

BARDOC - Moorgate Primary Care Centre

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	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	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 Moorgate Primary Care Centre (part of Bury and Rochdale Doctors on Call Out of hours service – BARDOC) on 6 February 2016. Overall the provider is rated as good.

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

- The provider demonstrated an open and transparent approach to safety; and systems were in place for reporting, recording and providing feedback on significant events. Staff at this site completed details on the BARDOC 'hub', staff at other sites were able to give details of incidents to shift leads, or were able to access the BARDOC 'web'. Staff we spoke with were aware of their responsibilities to raise concerns and report incidents.
- The service was monitored against the National Quality Requirements (NQRs) and Key Performance Indicators (KPIs). The data provided information to the provider and commissioners about the level and quality of service being delivered. Where variations in performance were identified, the reasons for these were reviewed and action plans implemented to improve the service.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff received appropriate training and updating which provided them with the skills, knowledge and experience to deliver effective care and treatment.
- Clinical supervision and appraisal processes were in place. Clinicians received regular audit of their clinical practice using the Royal College of General Practitioners urgent care tool the 'Clinical Guardian' system, and were provided with feedback, including areas for improvement. Call handling staff of all disciplines received regular call audits to monitor effectiveness and safety standards.
- Moorgate Primary Care Centre is the head office for BARDOC. Patients were not seen in house. Calls from

Summary of findings

patients were triaged by clinical staff. Appropriate arrangements were then made for their treatment, including home visits by a GP, in accordance with the disposition (outcome) of the assessment.

- Information about services and how to complain was available on the provider website. We saw that verbal complaints were recorded as 'patient feedback'. Complaints were investigated and patients received an apology and explanation of actions taken following their complaint
- Staff had access to comprehensive safeguarding policies and procedures, and received training appropriate to their role. Staff demonstrated their awareness of their safeguarding responsibilities in relation to vulnerable children and adults; including frequent callers to the service.
- Vehicles used to transport GPs to home visits were clean, well maintained and appropriately equipped.
- There was strong and clear leadership from a clinical and senior management perspective. Staff felt supported by management who were visible on shifts on a daily basis to support the smooth running of the service.
- The provider proactively sought feedback from staff and patients, which it acted on.
- There were systems in place to provide integrated person-centred care. Special patient notes were used to record relevant information about patients who were nearing end of life or those with complex medical and/or social needs.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- Vulnerable citizens' packs were in use, and carried in each of the cars in the fleet. These contained basic essential items such as water and a blanket; they also contained details of where out of hours treatment and dispensing centres were located. These were issued to members of the public who appeared to be vulnerable or in need, observed by the driver or visiting doctor en route to home visits.
- We saw evidence that inappropriate referrals to accident and emergency at Bolton hospital had been reduced between February 2016 and October 2016. This had been achieved by raising awareness amongst staff, training, and the additional clinical support provided by clinical floor walkers

The areas where the provider should make improvement are:

- Consider taking steps to standardise and streamline the incident reporting system by creating one system for all staff to use. At the time of our visit the method of reporting incidents varied according to level of connectivity with the main server.
- Review their arrangements for monitoring working hours for GPs and other staff working on a sessional basis.
- Maintain clear communication with facilities and premises management to ensure that premises' risk assessments are appropriately updated and identified actions completed.

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 provider is rated as good for providing safe services.

- There were systems in place for reporting and recording incidents and significant events.
- Lessons were shared to make sure action was taken to improve safety in the organisation.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The provider had systems in place to ensure that people seeking to work at BARDOC out of hours service (OOH) were appropriately recruited and vetted to ensure their eligibility and suitability for their role. We saw that medical indemnity was checked for all GPs. The provider told us it was the responsibility of the individual practitioner to ensure that their indemnity covered them for their total number of hours worked.
- The provider had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from harm and abuse.
- Risks to patients were assessed and managed. We were informed that the facilities and premises management teams undertook risk assessments relating to the premises.
- Medicines were safely and securely stored. Systems were in place to safely monitor the use of prescriptions.
- Vehicles used to take clinicians to patients' homes for consultations were well maintained, cleaned and contained appropriate emergency medical equipment and medicines.
- Emergency equipment held at Moorgate Primary Care Centre was appropriately maintained and regular checks were carried out.

Good



Are services effective?

The provider is rated as good for providing effective services.

- Data from the National Quality Requirements (NQRs) and Key Performance Indicators (KPIs) showed the provider outcomes were at or above average compared to the national average.

