

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

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Good	
Are services safe?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
What people who use the service say	7

Detailed findings from this inspection

Our inspection team	8
Background to Birmingham And District General Practitioner Emergency Room Limited (BADGER) - Glover Street	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10
Action we have told the provider to take	22

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Birmingham and District General Practitioner Emergency Room Limited (BADGER) on 7 and 8 June 2016. We visited all primary care centres used by the provider in the provision of out-of-hours services. Overall the service is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However, these were not always managed in a timely way.
- Risks to patients were not consistently assessed and well managed. There were some weaknesses in the management of safety alerts, risks to health and safety, infection control, medicines and prescriptions. Recent loss and changes of staff had led to a lack of clear lines of responsibility in some areas.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. There was a strong emphasis on training and staff development to ensure staff had the skills, knowledge and experience to deliver effective care and treatment.
- The service performed well against National Quality Requirements in the delivery of care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were satisfied with the care and treatment they received from the service.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Staff felt supported by management. Systems and processes were well embedded within the primary care centres. However, lines of managerial accountability were not always clear.
- The service proactively sought feedback from staff and patients, which were very positive.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider must make improvement are:

- Ensure effective systems are in place for identifying and managing risks to patients, including risks relating to health and safety, fire, safety alerts, infection control, staffing hours, prescriptions and medicines.

The areas where the provider should make improvement are:

- Review systems for acting on significant incidents to ensure that prompt action is taken for those assessed as high risk.

- Ensure all staff have access to appraisals to discuss their development needs.
- Review monitoring of audit systems to ensure improvements identified are implemented and sustained.
- Establish routine reviews of complaints received to identify any themes or trends emerging to support further service improvement.

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?

- There were systems in place for reporting and recording significant events and these were generally well managed. However, where serious concerns were identified, these were not always addressed promptly.
- Lessons were shared to make sure action was taken to improve safety in the service provided.
- 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.
- We found staff at primary care centres proactive at following processes to maintain patient safety however, there were weaknesses in the systems to support and monitor these processes.
- Not all risks to patients were assessed and well managed, for example, there was a lack of robust arrangements for managing patient safety alerts, infection control, medicines and prescriptions, staff working hours and risks to health and safety.

Requires improvement



Are services effective?

- Systems were in place to ensure clinicians were kept up to date with best practice guidance such as the National Institute for Health and Care Excellence (NICE) guidelines.
- Data available showed the service was consistently meeting National Quality Requirements (NQR), performance standards for GP out-of-hours services to ensure patients' needs were being met in a timely way.
- There was a strong emphasis on staff training and development to ensure staff had the skills, knowledge and experience to deliver effective care and treatment.
- Various systems were in place to support quality improvement for example clinical audits, quarterly case audits of staff consultations and benchmarking exercises. However, it was not always clear from clinical audits what improvements had been achieved and sustained.
- A programme of staff appraisals was in place although, there were some still left to do, the provider was aware and addressing this.
- Staff worked collaboratively with other services and health care professionals to help meet patients' needs.

Good



Summary of findings

Are services caring?

Good



- Feedback from the large majority of patients through our comment cards and collected by the provider was very positive.
- Patients said they were treated with compassion, dignity and respect.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good



- The provider worked with the local Clinical Commissioning Group to ensure services were responsive to the needs of the local population served and to improve services.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.
- Information about how to complain was available and easy to understand and evidence showed the service responded appropriately to issues raised.
- Learning from complaints was shared with staff and other stakeholders. Although staff did not specifically look at trends in order to identify further areas for improvement.

Are services well-led?

Good



- The provider was committed to delivering high quality care and promoting good outcomes for patients. However, recent events including the loss of a large contract and staff had resulted in an unsettled period as the service reviewed its management structure.
- The provider was working with the local CCG to facilitate changes in urgent care in response to national direction.
- Staff felt well supported and there were robust policies and procedures in place for the running of the primary care centres.
- Managerial accountability was not consistently clear for the effective management of risks.
- The provider was aware of and complied with the requirements of the duty of candour. The managers encouraged a culture of openness and honesty. The service had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The service proactively sought feedback from staff and patients, which was positive.

Summary of findings

- There was a strong focus on continuous learning and education of staff.

