Head Office

Inspection report

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Date of inspection visit: 16 December 2019
Date of publication: 03/02/2020

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?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Head Office as part of our inspection programme.

The Head Office location is where BB Healthcare Solutions Ltd has a permanent office. They offer the following services:

- Extended hours services, for the GP practices in two out of the six local primary care networks.
- They provide extended access services for all the GP practices in Basildon, Billericay and Wickford, in evenings and at weekends.
- They provide acute home visiting services, within core hours, across the Basildon and Brentwood CCG area.

The Medical Director for the provider is the 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.

61 people provided feedback about the service. People told us that staff were friendly, helpful and caring. They told us that they felt listened to and treated with dignity and respect. All feedback we received was positive about the service offered.

Our key findings were:

- There were effective safeguarding systems in place.
- The service did not have records of immunity status of some staff.
- There were effective systems in place for the management of medicines and prescription stationery.
- Emergency medicines and equipment were being stored. However, not all items recommended in national guidance were kept and there was no risk assessment to inform this. The service rectified this soon after our inspection.
- There were arrangements in place for the risk assessment and maintenance of facilities and equipment used. Although, the services had access to these records via the GP practices, they did not always keep copies of these risk assessments. This was rectified the day after our inspection.
- Staff had access to clinicians and managers when working. Staff competency assessments were present in staff files viewed.
- Care and treatment was provided in line with best practice guidelines.
- There were policies and procedures in place for staff accessible through a shared drive.
- The service had a programme of audit. Outcomes were used to improve the service provided.
- We saw that staff treated patients with dignity and respect and this was evident in feedback we received from patients.
- Staff told us that they felt supported and able to raise concerns.
- There were systems in place to develop staff.
- There was a clear leadership and governance structure in place.

The areas where the provider **should** make improvements are:

- Review and record the immunisation status of all relevant staff.

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 adviser.

Background to Head Office

The service is provided by BB Healthcare Solutions Ltd from satellite locations. The extended access service rotates around a set number of GP practices. This service is provided from 6.30pm to 8pm, Monday to Friday, 8am to 6pm on Saturdays and 9am to 2pm on Sundays and public holidays. The premises that this service is provided from are used by a separate provider prior to 6.30pm on weekdays.

The extended hours service provided for a small number of GP practices is also based in premises that are used by a separate provider prior to 6.30pm. The hours for this service are Wednesdays 6.30pm to 10pm and Thursdays 6.30pm to 9pm.

The acute home visiting service is provided across the Basildon and Brentwood CCG area. All three services are booked through the patient's usual GP.

How we inspected this service

Prior to this inspection, we spoke with stakeholders and reviewed a range of information that we hold about the service.

During the inspection we:

- Visited the administrative base for the provider and also one of the locations used as an extended access hub.
- Reviewed systems and documents relating to the governance of the service.
- Explored how clinical decisions were made and how these were relayed to the patients usual GP.
- Observed staff interactions with patients
- Talked to people using the service and their relatives
- Spoke with a range of staff.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.

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

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

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

Good

Are services safe?

We rated safe as Good because:

There were systems in place to keep people safe and safeguarded from abuse. There were systems to assess, monitor and manage risks. The practice learned and made improvements when things went wrong.

We identified a safety concern with emergency medicines that was rectified soon after our inspection. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor.

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. 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.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. 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).
- The service did not have evidence of immunisation status for some staff.
- 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. The providers using the premises in-hours were responsible for assessing Legionella risk and completing any ongoing assessments. The provider completed weekly infection control assessments at each location used. Facilities and equipment checks, equipment maintenance, safe management of healthcare waste and any environmental risk assessments, were completed by a combination of the service provider and the providers who used the premises in-hours. Although the service had access to the results of risk assessments and proof of routine maintenance by requesting them from the responsible provider, they did not always keep copies to assure themselves that these assessments and action required had been completed. The day after our inspection, the provider updated files at all the hubs to evidence the completion of required risk assessments.

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.
- 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. Some items recommended in national guidance were not kept and there was not an appropriate risk assessment to inform this decision. However, the missing items were purchased immediately after our inspection and evidence of this provided.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place. Prior to April 2019, the service had held records of staff indemnity arrangements. From April 2019, the service is covered under the Clinical Negligence Scheme for General Practice. The service told us that they had checked and were satisfied that all activities completed were covered by this scheme.

Information to deliver safe care and treatment

Good

Are services safe?

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 care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. Due to technology related issues, the provider was unable to create electronic prescriptions at the time of our inspection, therefore, referrals were completed, attached to the patient record and the patient's usual GP was tasked to send it out.

Safe and appropriate use of medicines

The service had systems for appropriate and safe handling of medicines. Although systems in place for the administering of patient specific medicines required strengthening.

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- 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.

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.

