ensure that services were delivered effectively and that people experienced positive outcomes..

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### **Are services caring?**

Overall the service was caring.

People told us they had been treated with kindness and dignity. They felt their concerns had been listened to and they had been treated in a respectful, professional and dignified way.

Clinicians told us that they involved people when making decisions about their treatment, and people confirmed this. People said they had received information about their condition and were given options about the treatment.

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### **Are services responsive to people's needs?**

Overall the service was responsive to people's needs.

People's individual needs were met without avoidable delay. People were given a choice of primary care centres to visit for their appointments.

The provider engaged with local commissioners and local authorities, and used local intelligence to plan its services according to the needs of local people.

There was an open culture within the organisation with a clear complaints and feedback system in place. This means that the provider involved people, the public and their representatives, in planning its services, and routinely learned from people's experiences, concerns and complaints to improve the quality of care.

# Summary of findings

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## **Are services well-led?**

Overall the service was well-led.

There were robust organisational structures in place with clear lines of accountability and responsibility. The staff we spoke with were clear about their role and responsibilities. The leadership within the organisation held itself and others to account for the delivery of an effective service. The provider welcomed challenge, and promoted an open and fair culture. Sound clinical governance and corporate systems had been developed to ensure a service that was safe and of a good quality.

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# Summary of findings

## What people who use the out-of-hours service say

All the people we spoke with before and during the inspection were very satisfied with the service they received. We had received no complaints or concerns about the service before our inspection, and we received none during our visits.

We held a listening event before the inspection on Monday 10 February 2014, where members of the public were invited to share with us their views about the services provided by BrisDoc. The event was attended by a few members of the public and representatives of patient groups such as Healthwatch. People who had used BrisDoc were satisfied. However, some people we spoke with (who had not used an out-of-hours service) were unsure about what such a service was, what services were provided and where from.

During our inspection visits to Knowle West Health Centre, Clinic 5 at the Bristol Royal Infirmary and Frenchay Hospital. People told us that they were satisfied with the service they had received. People told us “I am very grateful for the service. I have had an appointment within an hour of calling. The doctor understood what my health issues were and has prescribed medication accordingly. I am very happy with the service.” Another patient told us “I have never used this service before and I was worried and didn’t know what the process was to be seen. I rang my doctors surgery when it was closed, rang the number given for urgent cases and spoke with someone over the phone who made me an appointment to come here. I have been surprised how straightforward the whole process has been. I am very impressed and have no complaints, only praise.”

A registered nurse told us that on two occasions they had used the BrisDoc ‘professional line’. This is a dedicated line on which registered healthcare professionals can use and speak directly with a clinician. The registered nurse of the nursing home said the GPs that had visited were very caring and very responsive to the needs of the people who needed the service.

On the NHS Choices website, the ratings for the provider’s clinics at the Bristol Royal Infirmary and Frenchay Hospital range from four to five stars (maximum is five stars). At the Broadmead Medical Centre, 11 of the 15 ratings through NHS Choices were four or five stars.

People were able to give feedback about the service using confidential comment cards placed at the provider’s clinics. The even completed cards were extremely positive about the service. People had written:

“An excellent service, full of advice and information, totally fab!!”

“We were dealt with as soon as we arrived, totally professional but with great care. Our daughter was treated with the attention and medication she needed and a response was checked before we were discharged.”

“Staff were friendly and helpful, my child was treated quickly.”

“Brilliant, very helpful, I am a new time mum and the doctors were very helpful.”

“Brilliant service, quick referral, pleasant reception staff, great doctor – thank you.”

## Areas for improvement

**Action the out-of-hours service MUST take to improve**  
None.

**Action the out-of-hours service COULD take to improve**

Action the out-of-hours service COULD take to improve.

During this inspection we looked at the arrangements for lone working and the safety of staff. Although the provider

had a policy in place, not all staff were working consistently. The policy for lone working and personal safety included visits undertaken by a lone clinician, and was clear about the control measures that had been adopted. However, not all staff appeared to be familiar with these measures and potentially lone working staff may be at risk.

# Summary of findings

## Good practice

Our inspection team highlighted the following areas of good practice:

BrisDoc operated a Quality Management System that has gained BS EN ISO 9001 certification which included aspects specific to the provision of urgent out-of-hours primary care services at Broadmead Medical Centre and the GP Support Unit.

Clinical governance meetings took place each week to review events and provide feedback and advice to individual clinicians. This process used a clinical governance performance and support management tool, 'the clinical guardian'. Each clinician had been colour-coded and rated in terms of their knowledge, skill and proven performance.