Good



Summary of findings

- We saw that systems were in place to ensure all clinicians were up to date with National Institute for Health and Care Excellence (NICE) guidance, as well as other locally agreed guidelines.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received monthly audits of their call and prescribing activity. Staff were assessed against a set of standard criteria. Following audits, staff were given feedback on their performance, with indicators of where improvement needed to be made. This was monitored to check that improvement was sustained.
- The provider undertook clinical audits which demonstrated improved patient outcomes.
- There was evidence of appraisals and personal development plans for all staff.
- Staff received training and updates relevant to their role, and systems were in place to monitor uptake of mandatory training for all staff.

The service worked closely with patient's own GPs and other healthcare providers. Information was shared between these and the out of hours service

Are services caring?

The provider is rated as good for providing caring services.

- Data showed that patients rated the service similar to others in relation to the care and treatment they received.
- Patients said they were treated with compassion, dignity and respect by helpful, polite and caring staff. They told us they were satisfied that they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, during telephone interactions. We saw that patient and information confidentiality was maintained.

Good



Are services responsive to people's needs?

The provider is rated as good for providing responsive services.

- The provider undertook continuous engagement with patients to gather feedback. Changes were considered to the way it delivered services as a consequence of this feedback. Patient satisfaction, patient safety, friends and family test results and healthwatch information was also discussed.

Good



Summary of findings

- The service understood the needs of the population it served, and engaged with local Clinical Commissioning Groups (CCGs) to provide services which were responsive to the needs of their population.
- Plans were developed by the patients' own GPs and shared with the out of hours GP service for those patients with complex needs; including people with long term conditions and complex physical and mental health needs. Special notes were used to record relevant information about patients.
- Patients said they were offered appointments at a time and location which was convenient to them.
- Information about how to complain was available and easy to understand. Evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The provider is rated as good for being well-led.

- The provider had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The service was responsive to feedback and used performance information to support service redesign and development.
- The views of patients were taken into account and acted upon through close liaison with Healthwatch.
- A nominated whistleblowing lead had been appointed to ensure transparency and efficiency in dealing with any whistleblowing incidents.
- The provider had a range of policies and procedures to govern activity. Regular governance meetings were held.
- There was an overarching governance and performance management framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The senior management team encouraged a culture of openness and honesty. The service had systems in place to record and manage safety incidents, and ensured this information was shared with staff, and any necessary action was taken.
- There was a strong focus on continuous learning and improvement at all levels. We saw that staff were facilitated to continuously learn and enhance their skills.

Good



Summary of findings

- Staff described several examples of where the provider showed flexibility in accommodating staff requirements in relation to caring responsibilities, family crises or other personal issues.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Summary of findings

What people who use the service say

Results from the national GP patient survey results published in July 2016 (collected during July to September 2015 and January to March 2016) showed that patient satisfaction with how they could access care and treatment from their out of hours service was comparable to the average for England. For example:

- 63% of patients in NHS Bolton CCG, 55% of patients in NHS Bury CCG and 58% of patients in NHS Heywood, Middleton and Rochdale CCG felt they received care quickly from their out of hours service compared to the England average of 62%.
- 90% of patients in NHS Bolton CCG, 87% of patients in NHS Bury CCG and 88% of patients in NHS Heywood, Middleton and Rochdale CCG said they had confidence and trust in the out of hours service clinician they saw or spoke to compared to the England average of 90%.

- 71% of patients in NHS Bolton CCG, 67% of patients in NHS Bury CCG and 66% of patients in NHS Heywood, Middleton and Rochdale CCG described their experience of the out of hours service as good overall, compared to the England average of 70%.

Since Moorgate Primary Care Centre does not provide face to face patient care on site we were unable to speak with patients directly at this site.

We saw Friends and Family Test results for BARDOC. This showed that between January and December 2016 92% of the 1066 responses received, were likely or extremely likely to recommend the service to friends and family.

Areas for improvement

Action the service SHOULD take to improve

- Consider taking steps to standardise and streamline the incident reporting system by creating one system for all staff to use. At the time of our visit the method of reporting incidents varied according to level of connectivity with the main server.
- Review their arrangements for monitoring working hours for GPs and other staff working on a sessional basis.
- Maintain clear communication with facilities and premises management to ensure that premises' risk assessments are appropriately updated and identified actions completed.