Summary of findings

What people who use the service say

We looked at various sources of feedback received from patients about the out-of hours service received. Patient feedback was obtained by the provider on an ongoing basis and included in the contract monitoring reports. Data from the provider for the period of January to March 2016 showed (please note the differences in numbers of respondents varied by question):

- 95% of the 449 patients who responded said they were likely or extremely likely to recommend the service to family and friends.
- 94% of the 495 patients who responded found their overall experience of the service good or excellent.
- 96% of the 529 respondents were positive about the reception staff rating them as good or excellent.
- 97% of the 383 respondents were positive about the health care support worker rating them as good or excellent.
- 97% of the 497 respondents were positive about the doctor or nurse rating them as good or excellent.
- Results from the four individual primary care centres found that patients felt they were treated with dignity and respect. Scores for the four primary care centres ranged from 94% to 100%.

The national GP patient survey asks patients about their satisfaction with the out-of-hours service. However, as Badger is not the sole provider of out-of-hours services within the CCG areas covered the information must be reviewed with caution. Data from the GP national patient survey published in January 2016 found :

- 59% of patients in the Birmingham Cross City CCG area, 64% in the Solihull CCG area and 55% in the

Sandwell and West Birmingham CCG area said they were satisfied with how quickly they received care from the out-of-hours provider compared with 62% of patients nationally.

- 85% in the Birmingham Cross City CCG area, 91% in the Solihull CCG area and 84% in the Sandwell and West Birmingham CCG area said they had confidence and trust in the out-of-hours clinician they saw or spoke to compared with 86% of patients nationally.
- 64% in the Birmingham Cross City CCG area, 72% in the Solihull CCG area and 61% in the Sandwell and West Birmingham CCG area were positive about their overall experience of the GP out-of-hours service compared with 67% of patients nationally.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 90 comment cards in total from patients attending the four primary care centres (38 from Solihull Hospital, 25 from Heartlands Hospital, 17 from Glover Street and 10 from Good Hope Hospital). The feedback was very positive overall. Particularly for three of the primary care centres (Solihull Hospital, Heartlands Hospital and Glover Street). Patients told us that staff were helpful and friendly and that they didn't have to wait too long for treatment. There were more negative comments from Good Hope Hospital where three of the 10 patients who responded said they had experienced long waits and two patients commented on the environment being poor.

We spoke with five patients during the inspection (two patients attending the primary care centre at Heartlands Hospital and three patients attending the primary care centre at Solihull Hospital). All five patients said they were satisfied with the care they had received.

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

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection teams were led by a CQC Lead Inspector. On 7 June 2016 when we visited the four primary care centres the team included a GP specialist advisor, a nurse specialist advisor, a practice manager specialist advisor and three CQC inspectors. On 8 June 2016, when we visited Glover Street (Badger's head office) the team included a GP specialist advisor and a practice manager specialist advisor.

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

Glover Street is the registered location and head office for the out-of-hours GP service provided by Birmingham and District General Practitioner Emergency Room Limited (BADGER). The service provides in-hours and out-of-hours

(OOH) GP services for its member practices. It also contracts with Birmingham Cross City Clinical Commissioning Group (CCG) and Solihull CCG to provide primary medical services outside of usual working hours (or OOH) when GP practices are closed.

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

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

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

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

The primary care centres are located at:

- Badger House, 121 Glover Street, Birmingham, B9 4EY

Detailed findings

- Heartlands Hospital (Outpatients department), Bordesley Green East, Birmingham B9 5SS
- Good Hope Hospital (A&E department), Rectory Road, Sutton Coldfield, Birmingham B75 7RR
- Solihull Hospital (Minor Injuries Unit), Lode Lane, Solihull B91 2JL

The service is open for out-of-hours cover Monday to Friday 6.30pm to 8.30am at Badger House (Glover Street), 6.30pm to 11pm at Heartlands Hospital and 7pm to 11pm at Good Hope Hospital and Solihull Hospital. The primary care centres also open for 24 hours on a Saturday, Sunday and on bank holidays. During the inspection we visited all the primary care centres.

The primary care centre based at Heartlands Hospital is the provider's most busy location with approximately 460 patients seen on average each week.

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

The service was previously inspected in March 2014 as a pilot site for the new CQC methodology but was not previously rated. It was found to be compliant with the regulations relating to the Health and Social Care Act 2008.