The provider had instructed a consultant to provide support and advice to the strategic lead for health and safety. This included providing a workshop for senior managers to identify corporate risks culminating in a risk assessment, and identifying and recommending key health and safety performance measureables

Feedback from people who had used the service showed that 1,005 indicated that they felt safe at the locations. People also said that they had been treated with dignity and respect. That they had been given helpful advice by the professional and knew what they needed to do next – for example, see their own doctor.

The provider also had a 'professional line' open 24 hours a day. This was a service for registered healthcare professionals such as paramedics, pharmacists, nurses in nursing homes, doctors and nurses in emergency departments and minor injury units and community nursing staff. It provided medical advice from a clinician in the respect of a specific persons needs.

A healthcare professional contacted us during our inspection and told us that on two occasions they had used the 'professional line'. We were informed by this person that the GPs that had visited were very caring and very responsive to the needs of the people they visited

# BrisDoc Healthcare Services – Osprey Court

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP who worked as an out-of-hours GP, a manager of a GP practice and a second CQC inspector.

## Background to BrisDoc Healthcare Services - Osprey Court

Brisdoc Healthcare Services Limited OOH (Brisdoc) is part of the Urgent Health UK social enterprise and has 22 member organisations across England. It was established as a co-operative in 2001 by a group of Bristol GPs. The company is still owned and run by its workforce of local GPs and 250 local employees.

At present, Brisdoc provides out of hours services to a population of 920,000 covering inner city, urban and rural areas in Bristol, North Somerset and South Gloucestershire.

Brisdoc Healthcare Services Limited OOH have three locations registered with The Care Quality Commission:

- Brisdoc Healthcare Services - Osprey Court.
- Broadmead Medical Centre, an extended opening GP practice and walk-in service in the heart of Bristol.
- GP Support Unit, a service based at Bristol Royal Infirmary providing people and GPs with alternatives to hospital admission.

The provider's three locations are registered to provide diagnostic and screening procedures and treatment of disease, disorder or injury. Broadmead Medical Centre and Osprey Court also provide transport services, triage and medical advice remotely. Broadmead Medical Centre also provides family planning, maternity and midwifery services. Eight bases, operating under the Osprey Court location, are opened out of hours to provide either face-to-face or clinical telephone advice appointments. These bases do not have individual registration with CQC.

## Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward. We included this provider as it had not previously been inspected.

## How we carried out this inspection

Before the inspection we reviewed a range of information that we held about the out-of-hours service and asked other organisations to share with us what they knew about it. We organised a listening event and reviewed comment cards where people and members of the public shared their views and experiences of the service.

We carried out an announced inspection on 11, 12 and 14 February 2014. These inspection visits took place at Osprey Court, Knowle West Health Centre, Clinic 5 at The Bristol Royal Infirmary and Frenchay Hospital.



# Detailed findings

We spoke with staff and clinicians (GPs and nurse prescribers). We attended a clinical governance meeting and looked at the arrangements in place for monitoring presenting symptoms, diagnosis and treatment.

We observed how the service handled telephone calls. We spoke with people who used the service, other carers and/or family members and reviewed personal care or treatment records.

To get to the heart of people's experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

# Are services safe?

## Summary of findings

Overall the service was safe.

People were protected from avoidable harm and abuse. There was an open culture of reporting within the organisation and staff understood their roles and responsibilities to keep people safe from avoidable harm.

Standard operating procedures and processes were in place to protect people. The provider monitored performance against standards such as The National Quality Requirements.

People told us that they felt safe. They said their needs were met in a timely manner and they were satisfied with their diagnosis and treatment.

## Our findings

### Monitoring safety and responding to risk

The provider had incident reporting procedures in place for all Serious Adverse Events (SAE). The reporting of both clinical and non-clinical incidents of any level of severity, including near misses, was part of the risk management strategy. It also had monitoring arrangements for significant events analysis (SEA).

There had been 15 Serious Adverse Events (SAEs) in the last 12 months. Ten of these involved the local NHS 111 service: in seven incidents, the NHS 111 service failed to correctly triage the patient's symptoms; in three incidents, the NHS 111 service failed to pass on all relevant information.

Fifty-nine significant incidents were identified by the provider to have taken place within the last 12 months, with 45 actual incidents and 14 near-misses. We spoke with the head of governance and reviewed some of these events. We saw that the provider had carried out appropriate investigations and taken appropriate action where required to prevent re-occurrence.