Outstanding practice

- Vulnerable citizens' packs were in use, and carried in each of the cars in the fleet. These contained basic essential items such as water and a blanket; they also contained details of where out of hours treatment and dispensing centres were located. These were issued to members of the public who appeared to be vulnerable or in need, observed by the driver or visiting doctor en route to home visits.
- We saw evidence that inappropriate referrals to accident and emergency at Bolton hospital had been reduced between February 2016 and October 2016. This had been achieved by raising awareness amongst staff, training, and the additional clinical support provided by clinical floor walkers.

BARDOC - Moorgate Primary Care Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser with out of hours experience and two further CQC inspectors.

Background to BARDOC - Moorgate Primary Care Centre

Moorgate Primary Care Centre is part of Bury and Rochdale Doctors on Call (BARDOC). BARDOC is a social enterprise organisation which was formed from a GP Co-Operative in 1996 covering the Bury, Heywood, Middleton and Rochdale areas.

BARDOC provides GP out of hours service and triage service for patient requiring assessment and treatment during periods of time that their own GP practice is closed. BARDOC provides out of hours GP cover for 134 GP practices, encompassing around 700,000 patients, and covers a geographical area of around 260 square miles.

BARDOC also provides the following services:

- Dental triage service for patients requiring assessment and treatment during periods of time that their own dental practice is closed.
- Telephone answering service for several practices within the Bury area between 6pm and 6.30pm. Messages are then passed to the GP on call for the practice in question.

- Booking centre for the seven day access scheme for patients within Heywood, Middleton and Rochdale. This service is available 24 hours a day, seven days a week.
- North West Ambulance Service (NWAS) alternative to transfer – providing cover for the alternative to transfer scheme for Heywood, Middleton, Rochdale and Bury 24 hours a day, seven days a week.
- Answering service for the Oldham district nursing team between 4pm and 8.30am Tuesday to Friday and between 4pm and 8am on Monday.
- Single Point of Access for crisis response and Pennine Care Direct. Referrals are processed and forwarded to the relevant departments for Bury, Heywood, Middleton, Rochdale and Oldham.
- Dental triage service and treatment centre for patients living in the Bury and Bolton areas. The service operates between 6pm and 10pm Monday to Friday and between 8am and 10pm on Saturday and Sunday in the Bury area; and between 6pm and 10pm Monday to Friday and 12 midday until 10pm Saturday and Sunday in the Bolton area.

Our inspection focussed on the GP out of hours service only.

Moorgate Primary Care Centre is the head office of BARDOC and is the governance and administrative centre for the organisation.

The administrative element of the service is open between 8am and 6pm Monday to Friday, whilst the out of hours service is open 24 hours a day 365 days a year.

Detailed findings

BARDOC has access to over 150 working GPs to cover across the service, as well as 26 advanced nurse practitioners, 70 telephone triage nurses, 11 pharmacists, 70 non-clinical call handlers, 38 drivers and a range of administrative support staff.

In 2016 BARDOC out of hours service received over 86,000 patient calls to the service.

BARDOC GP out of hours service operates from the following locations:

- Moorgate Primary Care Centre 22 Derby Way, Bury BL9 0NJ
- Fairfield General Hospital Foulds Suite, Rochdale Old Road, Bury BL9 7TD
- Phoenix Centre, Church Street, Heywood OL10 1LR
- Rochdale Urgent Care Centre, Whitehall Street, Rochdale OL12 0NB
- Waters Meeting Health Centre, Waters Meeting Road, Bolton BL1 8TT

Moorgate Primary Care Centre was inspected in June 2013 under Care Quality Commission previous methodology and was found to be compliant in all domains we inspected at that time. This report can be seen in full by visiting our website at Moorgate Primary Care Centre and clicking on 'all our inspections'

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the provider and asked other organisations to share what they knew. We carried out an announced visit to BARDOC OOH services on 6, 7 and 11 February 2017. We visited Moorgate Primary Care Centre on 6 February 2017. During our visit we visited all locations, and we:

- Spoke with members of BARDOC clinical board and executive team.
- Spoke with a range of clinical and non-clinical staff including the quality and compliance lead, medicines management lead, operations manager, human resources manager, GPs, nurse practitioner, triage nurses, non-clinical call handlers/receptionists and drivers.
- Spoke with a representative from the local Healthwatch.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed a range of information made available to us.

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?