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 service and asked other organisations to share what they knew. We carried out an announced visit on 7 June 2016 and 8 June 2016. During our inspection we:

- Visited all four primary care centres on the evening of the 7 June 2016 to see how care was being delivered.
- Visited the head office at Badger House on Glover Street on the 8 June 2016.
- Spoke with a range of clinical and non-clinical staff (including GPs, nursing staff, health care assistants, directors, managers and administrative staff).
- Spoke with patients, carers and family members attending the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documents made available to us relating to the running 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?

Are services safe?

Our findings

Safe track record and learning

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

- An adverse events policy was available to staff which detailed the process for managing incidents that may occur.
- Staff we spoke with were aware of the reporting arrangements for significant events and were able to give examples of when they had done so.
- Staff were confident that incidents were taken seriously by the provider. A staff survey on patient safety undertaken by Urgent Health UK in April 2016 found 93% of the 59 members of staff who responded said that in their unit, when a serious error occurred it was analysed thoroughly. (Urgent Health UK is a the federation of Social Enterprise Unscheduled Primary and Community Care Providers. It validates the quality of care of each member organisation by requiring it to participate in an annual external audit. Results are shared with members to encourage and promote best practice. There are approximately 24 member organisations.)
- The systems in place 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).
- Incidents were reviewed and investigated at a senior level within the organisation.
- 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.
- We saw evidence of learning from incidents at an individual level. Staff told us that any wider learning would be reported through the weekly staff updates or system alerts. Incidents were also shared with the CCG as part of the contract monitoring arrangements.

The service had 27 recorded incidents since January 2016 and 126 during 2015. During our review of reported incidents we found that while the provider carried out a thorough analysis of the significant events these were not

always dealt with in a timely way. We found a serious incident that had occurred a month prior to our inspection in which risks had been identified. There were no clear timescale to ensure mitigating action was implemented to prevent future risks. The meeting scheduled to discuss the incident had been cancelled and so no action had yet been taken.

Processes for managing and acting on medicines and other patient safety alerts were not sufficiently embedded. Safety alerts were received by the Director of Service Delivery who told us they would forward them to the Medical Director or lead nurse for action. Responsibility for this was currently changing and the administrator who had taken on the role told us that staff would be notified of safety alerts via a system messaging alert and weekly updates. We asked for evidence of alerts received and action taken in response to them. The only evidence provided was an alert from 2015.

Overview of safety systems and processes

The service had systems, processes and practices in place to keep patients safe and safeguarded from abuse. These were generally well implemented but highlighted some areas for improvement in relation to infection control and medicines management:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Staff had access to safeguarding policies for guidance which clearly outlined who to contact should they have concerns about a patient's welfare. Referral forms were also available for reporting concerns to the appropriate agencies responsible for investigating safeguarding concerns. We saw evidence of referrals which demonstrated that the provider was proactive in reporting concerns where it was considered a patient may be at risk of harm. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. Safeguarding training was part of the provider's mandatory training for all staff. We were shown the staff training matrix which showed staff had received this training. There was a lead member of staff for safeguarding and staff knew who they were.
- Notices were displayed in the waiting areas of the primary care centres which advised patients that chaperones were available if required. Staff who undertook chaperone duties understood their roles, had

Are services safe?

undertaken training and 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 observed the premises used by the service to be visibly clean and tidy. Staff had access to appropriate hand washing facilities and personal protective equipment. The service had a lead for infection control who was responsible for maintaining the infection control policies and procedures. Infection control training was mandatory on induction and we saw records of staff having completed this training. We saw some cleaning schedules for the primary care centres but none for Glover Street. We saw poor storage of cleaning equipment at Glover Street for example, cloths used for different purposes were left overlapping to dry and inappropriately discarded specimen bottles. A recent audit of the primary care centres had included an infection control element. Actions had been identified with a review date but no clear lines of responsibility for implementing the actions or for monitoring progress against the actions identified.
- The service had policies and procedures in place for the management of medicines including controlled drugs. There were robust systems for managing medicines at the primary care centres which held medicines for use in an emergency, as a stat doses (one off dose) and for prescription purposes (where patients were unable to access a pharmacy). Records were maintained of medicines used and signed by two members of staff to maintain a robust audit trail. The medicines were stored securely in an area in which temperatures were monitored to help ensure their effectiveness. Access to the medicines were limited to specific staff. A tag system was used to identify when stock needed to be replenished. There was evidence of stock rotation and medicines we checked at random were all within date. We saw that the use of prescriptions at the primary care centres was monitored. They were also held securely at three primary care centres, however at Glover Street the prescriptions for home visits were not securely locked away. They were located in the call centre, although this was an area with security cameras and restricted access to staff only it was also an area in constant use.
- The main medicine store was held at Glover Street in an air conditioned area with camera security. There was a

nominated member of staff who managed the store and access to the store was limited to named members of staff. We found systems to monitor expiry dates of medicines in place but no systems for monitoring stock levels should any go missing.