Clinical governance meetings took place each week to review cases and provide feedback and advice to individual clinicians. This process used a clinical governance performance and support management tool, 'the clinical guardian'. Each clinician had been colour-coded and rated in terms of their knowledge, skill and proven performance.

Each score equated to the level of scrutiny overview. For example, new staff were rated as purple, which meant that the clinical governance team would review 100% of the people they had seen. Those rated as yellow, who were deemed to require less monitoring, would have 10% of their patient consultations reviewed. Alongside this, on the providers intranet, was an electronic clinical toolkit, which clinicians could access for specific advice such as prescribing, end of life care and mental health care. This showed the provider took reasonable steps to ensure the safety of people at all times.

Staff told us that the provider had created a learning environment, where lessons are learned and quickly acted upon in a positive and constructive way. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. The provider had looked at trend analysis of safety incidents, safeguarding alerts and concerns raised. The provider's policy stated that all incidents were reported using standard forms and risk assessments were undertaken by the relevant manager. This meant an investigation would take place, and appropriate action plans would be put in place and reported to external bodies (such as the clinical commissioning groups, mental health professionals, the local authority safeguarding teams and NHS England) in a timely manner.

During this inspection we looked at the arrangements for lone working and the safety of staff. The provider had a policy in place however, not all staff were working in a consistently. For example, one clinician told us that when they visited people at home some of the drivers had not agreed safety protocols with them. They also said that each driver addressed safety in a different way. This clinician told us they had confidence in the drivers but their level of safety awareness was not consistent. The provider's policy for lone working and personal safety included visits undertaken by a lone clinician. Although the policy was clear about the control measures that had been adopted, not all staff appeared to be familiar with these measures and loneworking staff may potentially be at risk.

In October 2013, the provider instructed a consultant to provide support and advice to the strategic lead for health and safety. This included providing a workshop for senior managers to identify corporate risks culminating in a corporate risk assessment, and identifying and recommending key health and safety performance

# Are services safe?

measurable. The consultant's overview report included a detailed risk assessment, which covered the current control measures in place and identified what further action was necessary to control the risks. We discussed this with the head of governance who showed us evidence, such as changes to the health and safety policy, to show that some actions had been taken to minimise risks. Staff confirmed this.

The provider also operated an integrated risk management system where details of all investigations and outcomes were recorded on a computer database. We reviewed a sample of these and saw that reports had been clearly written, were sufficiently detailed and included lessons which had been learned.

The provider had a clear health and safety policy, which had been developed in January 2014. The executive board met monthly to review risk registers for the service and to prioritise actions to control or eliminate health and safety risks.

There were arrangements in place to deal with foreseeable emergencies. We saw there was emergency medical equipment and medication at the sites we visited and staff had received training in their use. Staff had also undertaken training in emergency first aid. This meant there were appropriate arrangements in place to deal with medical emergencies.

## Medicines management

Medicines were prescribed, administered and stored in line with current national guidance. Medicines were regularly checked and were in date. Medicine administration charts had been appropriately completed. We checked the process of transporting emergency medicines and equipment to patients' homes when they received a home visit. An auditing process had been implemented recently to ensure that cars were equipped with emergency medicines and equipment. These audits were clear and all items were accounted for.

## Safeguarding

The use of 'special patient notes' identified people 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 were aware of their responsibilities in protecting people. They knew about the need to protect people from abuse, and understood how to do so. Most the staff we

spoke with confirmed they had received training in safeguarding children and vulnerable adults from abuse. When we checked the training records we noted there were some gaps.

The training co-ordinator confirmed that some clinical staff were employed by the service in a secondary employment capacity. These staffs primary employer is also responsible for providing training and the service accepts valid certificates of attendance at training provided by primary employers. The training co-ordinator confirmed that their checking systems had identified gaps in evidence of training completed for some secondary employed staff, and was pursuing obtaining the evidence or encouraging them to attend training within the service. These staffs primary employer is also responsible for providing training and the service accepts valid certificates of attendance at training provided by primary employers. The training co-ordinator confirmed that their checking systems had identified gaps in evidence of training completed for some secondary employed staff, and was pursuing obtaining the evidence or encouraging them to attend training within the service. They told us that both contracted and secondary employed staff also had access to this training directly from the provider and this training was available online or face-to-face, depending on the person's learning style.

Policies for safeguarding children and vulnerable adults were available to all staff on the provider's clinical toolkit and intranet. This gave staff clear information on the processes to follow if they needed to report concerns about vulnerable adults and children, such as telephone numbers for the police and local safeguarding teams. There was evidence that appropriate referrals had been made to the local safeguarding teams when necessary.

