

Birmingham And District General Practitioner Emergency Room Limited (BADGER) – Glover Street

Quality Report

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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 service

Good



Are services safe?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Birmingham And District General Practitioner Emergency Room Limited (BADGER) – Glover Street on 7 and 8 June 2016. The overall rating for the practice was good. However, we identified areas of concern in relation to the provision of safe services and rated the provider as requires improvement in this area. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Glover Street on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 2 November 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in June 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings across all the areas we inspected were as follows:

- Systems for responding to incidents and significant events had been reviewed to ensure they were responded to in a timely manner.
- Effective systems were in place for managing and acting on safety alerts received.
- Effective systems were in place for managing and monitoring infection control across all primary care centres.
- Appropriate systems were in place for managing controlled drugs and prescription stationery to ensure a clear audit trail of use.
- Effective systems were in place for monitoring the safety of vehicles used in the out of hours period.
- There were clear leadership and governance arrangements in place for the management and monitoring of risks relating to health and safety.
- Oxygen was now available in all vehicles as part of the home visit kit, however not all vehicles seen contained paediatric masks.
- Staff were given the opportunity of an annual appraisal to discuss their learning and development needs.
- There was evidence of service improvement activity through the annual clinical audit programme.

The areas where the provider should make improvement are:

Summary of findings

- Establish systems for reviewing themes and trends in incidents and complaints to identify areas for service improvements.
- Establish systems for undertaking fire drills.
- Ensure paediatric masks are available in all vehicles.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The service is rated as good for providing safe services.

Good



- Systems had been reviewed to ensure incidents and significant events were responded to in a timely way.
- There were effective systems for ensuring safety alerts received were acted on.
- There were effective systems in place for managing and monitoring infection control across the primary care sites.
- The monitoring of control drugs and prescription stationery ensured clear audit trails were maintained.
- There was clearer leadership and governance in the management and monitoring of risks relating to health and safety, including fire safety. Links had been established with local hospitals where patients were seen and treated. However, no fire drills had been completed at any of the sites where services were delivered.
- There were effective systems in place for monitoring the safety of vehicles used in the out of hours period.
- Oxygen was available in all vehicles for use in a medical emergency, however not all vehicles seen contained paediatric oxygen masks.

Birmingham And District General Practitioner Emergency Room Limited (BADGER) – Glover Street

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and a GP specialist adviser.

Background to Birmingham And District General Practitioner Emergency Room Limited (BADGER) – Glover Street

Glover Street is the registered location and head office for the out-of-hours GP service provided by Birmingham and District General Practitioner Emergency Room Limited (BADGER). The service provides in-hours and out-of-hours (OOH) GP services for its member practices. It also contracts with Birmingham Cross City Clinical Commissioning Group (CCG), South Birmingham CCG and Solihull CCG to provide primary medical services outside of usual working hours (or OOH) when GP practices are closed.

The service, which originally started as a GP co-operative, is a not for profit, social enterprise and holds the social enterprise mark (independently assessed criteria that provides assurance that profits are used to benefit the community).

The service covers a population of approximately one million and sees approximately 100,000 patients per year.

Patients access the OOH service via the NHS 111 telephone service or directly by telephone if they are from one of the member practices that contract with Badger directly. Patients who need to be seen are allocated an appointment at one of the four primary care centres or as a home visit. Patients may also receive a telephone consultation with a clinician.

The provider's head office is based at Badger House on Glover Street which is where the call centre is located. The call centre is where calls are received, advice given and appointments booked.

The primary care centres are located at:

- Badger House, 121 Glover Street, Birmingham, B9 4EY
- Heartlands Hospital (Outpatients department), Bordesley Green East, Birmingham B9 5SS
- Good Hope Hospital (A&E department), Rectory Road, Sutton Coldfield, Birmingham B75 7RR
- Solihull Hospital (A&E department), Lode Lane, Solihull B91 2JL

Detailed findings

The provider also provides an urgent care service at Solihull Hospital.

The service is open for out-of-hours cover Monday to Friday 6.30pm to 8.30am at Badger House (Glover Street), 6.30pm to 11pm at Heartlands Hospital and 7pm to 11pm at Good Hope Hospital and Solihull Hospital. The primary care centres also open on Saturdays, Sundays and on bank holidays.

The service is led by a board of six elected GPs from member practices and two executive directors. The service has approximately 400 staff, some are directly employed by the organisation others such as the GPs work for the service on a self-employed contractor basis. The service provides training opportunities in the out-of-hours period for qualified doctors training to be GPs.

Why we carried out this inspection

We carried out a comprehensive inspection of Birmingham and District General Practitioner Emergency Room Limited – Glover Street on 7 and 8 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe services. This inspection was carried out to review in detail the actions taken by the provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a focused inspection of Birmingham and District General Practitioner Emergency Room Limited – Glover Street on 2 November 2017. This involved reviewing evidence that:

- Effective systems had been put in place for identifying and managing risks to patients, including those relating to health and safety, fire, incidents, safety alerts, infection control, staffing hours, prescriptions and medicines.
- Staff had opportunities for appraisals to discuss their development needs.
- Clinical audit plans were effective in delivering improvements.

During our inspection we:

- Visited the main head office at Glover Street.
- Spoke with a range of staff (including an Associate Medical Director, four Managing Directors, the Health and Safety advisor and staff responsible the management of vehicles).
- Reviewed documentation made available to us in relation to the running of the services.

Please note that when referring to information throughout this report, for example any reference to the National Quality Requirements data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection in June 2016, we rated the practice as requires improvement for providing safe services as the systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users were not adequate. This included: systems for managing safety alerts; infection control; prescriptions and medicines; health and safety issues relating to the premises used for carrying out regulated activities; management of the vehicles used on home visits and hours worked by clinical staff. We also identified some weaknesses in the timely management of incidents and significant events.