- The service held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). We found the audit systems for managing controlled drugs not sufficiently robust. The controlled drugs were stored securely with appropriate storage facilities for holding controlled drugs in transit. The key code for accessing the controlled drugs was changed regularly. We were told that an audit of controlled drugs was undertaken when they were used rather than at set intervals. Records seen showed this was usually on a weekly basis. We checked the expected stock levels for one of the controlled drugs against actual stock and found these matched. However, the controlled drugs were stored in two separate locations, the main supply and in individual vials in cases ready for home visits. The audit records did not indicate where each vial was stored to ensure a good audit trail should one go missing. A register was maintained for controlled drugs used but staff did not consistently record the batch number and expiry date when used. There were arrangements in place with a local pharmacy for the safe destruction of controlled drugs.
- When checking vehicles used for home visits we found emergency drugs packs still in the cars. The day of inspection was particularly warm and there was no monitoring of temperatures in the car to ensure they did not exceed the 25 degrees centigrade recommended by manufacturers for medicines storage to ensure their effectiveness.
- We reviewed six personnel files for clinical and non-clinical staff and found 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. GP recruitment included language checks and a clinical questionnaire to ascertain competencies.

Monitoring risks to patients

Processes for managing risks to patients were not always consistently well managed.

Are services safe?

- The service had a health and safety policy in place but this lacked clarity as to who in the organisation was responsible for health and safety. Staff told us that the previous health and safety manager had left the organisation in February 2016. We saw risk assessments for Glover Street and the primary care centre used at Heartlands Hospital but these were last reviewed in July 2013. No risk assessments were available for the primary care centres located at Good Hope and Solihull Hospitals.
- Fire risk assessments were not available to us at the time of our inspection. We were advised that the person responsible for fire safety had left the organisation approximately one month ago and staff were unclear where records were kept. There was a fire evacuation procedure included within the primary care centre operations manual and receptionists at one of the primary care centres told us that they had acted as a fire marshal and received training. At Glover Street we found servicing of fire equipment had not been completed in the last 12 months and no evidence was available that the fire alarms had been tested or of fire drills having taken place.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly and we saw evidence of this. Equipment used by clinical staff was routinely checked by the health care assistant on duty at each primary care centre. A shift reporting form enabled them to record any issues relating to equipment that needed to be addressed. Staff told us they had appropriate equipment to do their job.
- The provider had seven cars for use in home visits. (Five were owned by the provider and two were on a lease hire agreement). Vehicle checks were undertaken by the driver before leaving their base, the driver also stocked the car with equipment and medicines required. The checks were recorded along with any other issues that needed reporting. A member of the business support team told us that they also undertook routine checks twice weekly and undertook cleaning of the vehicles but these were not recorded. There was breakdown cover for the vehicles if needed. We looked inside three of the vehicles. We found the boots of the cars untidy with items left over from previous use such as aprons, specimen bottles and in one car a spill kit which had expired in May 2012. All three cars had emergency medicines in the boot while not in use on what was a

particularly warm day. There was no clear documentation to confirm when the cars were last serviced. The current lead told us that the previous person responsible for maintaining the vehicles had left four weeks previously and they were covering in the interim. They had pulled together a spreadsheet so that they could identify when the next MOT and road tax was due.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Rotas were planned two months in advance and agreed by the Medical Director. The provider did not use locum or agency clinical staff but told us there was a large pool of bank staff that enabled them to cover shifts at short notice. Systems for monitoring and preventing staff working excessive hours were not evidenced during the inspection, some staff told us they had signed to opt out of the European working time directive so that they could work more than 48 hours. The honesty of clinical staff to work within their medical defence cover was relied upon.

Arrangements to deal with emergencies and major incidents

The service had adequate arrangements in place to respond to emergencies and major incidents.