When we asked staff to describe the whistleblowing procedures, they all confirmed they would speak with either their team leader, a senior clinician or a member of the senior management team if they had any concerns. The nominated individual for the provider confirmed a Whistleblowing Policy was in place. The service has a culture of openness in which staff feel comfortable and confident to report issues of concern without needing to resort to the policy. We were told robust procedures had been implemented to ensure that staff could be assured that there were processes to protect them, should they report any concerns relating to the conduct of staff.

# Are services safe?

## Systems, processes and practices

People were cared for by suitably qualified, skilled and experienced staff because the provider had completed the relevant checks on staff before they started work.

There was a clear recruitment and selection policy, which was kept under regular review to ensure its contents covered all of the standards as set out within the NHS Employers safer recruitment guidelines. The standard operating procedure for recruiting sessional doctors to fill the clinical rota had been created in November 2013 to ensure that it was streamlined, expedient and unambiguous. This provided assurance that clinicians working for the out-of-hours service were suitably qualified and that all employment checks had been completed and were up to date.

During this inspection we found that all relevant checks had been completed before staff commenced employment, including those with the Disclosure and Barring Service (previously known as Criminal Records Bureau) to help ensure that people who used the service were protected and safe. The provider had checked that clinicians' registration with the General Medical Council and Nursing and the Midwifery Council to ensure they were up to date and had not expired. These checks were undertaken quarterly for self-employed GPs alongside checks with the local area teams and the clinical commissioning groups to ensure that any concerns about conduct and performance would come to light and in turn be acted upon.

The service was mainly staffed by people employed in a secondary capacity, in addition to their primary position.

Other staff were employed in a primary role. The workforce worked on a shift basis and this varied for each employee. The majority of doctors who worked for the service were independent contractors, a few are employees. The majority of doctors were local GPs. A few are of European origin who are able to support the minority ethnic groups in the population covered by the service. The senior clinical management of the organisation, all local GPs, also worked regularly within locations. The management team had developed and maintained the staff rota system, which provided on-call support.

Registered providers must notify CQC about a number of changes, events and incidents affecting their service or the people who use it. Notifications to CQC are a requirement under the Health and Social Care Act 2008 (HSCA). At this inspection we found that the provider had systems in place to notify us of incidents affecting the service or the people who used it and had reported these to us. Senior staff were aware of their legal requirements and were aware of the issues we were to be notified about.

## Environment

Buildings were safe. There was a systematic approach to general safety and security. For example, all visitors were signed in at reception and issued with temporary identification. This procedure applied to the inspectors and the identification pass was collected at the end of the visit.

There were key pads on the doors to sensitive areas of the building or on external doors where there were no supervising staff to control access. Cupboards containing medicines were kept locked and there was appropriate security and management of keys.

# Are services effective?

(for example, treatment is effective)

## Summary of findings

Overall the service was effective.

Peoples' care and treatment was evidence-based and achieved good outcomes. There were effective clinical governance frameworks in place. Management monitored and were committed to improving the quality of care and reviewing the effectiveness of treatment.

People told us that the service, advice and treatment had met their needs. We saw that the provider worked with other agencies and had multi-disciplinary working arrangements in place. Information about a patient's treatment was shared with their own GP, and other appropriate information was shared with relevant parties such as the clinical commissioning groups, mental health professionals, local authority safeguarding teams, and NHS England. This meant that the provider both supported and actively engaged in working with other stakeholders to ensure that services were delivered effectively and people experienced positive outcomes.

## Our findings

### Using evidence-based guidance and national guidelines

People received care according to national guidelines. The provider used guidelines from the National Institute for Health and Care Excellence (NICE) and best practice professional guidelines. Information relating to national guidelines had been provided to staff within the provider's clinical toolkit, available to all staff. There were senior leads within the organisation to ensure these guidelines were implemented and monitored, which ensured outcomes for People were good overall.

### Support for staff

Staff worked well together in teams to co-ordinate care for People.

Most staff told us they had had an annual appraisal of their performance and were supported and monitored to develop their clinical skills. Not all of the staff had been employed for a year, and the provider confirmed that there were arrangements for all staff to have an annual appraisal

of their performance in line with their role. A team leader told us that they had their performance appraised and found it a "Valuable and worthwhile exercise." A driver had been booked in for that night to have their personal development performance reviewed. They told us they had prepared for the meeting and they had a clear direction of the ongoing training they would be requesting to maintain and fulfil the duties of their role.