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they completed the form on BARDOC 'hub' when incidents occurred. At some sites staff gave information to shift leads, staff at other sites completed the information on the BARDOC 'web'. Staff described how they received feedback on the outcome of incidents reported in a timely way. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Incidents were discussed at the monthly governance meeting, and reviewed at the quarterly board meeting.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared via the internal intranet, staff bulletins or emails; and action was taken to improve safety in the organisation. For example, staff had been alerted to a patient calling the service, using several different identities in order to obtain a controlled drug illegally. Staff were given details of the individual concerned to enable them to respond appropriately if this individual contacted the service.

Overview of safety systems and processes

The provider had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. Staff were supported by named safeguarding leads for children and adults. The safeguarding leads attended regular safeguarding meetings when possible, and reports were provided when necessary for other agencies. We saw evidence of an annual safeguarding report which detailed all suspected cases of safeguarding concerns, and saw that appropriate action and follow up had been taken in all cases, and that staff received feedback on any safeguarding referrals they made. We saw evidence that between May 2016 and December 2016, seven child safeguarding referrals had been made, and 20 vulnerable adult referrals had been made. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinicians were trained to child safeguarding level three. Other staff were trained to level one.

- Although no patients were seen face to face at Moorgate Primary Care Centre, all staff had received a Disclosure and Barring Service (DBS) check. (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). We saw that drivers had been trained to act as chaperones in the event of one being required during a home visit.
- Appropriate standards of cleanliness and hygiene were maintained. We observed the premises to be clean and tidy. The head of clinical services acted as infection prevention and control (IPC) clinical lead, and liaised with the local IPC teams to keep up to date with best practice. There was an IPC policy in place and staff had received up to date training. Annual IPC audits were undertaken and we saw that action was taken to address any issues identified. During the inspection we looked at four vehicles used to take GPs to consultations in patients' homes. We saw these were clean and well maintained. Driving staff told us they cleaned the vehicle before each shift. Personal protective equipment, including gloves, sanitising wipes and sharps boxes were in use. Driving staff also received IPC training.
- There was a lead for medicines management. The medicines management team took overall responsibility for arranging the storage, supply and monitoring of medications. Controlled drugs (CDs) were held and

Are services safe?

appropriate registers and checks were in place. We were told that the medicines management team checked all medicines, including controlled drugs on a weekly basis. CDs were stored in a locked cupboard. Where CDs were transported in cars for home visits these were kept in a safe secured within the vehicle. There were also appropriate arrangements in place for the safe destruction of controlled drugs. We saw records to support these processes.

- Prescription pads were securely stored. The medicines management team were responsible for the control and security of blank prescriptions and ensured they were recorded when issued or replenished back into stock. This system allowed all prescriptions to be tracked.
- The provider carried out prescribing audits on a regular basis; and individual clinicians were given feedback on their prescribing patterns, for example in relation to antibiotic prescribing; to ensure best practice guidance was followed.
- Recruitment information showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The provider checked that GPs were on the performers list and had medical indemnity arrangements in place. We saw that no checks were in place to monitor the total number of hours worked by GPs, including other roles they undertook. The provider told us it was the responsibility of the individual GP to ensure that he/she had sufficient indemnity in place to cover their total hours worked. Nursing and other clinical staff were covered under the provider medical indemnity arrangements.
- All the staff we spoke with said they had received a thorough induction on appointment, and were able to access a comprehensive training programme. This included an overview of the 'Adastra' clinical system. Staff told us staff meetings were held quarterly on an 'open forum' basis; and that although they were not usually able to attend staff meetings, they felt they were kept informed through email, instant message or staff bulletins.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The provider had a variety of risk assessments in place to monitor safety of the premises such as fire risk, control of substances hazardous to health (COSHH), legionella and the testing of electrical and clinical equipment. Such risk assessments were carried out by facilities and estates teams, not directly employed by BARDOC. We saw that recent fire risk assessment and lift certificate assessments had been carried out. Following the inspection the provider provided us with evidence which showed that identified issues requiring actions had been carried out.
- The management team were responsible for planning and monitoring the number of staff of various disciplines needed to meet patient need, including GPs, triage nurses, drivers and non-clinical call handlers. The integrated clinical and governance committee reviewed the activity at each site against the national quality requirements.
- There were systems in place for ensuring enough staff were available during times of surge in demand. Homeworkers were available, and in addition the provider had introduced a 'fast tracking' system which allowed nurses to focus on calls from older people or children, and provide an appointment at an assessment centre, or a home visit without the need for lengthy telephone triage.
- Clinical floor walkers (experienced clinicians) had been introduced to support shift leads, and help nurses prioritise more urgent cases. We saw evidence to show that KPI targets had been met in most cases between November 2016 and December 2016 despite a surge in demand during this period. Key Performance Indicators (KPIs) did not drop below 89% for any of the targets relating to telephone clinical assessment, face to face clinical assessment or home visit in any domain.

