

Brambles

Inspection report

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Brentwood
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Date of inspection visit: 30 November 2021
Date of publication: 15/12/2021

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 safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. At the previous inspection on 9 December 2019, the service was rated Requires Improvement overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services well-led? – Good

We carried out a comprehensive inspection of Brambles on 9 December 2019. We identified breaches of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and issued a requirement notice. The service was rated as requires improvement for providing safe and effective services and good for providing caring, responsive and well-led services. The service was rated as requires improvement overall.

We carried out this announced focused inspection of Brambles on 30 November 2021 under Section 60 of the Health and Social Care Act 2008. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. At this inspection we checked that the service was providing safe, effective and well-led services.

Throughout the COVID-19 pandemic the Care Quality Commission (CQC) has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Speaking with staff in person and using video conferencing.
- Requesting documentary evidence from the provider.
- A site visit.

We carried out an announced site visit to the service on 30 November 2021. Prior to our visit we requested documentary evidence electronically from the provider and we spoke to staff by telephone and using video conferencing.

Brambles is the name of the location which Accountable Care Enterprises Ltd (ACE) use to deliver extended hours access to eight GP practices in Brentwood. ACE is owned by the eight GP practices in Brentwood and each of the practices has a representative on the board, and a role within the governance structure of the organisation.

This service is registered with CQC under the Health and Social Care Act 2008 to provide the regulated activity, Treatment of Disease, Disorder or Injury.

Overall summary

At the time of our inspection, Brambles was in the process of registering a new registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- Staff had received training in key areas. There was a clear record of training for staff.
- There were processes in place for performance review and monitoring of clinical staff. Staff employed by the service had undergone appraisals.
- There were effective systems and processes to assess monitor and control the spread of infection.
- There were safeguarding systems and processes to keep people safe. Staff had received training in the safeguarding of adults and children.
- There were appropriate arrangements to manage medical emergencies and suitable emergency medicines and equipment in place.
- There was evidence of clinical audit and review of patient treatment outcomes.
- Staff found leaders approachable and supportive and felt they provided an individual service to patients.
- There was frequent and open communication amongst the staff team which was well documented.
- Complaints were managed appropriately.

The following areas were identified at the previous inspection where the provider was advised that improvements **should** be made:

- Implement a protocol for wound dressings.
- Implement a system for periodically checking the registration status of staff.
- Implement a system so that where other providers have completed risk assessments, routine maintenance or other actions, the service have copies of these.
- Review how they identify to patients how to access the complaints system, when not at service location.

At this inspection, we found that all of these concerns had been adequately addressed.

The following areas were identified at the previous inspection where the provider was advised that improvements **must** be made:

Ensure care and treatment is provided in a safe way to patients, in particular:

- There were no records of immunisation status for some staff, including administration staff.
- There were gaps within proof of identity checks for new staff.
- There was no system in place to appraise staff or review that they were working within their competencies.
- There was no evidence of patient specific directions, being attached to the electronic record, for the sample of patient records viewed.

At this inspection, we found that all of these concerns had been adequately addressed.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor.

Background to Brambles

This service is provided by Accountable Care Enterprise Ltd (ACE) at the Brambles Surgery, Geary Drive in Brentwood. The service provides an extended hours GP service to patients registered at all Brentwood practices. Appointments are booked through the patient's usual GP practice. The service is provided from 6.30pm to 8.30pm Monday to Friday, 8am to 2pm on Saturdays and Sundays, 10am to 2pm on Bank Holidays. The premises are also used as a branch of a local practice prior to 6.30pm on some weekdays, but this service is separate to the extended hours service we inspected.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting evidence from the provider before the inspection.
- A short site visit, including interviews with staff.
- Reviewing patient feedback.

To get to the heart of patients' experiences of care and treatment, we asked the following questions:

- Is it safe?
- Is it effective?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

We found that this service was providing safe services in accordance with the relevant regulations.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. However, at the time of inspection, there had been no safeguarding concerns for any patients.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. At the previous inspection, there were no records of immunisation status for some staff, including administration staff and there were gaps within proof of identity checks for new staff. At this inspection, we saw that these issues had been adequately addressed.
- Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. Legionella checks were completed by the property landlord, and any necessary actions to mitigate the risk were completed by the practice who utilised the premises during the day. The service completed their own infection control audits, and the most recent audit had been completed in July 2021.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. The provider had arrangements in place with the practice who utilised the premises during the day, to ensure that facilities and equipment were safe. The service had a procedure in place so that the premises was cleaned before they began to care for patients each day and that all equipment was functioning correctly.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.
- At the previous inspection there was no system to ensure that when other providers who use the premises had completed risk assessments, routine maintenance or other actions, the service received copies of these. At this inspection, this had been adequately addressed.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. The general manager had oversight and management of staff rotas and there were on-call clinical staff available in the event that a member of staff was unable to cover their scheduled clinic.
- There was an effective induction system for agency staff tailored to their role.

Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example, sepsis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place. If staff were unable to evidence their indemnity arrangements, they would not be offered sessions, until evidence was provided.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Consultation records were saved into the patient record of their home GP and any requests for further treatment were sent electronically to their home GP to be actioned.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use. Staff told us that they very rarely used prescription stationery as the majority of prescriptions were issued electronically.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children.
- At the previous inspection we saw that for the administration of B12 treatments, there were no written instructions, known as patient specific directions (PSD), for a sample of patient records viewed. PSDs are instructions from a qualified and registered prescriber which include the dose, route and frequency of a medicine to enable these medicines to be correctly administered. At this inspection we saw that this had been adequately addressed.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services safe?

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong or where there was a serious incident. The service learned and shared lessons identified themes and took action to improve safety in the service. Staff told us about an incident which occurred where a patient became seriously unwell in the waiting area and emergency care was given. This was discussed to see if things could have been done more effectively and if any changes were needed to guidance and procedures, should a similar incident take place in the future.
- The service was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- There were systems in place to give affected people reasonable support, truthful information and a verbal and written apology if appropriate.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. If a patient was seen and it was evident that they may be affected by a safety alert, the service would alert the patient's usual GP practice.

Are services effective?

We rated effective as Good because:

We found that this service was providing safe services in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Any continuing needs were relayed back to the patient's usual GP practice.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- At the previous inspection we found that, although part of the nurses' clinical work was wound care, we found there was no protocol for wound dressing to promote consistent standards of care. At this inspection, we found that this had been adequately addressed.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, there were regular reviews of clinical notes and accompanying documentation and where there were any concerns or examples of good practice, this was discussed with the relevant clinician to make the necessary amendments in the future, or to share good practice with colleagues.
- The service was also accountable to commissioners for a progress against a series of key performance indicators.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- At the previous inspection, we found that there wasn't a system in place to periodically check the registration status of staff. At this inspection, we saw that this issue had been adequately addressed. Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Are services effective?

- At the previous inspection, staff had not received any formal appraisals. At this inspection, we saw that this had been adequately addressed.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. Clinical staff communicated with the patient's usual GP service via a system of notes on the patient's online record, accessible from their IT system.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Clinicians were able, with consent, to access the patient's records held by their usual GP.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, the service used the same system as all of the GP practices who booked the patients in, so the patient's medical record was updated automatically. If actions were required by the patient's usual GP practice, then the service would use a system of electronic tasks to alert the GP practice of actions required.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. Care and treatment for patients in vulnerable circumstances was usually completed by the patient's usual GP. Vulnerable patients were unlikely to be triaged as suitable for an appointment with the service as continuity of care was deemed to be preferable. However, if vulnerable patients needed to be seen there were systems in place to ensure that care was coordinated with other services.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. The service shared all possible risks with the patient's usual GP practice, by sending an electronic task via a shared IT system.
- Where patients' needs could not be met by the service, staff referred them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Are services responsive to people's needs?

Are services well-led?

We rated well-led as Good because:

We found that this service was providing safe services in accordance with the relevant regulations.

Leadership capacity and capability:

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff we spoke to told us that the service was a good place to work and that they felt supported and valued.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke to told us they felt comfortable to raise concerns and were encouraged to do so. They told us that they felt they would be listened to.
- At the previous inspection, staff had not received a regular annual appraisal in the last year, but did, however have access to support from managers and GPs. At this inspection we saw that this had been adequately addressed and there were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year, with the exception of one member of staff who was in a probationary period. However, this member of staff had regular informal meetings with their line manager. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff.

Are services well-led?

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. These policies and procedures were stored in an electronic shared folder which was accessible to all staff.
- The service used performance information, which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The service worked closely with the GP practices in the local area who booked patients in for appointments and were in regular contact to review the quality of service delivery.

Are services well-led?

- Staff could describe to us the systems in place to give feedback. One member of staff told us that she was able to suggest ideas for improvement and had been able to implement these.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Staff we spoke to were keen to innovate for the future of the service.