There were clear lines of support and accountability. Staff knew who their line manager was and who to ask if they identified concerns or risks or if they needed further advice.

All staff were provided with an out-of-hours handbook and a location-specific handbook. The handbook contained information about the vision, culture and values of the organisation and information about the staffing structures and outlined roles and responsibilities. Staff told us they found it a useful and informative guide and confirmed they had used this for reference.

Staff told us that policies were readily available on the intranet known as 'radar' (hard copies were at Osprey Court). We saw that these policies included Health & Safety, confidentiality, data protection, and information governance. Training was available, and some staff had received training in Basic Life Support, Conflict Management, First Aid and Adastra training (computer system). However, only one person was confident they had been trained in Safeguarding Vulnerable Adults & Children. A few members of staff could not recollect when they had undertaken this training.

All of the staff we asked were confident about their roles and responsibilities all told us they would escalate any concerns immediately – either to the shift manager or the clinician. Some staff reiterated how they had alerted the clinician in the past when they had been concerned. The staff told us they could request further training or support for personal development from their immediate line manager and this would then be discussed with senior management. They felt opportunities were made available and they could either accept or decline depending on circumstances. One member of staff said "I feel really supported; anyone will help you, if you need it." Another said "I am happy with what I do. Don't really want any further training at the moment." Others commented the training was "on-going and we have online training to complete."

# Are services effective?

(for example, treatment is effective)

## Prescribing medicines

As part of this inspection we reviewed how medications were stored at two of the locations (Frenchay Hospital and the Bristol Royal Infirmary). We also checked how audits were carried out in relation to medicines management.

Brisdoc supplied urgent and emergency medicines. People may be administered statutory doses of medicines at the time of consultation from stock and/or may be given medicines to take away depending on pharmacy opening hours. These medicines were supplied by Brisdoc for clinicians to dispense and/or administer. Any medicine dispensed or prescribed was included within the Adastra patient electronic record and was audited.

Generic prescribing was monitored as part of the routine reporting and appropriateness of care provided. This was assessed as part of the systematic clinical audit process. Stock levels are monitored and reconciled weekly at each base/location, and reviewed by clinical leads with medicines management colleagues from the clinical commissioning groups.

Any medicines dispensed are pre-packed and issued from stock. Alternatively, prescriptions are issued for dispensing by a local pharmacy.

## Working with other providers

People accessed the 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 were visited at home by a doctor. The provider worked closely with National 111 to ensure that information for people was given in an appropriate and timely manner.

The provider also had a 'professional line' open 24 hours a day. This was a service for registered healthcare professionals such as paramedics, pharmacists, nurses in nursing homes, doctors and nurses in emergency departments and minor injury units and community nursing staff. It provided medical advice from a clinician in the respect of a specific persons needs.

A healthcare professional contacted us during our inspection and told us that on two occasions they had used the 'professional line'. We were informed by this person that the GPs that had visited were very caring and very responsive to the needs of the people they visited.



# Are services caring?

## Summary of findings

Overall the service was caring.

People who used the service told us they had been treated with kindness and dignity and felt that their concerns had been listened to. Clinicians told us that they involved people in making decisions about their treatment; this was confirmed by the people we spoke with. People told us that they had received information about their condition and were provided with options about the treatment. They said they had been treated in a respectful, professional and dignified way.

## Our findings

### Compassion, dignity and empathy

People told us the staff were kind and caring. One patient told us about the emotional support they had received for a personal issue that was unconnected to their medical condition. We observed examples of compassionate care: we saw a member of staff supporting a person who was upset and anxious, we also heard a 'host' who is a person who books in a person for their appointment speaking with people in a kind and caring manner.

People told us they were treated with dignity and respect. Staff introduced themselves to People and relatives. We observed staff speaking kindly and patiently. We observed that privacy was maintained. The reception area was open but there was a private area available for if they had any issues that they wished to discuss in private so that others could not overhear.

### Understanding treatment and support

People told us that staff had introduced themselves and were polite, asked questions about their needs and understood their personal, cultural and religious needs. We noted that health promotion/ information sheets were available in different formats at the locations.

People had differing levels of understanding about what an out-of-hours service was. Some people, at a listening event were unclear. Those who had not used the service did not

understand how they could access urgent care services in general; however, people did know that they could access an urgent GP service by ringing their own surgery after opening hours.