Arrangements to deal with emergencies and major incidents

- We saw evidence that all staff received annual basic life support training. Emergency resuscitation equipment including a defibrillator was available on site. Cars used to transport GPs to consultations in patients' homes also contained a defibrillator and oxygen. Emergency medicines were accessible to staff in a secure area. We saw that medicine stocks were in date and fit for use.

Are services safe?

The provider had a comprehensive business continuity plan in place which was accessible to all staff. This contained detailed information on the actions to be taken

in specific situations, such as the loss of electronic systems or escalating patient demand. The plan contained the emergency contact numbers for staff and appropriate contractors.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The provider had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The integrated clinical governance and risk committee identified relevant updates from NICE; and policies, procedures and clinical standards were updated accordingly. The clinical directors determined what information needed to be included in staff updates and bulletins.
- Clinical staff were able to access the British National Formulary (BNF) and Toxbase (data base relating to poisons, overdoses and medicines interactions) on the BARDOC 'hub'. BNFs had been provided for all prescribers. BNFs were also available in all cars.

Management, monitoring and improving outcomes for people

The provider was monitored against the National Quality Requirements (NQRs) for out of hours providers that capture data and provide a measure to demonstrate that a service is safe, clinically effective and responsive. The provider had an obligation to report on these to the Clinical Commissioning Groups (CCGs). We looked at the NQR data for the service and found that where there had not been full compliance with key performance indicator (KPI) targets; these were reviewed and discussed at committee and board meetings, and actions put in place to address any identified issues.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed two cycle audits where the improvements made were implemented and monitored.
- Findings were used by the provider to improve effectiveness of the service. For example, we saw

evidence that inappropriate referrals to accident and emergency at Bolton hospital had been reduced from 80 per month in February 2016, to less than 20 per month in August, September and October 2016. This had been achieved by raising awareness amongst staff, training, and the additional clinical support provided by clinical floor walkers. Bolton hospital was one of the hospitals within the area covered by the BARDOC out of hours service.

Information about patients' outcomes was used to make improvements. For example the provider had identified that not all GP practices were providing appropriate anticipatory medicines and other equipment for people approaching end of life. Following awareness raising and communication we saw evidence that the number of GP practices providing this had increased. This supported an improvement in care for those patients who were approaching end of life. BARDOC held a number of 'just in case' packs for those people who experienced a sudden unexpected deterioration in their condition. These contained a number of prescribed medicines such as pain relief, anti-sickness and anti-spasmodic medicines. Educational events had been delivered by the provider, and communication with local GP practices was ongoing.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- We saw evidence of comprehensive induction packs according to job role. This covered such topics as integrated clinical governance, information governance, safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw evidence that staff completed an induction and probationary period appropriate to their job role. Agency staff were engaged to supplement regular staff during busy periods. Between January and December 2016 agency clinical staff had provided 7% of total overall clinical cover. The provider told us these staff were provided with an orientation/induction pack.
- The provider also had a mandatory training programme, covering topics such as basic life support, safeguarding children and adults and information governance. Staff we spoke with told us they had received this training. We

Are services effective?

(for example, treatment is effective)

saw evidence that the provider was closely monitoring the uptake of training by staff, and employed processes to encourage all staff to access mandatory training in a timely way.