These arrangements had significantly improved when we undertook a follow up inspection on 2 November 2017. The provider is now rated as good for providing safe services.

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

At our last inspection we saw that incidents were thoroughly investigated and acted on however, this was not always done in a timely manner. At this inspection we found the provider had in place systems and processes to ensure incidents were responded to in a timely manner to minimise the risk of reoccurrence. A meeting between the Associate Medical Director and administrative support was held every two weeks to review reported incidents and decide on the course of action. The Associate Medical Director could be contacted earlier if there was anything that needed more urgent attention. Incidents were also discussed and learning shared through the monthly clinical review meetings.

A spreadsheet was maintained of all reported incidents to monitor progress which showed timely and appropriate action taken. However, we did note that the provider did not undertake any specific analysis of incidents or complaints received in order to identify any themes or trends to support further service improvements.

We reviewed the systems for managing safety alerts received such as those from the Medicines and Healthcare Products Regulatory Agency (MHRA) and local alerts and

saw effective systems were in place. There was a documented process in place for logging alerts and ensuring they were disseminated to an appropriate member of staff to assess action required. We reviewed three recent alerts which included two medicine alerts and a local alert. We saw evidence that all were acted on appropriately. Safety alerts were shared with clinical staff through an internal newsletters and alerts on the Adastra (patient record system).

Overview of safety systems and processes

The provider had systems and processes in place to effectively manage infection prevention and Control.

- We reviewed the systems in place for monitoring infection control and cleaning arrangements. Since our previous inspection the provider had introduced a lead role for health and safety. They had established links with the hospital housekeeping where the primary care centres were located and patients seen. This enabled the provider to easily raise any issues in relation to infection control in the premises they didn't directly manage. Staff told us that cleaning schedules were now displayed at all the primary care centres and were signed off by cleaning staff. We saw evidence of this at Glover Street. We also saw that the cleaning equipment was appropriately stored at Glover street.
- The provider had undertaken infection control audits at all the primary care centres during the last 12 months. We saw clear action plans in place and evidence that actions had been followed up and completed. Infection control was now a standing item at the Executive team meetings and at the last meeting a decision was taken to carry out infection control audits more frequently, on a quarterly rather than annual basis.

Medicines Management

- We reviewed the systems for managing controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and found the provider had procedures in place to manage them safely. The location of controlled drugs was clearly identified for monitoring purposes as not all were located in the same place. A weekly audit was undertaken to check stocks of controlled drugs and a more comprehensive audit was carried out on a

Are services safe?

quarterly basis. We randomly checked the expected stock levels for one of the controlled drugs against actual stock and found these matched. We saw that the controlled drugs register was appropriately completed.

- We found the security of prescription stationery had improved at Glover Street. Prescriptions were securely stored in a lockable cabinet. There were systems in place for signing prescriptions in and out which provided a clear audit trail of their use.
- Since our previous inspection medicines were no longer kept in cars when not in use. A system was put in place to monitor temperatures in the cars to ensure the temperature did not fall outside the range recommended by manufacturers' of medicines. A thermometer was kept in the boot of cars and the driver recorded vehicle temperatures as part of their driver's check list at the start of each shift. There was a policy with clear guidance for drivers on what to do if temperatures changed significantly.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Since our previous inspection arrangements for monitoring and managing risks to patient and staff safety had been reviewed and improvements made. A health and safety advisor had been appointed and trained for the role to oversee health and safety within the organisation. A health and safety steering group had also been set up with representation at executive level to ensure any concerns were taken forward. The health and safety steering group met on a quarterly basis and an action plan had been developed to support improvements which was monitored through the steering group. The health and safety lead had established links with hospital sites and made regular visits to the primary care centres so that any safety issues could be addressed in a timely way. Examples were provided where issues raised had been addressed.
- We saw risk assessments had been undertaken in relation to health and safety at each of the primary care centres. These included risk assessments for fire and legionella. There were plans for the risk assessments to be reviewed on an annual basis, the first annual review

was in progress at the time of inspection. We saw records which showed fire equipment was being serviced regularly and checks of fire alarms took place on a weekly basis. Nominated fire marshals had been identified at each site. However, we did not see that there had been any fire drills undertaken at any of the primary care centres including Glover Street. The provider acknowledged that this was something they were looking at and how this could be incorporated in the out of hours period.

- There were systems in place to ensure the safety of the out of hours vehicles. Checks were undertaken at the beginning of each shift. These checks included tyre, fuel and damage checks. There was a designated member of staff who was responsible for ensuring the vehicles were cleaned. We looked in three out of the six vehicles and found they were clean and tidy. Records showed that the vehicles, all of which were on a lease agreement, were serviced, had road tax and insurance in place. None of the vehicles currently required an MOT.
- The provider had reviewed their systems to minimise the risk of staff working excessive hours. A self declaration form was completed by clinical staff on an annual basis along with indemnity cover for hours worked. Staff told us that the rota system enabled them to identify breaks required by individual staff.

Arrangements to deal with emergencies and major incidents

The service had adequate arrangements in place to respond to medical emergencies.

- At our previous inspection we found that the provider did not provide oxygen for home visits and no risk assessments were in place as to actions staff should take in the absence of oxygen if needed. At this inspection the provider told us that oxygen was now available in all the vehicles. We checked three out of the providers six vehicles and saw oxygen was available, these were full and within date. However, we also saw that only one of the three vehicles we checked held paediatric oxygen masks despite inclusion in the guidance for checking clinician's home visiting cases.