We spoke with a number of people at three different locations during this inspection. A mother was seeing the doctor with her young baby who had been diagnosed with bronchiolitis. They told us that they were very happy with their consultation and the speed at which they were seen. The mother told us that they thought the doctor was very knowledgeable and that they felt safe and confident with the care and treatment..

Another patient said the doctor they had seen was very knowledgeable and quick to diagnose, they told us "He (the doctor) had hit the nail on the head." The patient said they were optimistic about their recovery having seen the doctor and been given some treatment. This person told us that they were very rarely ill, but thought the service was "fantastic". The patient had been prescribed penicillin. They had been asked if they were allergic and were given information about what to look out for and instructions to follow.

A young couple with a six month old baby told us they felt "Well looked after." The doctor spoke with them at their level. They told us that the doctor did not make them feel they had wasted anybody's time. They told us that the doctor was very clear about what to do. They were given reassurance.

### Patient survey

Ratings through the NHS Choices website of the two hospitals where the provider had bases ranged from four to five stars (max five stars). The people we spoke with had high levels of satisfaction about the service they had received.

The provider asked people who used the service, their representatives and staff for their views about their care and treatment. These views were acted on.

We saw a patient satisfaction summary for a three-month period of August to October 2013. The report detailed trends in the patient responses, the lessons learned and the action taken. Results were reviewed and discussed at quarterly meetings and were highlighted at quality management forum meetings. Feedback from people showed that 1,005 indicated that they felt safe at the

## Are services caring?

locations. People also said that they had been treated with dignity and respect. That they had been given helpful advice by the professional and knew what they needed to do next – for example, see their own doctor.



# Are services responsive to people's needs?

(for example, to feedback?)

## Summary of findings

Overall the service was responsive to people's needs.

Patients' individual needs were met without avoidable delay. People were given a choice of primary care centres to visit for their appointments.

The provider engaged with local commissioners and the local authorities and made use of local intelligence to plan its services according to the needs of local people. The clinical commissioning groups for Brisdoc have not provided any information in respect of this provider.

There was an open culture within the organisation with a clear complaints and feedback system in place. This meant that the provider involved people, the public and their representatives, in planning its services, and routinely learned from patients' experiences, concerns and complaints to improve the quality of care.

## Our findings

### Timeliness of access

There are set National Quality Requirements (NQR) for GPs. These requirements are designed to ensure that doctors out-of-hours services are safe, clinically effective and delivered in a way that gives people a positive experience.

NQRs state that face-to-face consultations (whether in a centre or in the person's place of residence) must be started:

- For an emergency: within one hour.
- If urgent: within two hours.
- If less urgent: within six hours.

Up to October 2013, responses required showed that the provider's responses were above target at 99%; however urgent responses required within two hours were below target at 82%. We looked at recent data for February 2014 during the inspection. This showed us that the provider was monitoring this and had reported on performance and target time. This meant that improvements had been made, where required, in the two-hour response time.

The provider had a system to monitor waiting and response times in line with National Guidance. This helped them to provide people with a good service. Staff told us there was a system in place to keep people informed of any

delays or additional waiting time, which would help people to make decisions relating to their care and treatment. We observed people being seen as soon as they arrived. One family member told us "It has been a very professional and efficient service".

One patient had a long term condition. They told us that they had spoken initially to the call handling service of 111. They were then contacted by a doctor from BrisDoc and were invited for an appointment at a time to suit them. We spoke with this patient when they came out of their consultation. They told us that they had seen the "Best doctor ever" and they were "very happy with advice and care given, much better than my own GP." This patient told us that they felt they were listened to with their concerns and the doctor was responsive to their needs.

We spoke with another patient after their consultation; they told us that their appointment with the out-of-hours service provided at Frenchay hospital was given at a time to suit them. They also told us, "I am happy with the service, I have had no hanging around, I was able to choose where to be seen."

We also spoke with a pregnant lady after their consultation with the doctor, who told us that she was "happy, all of my needs have been met."

### Vulnerable people and capacity. Meeting people's needs

Staff told us they spent time discussing treatment options and plans with people. They were aware of consent procedures. If people needed additional help and/or support the team were able to access specialist teams such as the community mental health teams and emergency out-of-hours community care and local authority safeguarding teams.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. One clinician explained that wherever possible staff would speak to the person who needed advice and support or to the patient's representative. If this was not possible the clinician confirmed all nurses and doctors made a clinical decision in the best interest of the person who used the service.