- 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. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, the provider was alerted to the fact that a member of clinical staff had recently been suspended by their registering body and there was a delay between the nurse being suspended and the provider finding out. Once they became aware they took all appropriate actions, including reviewing the records of all patients treated by the member of staff following the suspension.
- The provider 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:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- 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.

Good

Are services effective?

We rated effective as Good because:

Clinical staff treated patients using the current evidence-based practice. The provider had a programme of audit to review and improve the service. Staff worked closely with other providers to provide care and treatment to patients and to improve the quality of care provided.

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/did not assess 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.
- 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.

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, the provider completed antibiotics prescribing audits and used this information to review their prescribing practices. Clinical notes audits were also completed and outcomes used to review care and treatment provided and standard of note keeping.
- The service also had a number of performance targets with their commissioners. They sent regular information relating to performance against, for example, operation standards, did not attend rates (DNA) and complaint response times.

Effective staffing

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

- All staff were appropriately qualified. The provider had a set of mandatory training for all staff.
- 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.

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, referral were attached to the patients shared clinical record.
- 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. When their appointment at the service was booked by their usual GP practice, the patient was requested to consent to their practice sharing their information with the service. Consent to information sharing was requested again when the patient attended for their appointment. If a patient declined information sharing from the practice, then the service would not be able to access the patient's medical and medicines history. Safe treatment at the service might not be

possible without this view, therefore depending on what the reason for the appointment was, a patient may be redirected back to their usual GP practice for care and treatment.

- The provider had risk assessed the treatments they offered. For certain types of medicines clinicians would only provide a limited number of doses. Where patients agreed to share their information, the service used the same system as the GP practice, 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 tasks to alert the GP practice of actions required.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. There were certain groups of vulnerable patients that would not be seen within the extended hours or access provision, such as those requiring end of life treatment, although they may be seen by the acute home visiting service.
- For patients where continuity of care was better for the patient, such as those with Autism Spectrum Disorder, who would be adversely affected by a change in location or doctor, the patient's usual GP practice generally would not book appointments with this provider.
- 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. The patient's usual GP was responsible 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 usual GP practice for additional support. For example, patients identified as having high blood pressure on health checks.
- Where patients needs could not be met by the service, staff redirected 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.

Good

Are services caring?

We rated caring as Good because:

Patients were positive about how they were treated by staff. They felt involved in decisions about their care and treatment. Patients told us that they felt treated with dignity and respect.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people. They told us that staff were helpful and caring.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped help patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language.
- Patients told us through comment cards, that they felt listened to and supported by staff. Patients felt involved in decisions about care and treatment.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand. Where information sharing consent was in place, the service had access to any information on reasonable adjustments required via the patient's online record.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- If patients wanted to discuss sensitive issues or appeared distressed, staff could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

Patients were able to access care and treatment according to their preferences. The service reviewed feedback from practices and their patients and used this to improve the service for patients. There was a system in place to respond to and learn from complaints.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, the appointment slots were originally 10 minutes duration, however, staff and patients fed back that this was not sufficient, so the duration was increased to 15 minutes.
- The facilities and premises used were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, we saw that reception staff went to the car park to let a patient know that their appointment had been called as they preferred to wait in the car.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Appointment were booked through the patient's own GP and the service acted as a supplement to existing services provided.
- Referrals and transfers to other services were undertaken in a timely way. The provider completed the referral and then it was sent from the patient's usual GP practice, this was completed via the use of notes on the patient's online record.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. Although we did not see a final complaints letter in the file for one complaint.
- The service had a complaints policy and procedures in place. The service learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, one complaint related to the handling of a request for a referral letter. Following investigation of the complaint, policies were reviewed and the incident and learning was discussed at relevant meetings.

Good

Are services well-led?

We rated well-led as Good because:

There was a clear leadership structure in place. Staff felt supported. The service regularly communicated with stakeholders to review and adjust how the service was delivered to ensure that it met the needs and expectations of patients. The service reacted swiftly following our inspection to ensure that they had all emergency medicines recommended by national guidance.

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.

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 felt supported. Staff knew that they had access to senior managers to discuss clinical matters if required.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent 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 told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- 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. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, and paramedics were given protected time for professional time for professional development and evaluation of their clinical work as required.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- There were positive relationships between staff and teams.

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. They reviewed this on an ongoing basis and had identified prior to our inspection areas that needed improvement. These areas mostly aligned with our inspection findings.

Managing risks, issues and performance

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

Good

Are services well-led?

- 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. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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 had systems in place to submit data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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 practice received feedback through the friends and family test, through patients usual GP practices and via complaints.
- We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- 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.
- Due to the nature of the service, there was limited evidence of innovation. The service did have future plans to expand the remit of the service provided. However, there were challenges relating to some plans that needed resolving first.