- There were systems in place to alert staff to an emergency situation. Staff received annual basic life support training and there were emergency medicines available at each primary care centre and as part of the home visit packs.
- A defibrillator was available at all primary care centres and for use on home visits. Records were available which showed they were checked on a daily basis. With the exception of Glover Street, the service did not provide oxygen for use in the primary care centres or for home visits. Staff at the primary care centres told us that the hospital emergency trolley contained oxygen and that they had systems in place to make a request to the hospital emergency team if needed. The service showed us evidence of research undertaken in which this decision had been based although no formal risk assessment had been completed as to what action staff should take in situations where oxygen might be needed or timescales for access.

Are services safe?

The service had a comprehensive business continuity plan in place for major incidents such as power failure, loss of telephone or premises to ensure the service could continue. The plan included emergency contact numbers for key staff and services. The provider also had

contingency arrangements in which they could use a local GP practice at times of high demand on the service. Copies of the plan were available with the shift team leader, the on call medical directors and was stored on the computers accessible to staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff 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 service had systems in place to keep all clinical staff up to date. A comprehensive training programme, system alerts and weekly updates were available to staff.
- Staff had access to guidelines from NICE, formulary guidelines from the CCG and information about medicine interactions which they used when delivering care and treatment to meet patients' needs.
- The healthcare assistants who undertook baseline observations when patients arrived at the service had information relating to normal values and vital signs, which enabled them to easily escalate concerns to clinicians.

Management, monitoring and improving outcomes for people

The service used information collected as part of the National Quality Requirements (NQR) and other quality indicators to monitor the quality of the service patients received. (NQRs are requirements set out by the Department of Health in 2006 to ensure that GP out-of-hours services are safe, clinically effective and delivered in a way that gives people a positive experience). We reviewed the service's performance against NQRs for a 12 month period between April 2015 and April 2016 and found the service was consistently meeting these requirements. For example data for April 2016 showed:

- 99% of urgent calls were assessed within 20 minutes.
- 99% of routine calls were assessed within 60 minutes.
- 100% of urgent cases received a consultation at a primary care centre within two hours.
- 100% of routine cases received a consultation at a primary care centre within six hours.
- 100% home visits urgent cases consulted within two hours
- 99% of home visit routine cases consulted within six hours.

Staff told us that the consistent achievement of NQRs over last 12 months was attributed to making clinicians aware of NQR targets so that they took ownership of them. They were also well staffed due to the loss of a recent contract.

There was some evidence of quality improvement including clinical audit:

- Quarterly case audits were undertaken using the Royal College of General Practitioners (RCGP) Urgent and Emergency Care Clinical Audit toolkit. Clinical and some non-clinical staff such as call handlers had a minimum of 1% of their cases reviewed quarterly. The audits looked at the quality of triage calls, telephone consultations and face to face consultations (at primary care centres or home visits). Those who received scores of less than 60% were more intensively monitored and received support to improve. Information from these audits were used to help drive standards of care.
- The service was a member of Urgent Health UK (a membership organisation with approximately 24 members of other not for profit social enterprise member organisations all engaged in delivering out of hours and other urgent primary care services). Urgent Health UK undertakes benchmarking activities in areas such as patient safety, performance and risk management, information governance and finance. During 2014/15 the service received an overall rating of 'commendable'.
- The service had an annual audit programme which was agreed by the executive team. We looked at audits that had been undertaken during 2015 and 2016. Audits seen included an antibiotic prescribing audit, processes for opiate substitute prescribing, controlled drugs audit and wound care audit. We found it was not always clear from the audits what it was they aimed to achieve, what improvements had been made and arrangements for follow up to ensure quality improvements were secured.
- Between March and May 2016 the service had undertaken an audit of the primary care centres covering areas such as prescription, medicines management, infection control, equipment, health and safety and information governance. This audit had been previously undertaken between April and October 2014. We saw actions had been identified but there was a lack of clarity who was responsible for implementing the

Are services effective?

(for example, treatment is effective)

actions and for reviewing and monitoring the action plan. Staff told us that audits were discussed at the Clinical Management Team meetings to discuss if changes were needed.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. There was a strong focus on training within the organisation.