- The learning needs of staff were identified through ongoing assessments and meetings, including feedback from 'Clinical Guardian'; the Royal College of General Practitioners (RCGP) urgent care clinician audit tool. Staff received an annual appraisal. Appraisals included personal development plans for all staff. Staff had access to online and face to face training. We saw evidence that BARDOC delivered 'ad hoc' face to face training relevant to service delivery, which was delivered out of hours and at different locations. We saw evidence that a proactive monitoring of staff appraisal uptake was in place.
- We saw that the provider had responded to concerns from nursing staff in relation to nurse revalidation requirements. Three four hour sessions had been delivered to 'demystify' the revalidation process, and provide support for those staff who needed it. Staff we spoke with confirmed this had been helpful.
- Clinical supervision processes were in place for all GPs, advanced nurse practitioners (ANPs) and nurse practitioners (NPs), including reflective feedback.
- All clinical staff were audited on the quality of their clinical practice, including face to face and telephone consultations, and received regular productivity and performance reports. Five percent of GP calls and 10% of registrars' call were audited on a monthly basis. Improvement plans and support packages were put in place when required.
- One percent of calls conducted by non-clinical call handlers were audited each month. They too received feedback on call audits, and additional training and/or support was employed if the need was identified.
- Drivers were required to undertake a driving assessment on appointment, and every three years thereafter. This included checks in relation to their driving licence status.
- All newly appointed staff were required to complete a health assessment, which included reviewing uptake of immunisations, such as Hepatitis B and measles, mumps and rubella (MMR). Occupational health and staff counselling services were available locally if required.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the summary care records, special patient notes (created by the patient's own GP and shared with the out of hours provider)
- Systems were in place to ensure that the information following consultation at the out of hours service was sent to the patient's own GP before the practice opened the next working day. Staff told us that information was forwarded electronically on an hourly basis. Systems were in place for staff to telephone GP practices if there were any urgent recommendations following patient attendance at out of hours services.
- The provider shared relevant information with other services in a timely way, and worked with other health and social care providers.
- Staff were able to provide 'live' feedback to the NHS 111 service where there were identified errors/omissions in their assessment processes.
- Staff had access to the Rapid Assessment Interface and Discharge (RAID) service for patients who presented with mental health difficulties. This was a 24 hour service.
- Staff had access to safeguarding leads who co-ordinated referrals to adult or children's safeguarding teams when staff suspected a child or adult may be vulnerable or at risk of harm.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw that staff had access to dementia training. We saw that staff that Deprivation of Liberty Safeguards (DOLS) training was being rolled out across the organisation. This formed part of the service's mandatory training programme. Staff provided examples from practice which demonstrated their understanding of safeguarding issues. Special patient notes, held on the 'Adastra' electronic system recorded the wishes of patients in relation to

Are services effective? (for example, treatment is effective)

care and treatment decisions; and the consent of the patient was recorded in relation to certain key decisions, for example 'do not attempt cardiopulmonary resuscitation' (DNACPR) care plans.

Health Promotion and Prevention

We observed that various health information and leaflets were available for staff to refer to during telephone consultations, such as bowel cancer screening information, and welfare benefits information.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We saw and heard members of staff were courteous and helpful to patients during telephone consultations. We saw that they were spoken to in a respectful manner.

Moorgate Primary Care Centre did not see patients face to face on site. Therefore we were unable to speak with patients at this site.

We spoke with a member of the local Healthwatch. They told us they were very satisfied with the service provided by BARDOC out of hours services. They told us they had been engaged to carry out patient surveys undertaken by the local healthwatch engagement officer.

Feedback from patients overall indicated satisfaction with the service provided by BARDOC out of hours services.

A survey had been carried out for BARDOC by Healthwatch in October 2016. The results are presented below in relation to the relevant CCG. In Bury CCG sixty three surveys had been sent out, and 10 were returned (15% of surveyed patients). The results showed:

- 81% said they felt treated with dignity and respect (83% HMR CCG, 76% Bolton CCG).
- 83% said they felt reassured by the health professional (70% HMR CCG, 68% Bolton CCG).
- 83% said they were satisfied overall with the service provided (75% HMR CCG, 71% Bolton CCG).

The provider had developed 'vulnerable citizens' packs which were transported in cars when GPs were carrying out home visits. These were issued to individuals identified as potentially vulnerable, such as homeless people, which the GP or driver saw whilst en route to home visits. These packs contained some essential items, such as a blanket, hat, and a bottle of water. They also contained details of how those people without a permanent address were able to access medical and social support, including dispensing of medicines, from BARDOC's out of hours treatment centres.

Care planning and involvement in decisions about care and treatment

Staff told us that telephone interpreter services were available for patients who did not have English as a first language. In addition to this, the organisation employed a diverse workforce who were able to speak several languages compatible with their population group. For those patient who were hard of hearing 'text type' interpreter services were also available.

Clinicians made use of special patient notes from the patients' usual GP during consultations. Special patient notes are a way in which the patient's own GP is able to raise awareness about their patients who may need to access the out of hours service, such as those nearing the end of life, or those patients with complex care needs. Special patient notes recorded patient wishes in relation to their care and treatment.