We were told the service had a system to receive 'special patient notes' for people who were vulnerable because of conditions such as needing palliative care, mental health needs or where there were safeguarding concerns. This

# Are services responsive to people's needs?

## (for example, to feedback?)

meant when a patient with such a condition called the service, staff would be alerted to their medical history. This enabled staff to respond more effectively to the patient's needs. The system also alerted staff when people used the service regularly. The patient's own GPs were informed when they had any contact with the service. This was provided by 8am the next day and meant GPs were aware of any issues which might need following up and ensured continuity of care.

### **Learning from experiences, concerns and complaints**

We looked at the arrangements for managing and responding to complaints. The provider received 58 complaints between December 2012 and December 2013. We found that complaints from people were listened to and acted on and they were fully investigated. There was a complaints policy in place and staff we spoke with demonstrated a good knowledge of how to deal with a complaint, how to support people to make a complaint or

to raise a concern with managers. We reviewed how the service responded to complaints and found that these were investigated and resolved appropriately. The people we spoke with told us they had never needed to make a complaint. CQC had not received any complaints about the services provided by Brisdoc.

### **Access to services**

We observed the calls system in action, including workflow and capacity coordinators, team managers and clinical co-ordinators. We heard staff asking the relevant questions and inputting the responses on to the database. We also saw confirmation that complex issues were immediately escalated to the clinical co-ordinator. We verified that the patient calls were coded on the database to highlight the emergency, urgent and routine actions required. A team manager told us "The calls are constantly monitored to ensure people are being supported by the appropriate staff and in a timely manner."

# Are services well-led?

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

## Summary of findings

Overall the service was well-led.

There were robust organisational structures in place with clear lines of accountability and responsibility. Sound clinical governance and corporate systems had been developed to ensure that BrisDoc delivered a service that was safe and of a good quality.

There were clear lines of accountability and staff we spoke with were clear about their role and responsibilities. The leadership within the organisation held itself and others to account for the delivery of an effective service. The provider welcomed challenge, and promoted an open and fair culture.

## Our findings

The provider supplied an updated Statement of Purpose for this inspection. It showed that its registration details with CQC were not up to date and some changes were needed. At the time of the inspection, the provider's nominated individual confirmed that they had applied to make the required changes to the registration of the service to ensure it reflected the sites from which regulated activities were provided.

### Governance arrangements

There were management systems in place to monitor the quality of the service provided. Quarterly reports were provided to clinical commissioning groups. This included performance information, clinical and strategic management. The quality management forum was responsible for monitoring and checking the provision of patient care across the provider's services. The forum reviewed performance and outcomes regularly to identify and monitor improvements for performance and peer support.

There was evidence of regular audits in all areas of the service. This meant information was collected and analysed to identify any trends or themes which may impact on the service. It also enabled the service to focus on specific areas for development and measure the quality of its services.

There was evidence of regular random patient experience audits as part of the National Quality Requirements for this type of service.

We noted that patient comment forms were provided at the reception desks at each location. Staff encouraged people to complete these forms following their consultation.

Urgent Health UK reported that the provider had a "very robust" clinical audit programme, with a "comprehensive" system in place for auditing. Before our inspection, we were given a copy of the Urgent Health UK Combined Audit Review Final Report. The summarised findings were:

- The internal review found that a comprehensive system was in place for the auditing of clinical staff.
- The nature and frequency of the team based approach to clinical audits provided the opportunity for issues to be discussed at the time of identification.

BrisDoc operated a Quality Management System that has gained BS EN ISO 9001 certification which included aspects specific to the provision of urgent out-of-hours primary care services at Broadmead Medical Centre and the GP Support Unit. The provider ensured that the Quality Management Forum set annual quality objectives for approval by the Board and that it reviewed performance against the objectives. Internal audit results were used to monitor and measure the processes and the effectiveness of the Quality Management System. This Quality Policy was regularly reviewed to ensure its continuing suitability, and that systems and procedures were subject to an annual independent audit.

Each month the audit had a different focus and the timetable was followed year on year to build up a comprehensive picture. In January 2014, the provider audited internal compliance against the emergency car checking process. After an audit, feedback was provided to the Service Managers. If necessary an action plan would be implemented and if necessary supported by the Governance Team. Service Managers committed to completing the action plan within an agreed timescale. All feedback after audits would be discussed at the Quality Management Forum meetings, as well as any other appropriate meetings (team meetings etc).

# Are services well-led?

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

## **Vision, strategy and risks**

The service monitored quality and safety issues and these were discussed in staff meetings. Staff were aware of incident-reporting procedures and knew how to use the provider's online system for reporting incidents and accidents.