- The service had an induction programme for all newly appointed staff. As part of induction, staff were shown how to use the IT systems in place and undertook training in areas such as significant events, safeguarding, infection control and information governance. New staff also worked alongside an experienced member of staff for a few sessions and a sample of 10 consultations were audited in the first three months of starting. Induction periods were signed off by a GP.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example, training for telephone consultations included theory and practical training, GPs and Advanced Nurse Practitioners (ANP) who undertook this role were signed off as competent. All new healthcare assistants were also required to undertake the new Care Certificate introduced nationally to equip them with the skills and knowledge for their role.
- Training records were well maintained of the different staff groups so it was easy to identify who was and wasn't up to date with their training requirements including training in basic life support and safeguarding. Compliance against training was high. Staff told us they received reminders when their training was due.
- The service offered opportunities for clinical staff (including those self-employed) to maintain their continuing professional development (CPD). For an annual fee staff could access training and updates on a variety of subjects. The CPD events were run on a regular basis and staff were notified about the training events through the weekly updates received and staff notice boards. We saw a comprehensive programme of training available which included basic life support, safeguarding, care of children and older patients, respiratory emergencies and diabetes. Staff had access to and made use of e-learning training modules.

- Not all staff we spoke with had received annual appraisals. We spoke with the lead for human resources who told us that they were aware and working on this. Reviews from the quarterly case audits helped identify if there were any specific learning needs to be addressed.

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 service's patient record system and their intranet system.

- A team leader was employed to oversee the shift and help ensure patients were being seen according to priority. They were able to instigate measures using escalation procedures to meet changes in demand. For example, deploying staff across the primary care sites as appropriate to meet patients' needs.
- Staff we spoke with said they found the systems for recording information easy to use and had received training on induction.
- Staff accessed special notes which contained important information about patients from their usual GP. For example, patients with end of life care needs. The service was not currently able to access patient summary care records, which would help them review the patient's medical history when providing care, but were hoping to do so within the next six months.
- The provider worked collaboratively with other services. Patients who could be more appropriately seen by a GP were referred from the hospitals accident and emergency departments. If patients needed specialist care the out-of-hours service could refer to specialties within the hospital. Staff also described a positive relationship with the mental health and district nursing team if they needed support during the out-of-hours period.
- The service held information on pharmacy opening hours and locations so that clinicians could inform patients.
- NQR data (April 2015 to April 2016) showed the service was consistently achieving in excess of 99% for transferring clinical information relating to patient consultations to GP practices by 8am the following morning.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

- Staff had access to Mental Capacity Act training as part of the service's training programme.
 - Staff told us that they had access to information such as advance directives and do not attempt resuscitation orders through special notes so that they could take this information into account when providing care and treatment.
 - When providing care and treatment for children and young people, staff we spoke with were aware of assessments of capacity to consent in line with relevant guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
 - Staff had access to Mental Capacity Act training as part of the service's training programme.
 - Staff told us that they had access to information such as advance directives and do not attempt resuscitation orders through special notes so that they could take this information into account when providing care and treatment.
 - When providing care and treatment for children and young people, staff we spoke with were aware of assessments of capacity to consent in line with relevant guidance.

Consent to care and treatment

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We visited the service's four primary care centres and observed members of staff were courteous and helpful to patients and treated them with dignity and respect. We found:

- Curtains were provided in consulting and treatment rooms to maintain patients' privacy and dignity during their consultations.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff told us that if a patient wished to discuss something sensitive or were distressed they would offer private room to discuss their needs.
- Staff were mindful of maintaining patient confidentiality and had undertaken information governance training.
- Staff wore name badges so patients knew who they were speaking with.
- We saw clear signposting at the primary care centres so that staff knew where to find the out-of-hours service.

Feedback we received from 90 patient Care Quality Commission comment cards and the five patients we spoke with on the day of inspection was very positive. The majority of patients described the service as excellent, that they were seen quickly and that staff were friendly and caring. There were nine negative comments received in total.

Feedback from the individual primary care centres were as follows:

- For the primary care centre at Solihull Hospital 38 comment cards were received. The majority of the cards were very positive with two negative comments relating to lack of staff and attitude of GP.
- For the primary care centre at Heartlands Hospital 25 comment cards were received. The majority of the cards were very positive with one negative comment about a long waiting time.
- For the primary care centre at Glover Street 17 comment cards were received, all of which were positive.
- For the primary care centre at Good Hope Hospital, 10 comment cards were received. Most of the cards

contained positive feedback however they also included six negative comments relating to issues such as the environment, long waiting times and general dissatisfaction comments.

The five patients we spoke with at (Heartlands and Solihull Hospitals) were all positive about the out-of-hours service they had received.