The provider had liaised with GP practices to improve the provision of anticipatory medicines and equipment for those patients approaching end of life. In addition the provider had access to 'just in case' grab packs containing essential medicines such as pain relief, anti-sickness and anti-spasmodic medicines or equipment which GPs carrying out home visits were able to access.

Patient and carer support to cope emotionally with care and treatment

We found the service to be sensitive to patient needs, and they worked proactively to deliver care which supported those needs. For example, the service had electronic links to hospital systems in order to access pathology and other test results. The provider had a data transfer system (DTS) which enabled information from out of hours services to be passed to patients' own GP on an hourly basis.

The provider carried out 'comfort calling' to patients whose call had exceeded the KPI for clinical call back and assessment. This involved a telephone call to check there had been no deterioration or change in the patient's condition since their original call. The service also had access to support from the Rapid Assessment Interface and Discharge (RAID) team to support those patients with mental health or emotional difficulties. This enabled people experiencing crises to be assessed and managed by mental health specialist workers.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The provider worked with the local Clinical Commissioning Groups (CCGs) to plan services and improve outcomes for patients in the area. Monitoring meetings and clinical governance meetings were held. The provider was able to identify if patients from any particular GP practice accessed the service more than others. This information was fed back to the CCG as part of regular performance monitoring meetings. We saw that in response to extreme pressures experienced by Bolton Accident and Emergency department, the service had undertaken to offer direct triaging to this group of patients, to supplement the NHS111 triage assessment. We saw evidence that as a result of this service the number of inappropriate referrals to accident and emergency has been reduced from 80 per month in February 2016, to less than 20 per month in September and October 2016. Bolton hospital was one of the hospitals within the area covered by the BARDOC out of hours service.

Services were planned and delivered to take into account the needs of different patient groups to help provide flexibility, choice and continuity of care.

- Patients were offered telephone triage. Following this assessment a decision was made about most appropriate treatment option. Appointments were available at a choice of treatment centres at locations most convenient to the patient, or a home visit was provided by a GP. We saw that appointments were routinely 15 minutes in length to allow for a full clinical assessment
- We saw that children and older people identified as vulnerable received a 'fast tracking' assessment which negated the need for a lengthy triage assessment. This allowed appointments at treatment centres or home visits to be offered in a timely way.
- Telephone interpreter services were available for patients whose first language was not English.
- Text type services were available for patients with hearing impairment.
- Staff at BARDOC were able to speak a number of languages compatible with their patient group.

- 'Just in case' grab packs were available for those patients whose health deteriorated unexpectedly out of normal working hours, to enable those patients to receive appropriate pain relief or other treatment in a timely way.
- Systems were in place to electronically record additional information for patients with health or social care needs. The information was available to call handlers and clinicians at the time the patient or their carer contacted the service. This enabled staff to safely assess the needs of this group of patients.
- Special patient notes were used to record relevant information for patients, such as frequent callers, patients known to be violent, or other vulnerability factors, such as those patients approaching end of life.

Access to the service

Moorgate Primary Care Centre is the head office of BARDOC and is the governance and administrative centre for the organisation.

The administrative element of the service was open between 8am and 6pm Monday to Friday, whilst the out of hours service is open 24 hours a day 365 days a year.

Patients accessed the out of hours service by contacting the NHS 111 service (or directly accessing BARDOC OOH telephone triage service for patients living in Bolton).

Calls from NHS111 were received, assessed and triaged by trained staff including doctors, nurses and pharmacists. Patients who needed to be seen were allocated an appointment at one of four locations or allocated a home visit. Patients could also receive a telephone consultation with a clinician.

The treatment centre locations were within local hospitals or other health care/social care settings.

The provider's NQR performance report for Bury CCG for 2016 showed:

- 100% of OOH consultations were reported to the patients' own GP by 8am the following working day (a RAG rating of green throughout the year). RAG (Red Amber Green ratings provide status reports based on the Red, Amber and Green colours used in a traffic light rating system. They help to provide an overview of overall performance).

Are services responsive to people's needs? (for example, to feedback?)

- 100% of face to face home visits for urgent need were completed in under one hour (a RAG rating of green throughout the year).
- RAG ratings of amber were recorded in May (90%), June (94%), July (91%) and October (94%) in relation to times for clinical telephone assessment in less than 30 minutes. RAG ratings of green (between 89% and 100%) were achieved throughout the year for clinical telephone assessment completed in less than six and 12 hours respectively.