## **Patient records**

People's records were both electronic and linked to a central NHS database called Adastra. Staff told us the electronic system was logical and easy to use. GPs we spoke with confirmed they had access to medical records for people registered in the areas they provided a service to. This meant they could access information about the person's past medical history and current status.

The GPs provided a record of the advice and treatment provided. Records had been completed at the triage, diagnosis and treatment stages and by the nursing and medical professionals. The medical director confirmed medical records were audited regularly by a clinical governance team who met on a weekly basis and any issues were followed up with the individual practitioners.

People's GPs were informed of any contact their patient had with the service, including any advice or treatment provided. This meant the patient's GP records provided evidence of assessment, investigations and observation, advice and treatment.

## **Patient experiences**

We saw that the provider sent patient satisfaction surveys to 5% of the people who had been seen. Patient satisfaction is a quarterly Key Performance Indicator (KPI 7) which was included in the exception reporting of the Commissioners Performance Report for October 2013, and (RAG) rated 'amber'. In summary:

- 79% of people were very satisfied or satisfied.
- During September 2013, 85% of the people surveyed (base appointments) found the receptionist manner to be Good, Very Good or Excellent.
- 75% of the people felt that they were kept well informed.

## **Learning, improvement, innovation and sustainability. Staff involvement and engagement.**

Staff told us there was a good team approach and staff were motivated to provide good quality care. All staff confirmed they received a good level of support from the organisation's senior management team.

People we spoke with were complimentary about the staff they met and who they had spoken with.

Staff were involved in innovative projects and service development, and the provider had changed and developed services to cope with demand. The management team had arrangements for their engagement and communication to ensure they listened to people and staff about their concerns and experiences.

Staff we spoke with were clear about their role and responsibilities and told us about the mechanisms in place for them to feed back about the service to improve and maintain quality and safety.

We were told there was an active Staff forum and recently the staff were surveyed for their opinions about the service. We were told this was a positive survey. It gave staff the opportunity to voice their views and to offer ideas or suggestions about the service. One member of staff said "Everyone is very approachable. The doctors we use come regularly, we know them well."

Staff also told us that information flowed easily, from 'top down' and 'bottom up'. They also said that they had regular staff meetings at different sites to ensure all had the opportunity to attend at least a couple a year. Staff also told us that they were able to add items to the agenda. All of the staff we spoke with felt they were listened to and they could speak with any member of the management team, at any time. They felt there was an open culture.

## **Training for staff**

We looked at the training records held at the main office and spoke with the designated training officer. We were told staff were provided with regular '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 due. This helped to make sure all staff were up to date and ensured they had the skills and knowledge they needed.

We looked at the training records for both clinical and non-clinical staff. The records showed that staff were provided with a range of training which the provider considered essential. This included training in areas such as: information governance, safeguarding, equality and diversity, basic life support, infection control and conflict resolution. Records showed there were some gaps in all the

# Are services well-led?

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

courses. The training officer we spoke with confirmed they had identified this issue and were following this up to ensure that all staff were provided with the appropriate training.

The service manager explained how the training and appraisal for GPs was monitored through their primary employer. The ongoing professional development requirements through their registration with their professional body and the preferred performers list through the local commissioning services.

Induction programmes were in place for all staff. We saw that this was comprehensive and covered individuals' roles and responsibilities. All staff we asked told us they had had a good induction. One person told us that in their induction "There were a number of us who had been recruited to different roles and I felt because we were inducted together it helped my understanding of other people's roles and responsibilities."

Most staff we met had an appraisal each year. Some staff said they used to have appraisals but not recently; other staff told us they had regular one-to-ones with their immediate manager. The head of governance told us that there were systems in place to annually appraise all levels

of staff. This meant all staff had access to personal development reviews. One member of staff said, "I can say if I need any additional advice or support". Staff told us they could contact head office or their team manager for advice. They were supported in their work.

However, there were no records of regular one-to-one support or visits by the team manager or senior staff. This meant it was difficult to determine how staff practice was monitored or how individual training needs were identified and acted on.

Staff told us they felt training was generally done well and they were given time to attend or complete courses. We had mixed responses from staff in relation to professional development. Some staff said there was always time planned for them to learn or update professional skills. Others said it was one of their objectives, but the pressures of the job often meant other things took priority.

Staff said they felt well supported by their line managers and senior managers within the organisation. They said they could talk with their manager or senior people at any time and felt supported to be open and honest. All the staff we met said they were proud of the job they did and of working for the provider.