Listening and learning from concerns and complaints

The provider had a system in place for handling complaints, comments and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for out of hours GP services in England.

There was a designated person who handled all complaints to the service.

Information about how to complain was on the organisation's website. Patients were able to select the language in which the information was provided.

The provider had received 27 complaints across all locations in the previous 12 months. We looked at these and found they had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, an end to end review was held following an incident when a patient had received assessment from NHS 111 service, followed by assessment by a BARDOC clinician. The patient concerned was unhappy with waiting times to be seen at a face to face appointment. Following the end to end review recommendations were given to staff that clear messages needed to be communicated to patients in order to manage expectations. Work was ongoing in the service to develop shared clinical decision software to help avoid duplication and/or confusion during the assessment process.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The provider had a clear vision to provide safe, high quality and effective patient centred care with good outcomes. The organisation's values were identified in their Statement of Purpose (SOP) which was provided ahead of the inspection. The vision and ethos was to put patients at the heart and core of the service, to ensure that they had a positive experience of using the service which was safe, maintained their dignity and treated them with respect to deliver the most appropriate outcome at the time.

Staff we spoke with were able to articulate the values of the service, and demonstrated their understanding of the role they played in delivering these.

There was a strategic plan in place to achieve excellence in all they did, through delivering high quality integrated care by working with other health and social care agencies in order to meet the needs of patients and commissioners, whilst delivering value for money.

Governance arrangements

The provider had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a strong and clear management structure in place. Senior staff were experienced and knowledgeable and worked as an integral part of the team. Both the board and executive team displayed values aimed at continuously improving the service and patient experience. The board had a strong clinical representation. Senior clinicians delivered 'on the ground' care to patients, and provided good support and supervision to clinical staff, and effective performance management.
- There was a clear staffing structure in place and staff were aware of their own roles and responsibilities. Staff were encouraged to continually develop their skills and enhance their role.
- Provider specific policies were implemented and were available to all staff electronically and in paper form to all staff across all locations.

· A programme of continuous clinical and internal audit was in place which was used to monitor quality and to make improvements.

· A programme of appraisal, clinical supervision and performance management was in place to maintain high levels of patient care.

· There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

· A nominated whistleblowing lead had been appointed to ensure transparency and efficiency in dealing with any whistleblowing incidents.

Leadership and culture

There was a clear leadership and management structure in place. The executive team were supported by the board of non-executive directors. Both the board and executive team displayed values aimed at maintaining and improving patient experience. Staff we spoke with during the inspection confirmed this ethos was felt throughout the organisation.

During the inspection we found the service encouraged a culture of openness and honesty. We saw that the provider was prepared to learn from incidents, complaints and near misses. The senior leadership team was visible and engaged throughout the inspection process.

· The provider ensured that GPs were involved in revalidation, appraisal schemes and continuing professional development. All clinical staff received ongoing clinical supervision and audit of their competencies.

· Nurse revalidation was supported. The organisation had held three four hour sessions in response to concerns about the process which had been expressed by some nursing staff.

· Non-clinical staff were supported by shift leads and operational leads. Staff told us that staff meetings were held quarterly on an 'open forum' basis. Although staff told us they were not usually able to attend these meetings, they were kept informed of organisational issues via email, instant messaging or staff bulletins. Staff told us that social events were organised on a bi-monthly basis, to which staff of all grades were invited.

Are services well-led?

Good 

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

Seeking and acting on feedback from patients, the public and staff

The provider encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The local Healthwatch engagement officer had carried out patient satisfaction surveys on behalf of the service. They told us the provider worked closely with Healthwatch, and listened to patient concerns and issues raised.

- Patients were encouraged to complete the NHS Friends and Family Test, and the results were analysed on a monthly basis.

- Staff told us they were able to provide feedback via the BARDOC 'hub' or via the provider website. They told us feedback on comments made, issues reported in a timely way to the member of staff concerned.

Continuous improvement

BARDOC prided themselves on being a forward thinking organisation which led change in collaboration with other providers. They were the first provider in the North West of England to test and embed Summary Care Records. In addition they were the first OOH service in the North of England to sign up for Child Protection Information Sharing agreements (CPIS). Their five year forward view was developing the introduction of new disciplines, pharmacists for example, to augment the clinical expertise in the service.