The provider obtained feedback from patients who used the service through an on-going in-house patient survey. Results from the survey received between January 2016 and March 2016 showed (please note the differences in numbers of respondents varied by question):

- 95% of the 449 patients who responded said they were likely or extremely likely to recommend the service to family and friends.
- 94% of the 495 patients who responded found their overall experience of the service good or excellent.
- 96% of the 529 respondents were positive about the reception staff, rating them as good or excellent.
- 97% of the 383 respondents were positive about the health care support worker, rating them as good or excellent.
- 97% of the 497 respondents were positive about the doctor or nurse, rating them as good or excellent.

Results for individual primary care centres found that patients felt they were treated with dignity and respect. Scores for the four primary care centres ranged from 94% to 100%.

The national GP patient survey asks patients about their satisfaction with the out-of-hours service. However, as Badger is not the sole provider of out-of-hours services within the area served it is difficult to deduce too much from the findings. Results were comparable to the national average overall and were most positive within the Solihull CCG area where scores were above the national average. Data from the GP national patient survey published in January 2016 showed :

- 62% of patients nationally said they were satisfied with how quickly they received care from the out-of-hours provider compared to 59% in the Birmingham Cross City, 64% in the Solihull and 55% in the Sandwell and West Birmingham CCG areas.

Are services caring?

- 86% of patients nationally said they had confidence and trust in the out-of-hours clinician they saw or spoke to compared to 85% in the Birmingham Cross City, 91% in the Solihull and 84% in the Sandwell and West Birmingham CCG areas.
- 67% of patients nationally were positive about their overall experience of the GP out-of-hours service compared to 64% in the Birmingham Cross City, 72% in the Solihull and 61% in the Sandwell and West Birmingham CCG areas.

Care planning and involvement in decisions about care and treatment

Feedback received from patients told us that they felt listened to during their consultation. Clinicians made use of special notes to support decisions about care and treatment. (Special notes are a way in which patients' usual GP can raise awareness about their patients who might need to access the out-of-hours service, such as those nearing end of life or with complex care needs. It may also include details of advance directives in which patients have recorded their wishes in relation to care and treatment).

Feedback received from patients (between January 2016 and March 2016) as part of the provider's on-going patient survey showed:

- 98% of the 393 patients who responded said the clinician explained what they needed to do following their visit.

The service provided facilities to help patients be involved in decisions about their care:

- Translation services were available for patients who did not have English as a first language. Staff told us that a lot of GPs and staff who worked at the service were local to the area and some spoke second languages used in the local communities.

Patient and carer support to cope emotionally with care and treatment

Staff were able to give examples as to how they had supported patients emotionally during the out-of-hours period. In one example a member of staff told us that they had made a referral to social services where a carer had needed support. Others told us that in the event of death they would signpost patients to bereavement counselling services but would generally expect the patient's usual GP to offer support.

The service provided training events in end of life care from palliative care consultants to support staff in the management of this group of patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service reviewed the needs of its local population and worked with the local Clinical Commissioning Group (CCG) to secure improvements to services.

- We visited all four primary care centres, three were located within hospital sites. All were easily accessible to patients with mobility difficulties, including wheel chair access.
- Baby changing facilities were available.
- Home visits were undertaken for those assessed as requiring them.
- Translation services were available and guidance for staff on how to access it was available for those whose first language was not English. Patient Leaflets could also be printed in a range of different languages.
- Although three of the four primary care centres closed at 11pm staff did not leave until all patients had been seen.
- Staff told us that in urgent situations for example, mental health crisis or patients requiring urgent support the service was able to access the mental health crisis team or single point access for rapid response community matrons.
- The provider supported other services at times of increased pressure. For example, extending the accident and emergency divert service to later in the evening and provision of support for flu vaccinations at short notice.

Access to the service

The service was open for out-of-hours cover Monday to Friday 6.30pm to 8.30am at Badger House (Glover Street), 6.30pm to 11pm at Heartlands Hospital and 7pm to 11pm at Good Hope Hospital and Solihull Hospital. The primary care centres also opened for 24 hours on a Saturday, Sunday and on bank holidays. In addition the service provided in-hours cover for its member practices based on individual contracts with the GP practices.

Patients accessed the service via the NHS111 telephone service or, if a patient was from a member practice, directly. Referrals were received through a dedicated inbox or via telephone to one of the call handlers (non-clinical staff trained using predetermined scripts). If concerned call handlers would refer patients through 999 or direct to

accident and emergency. Information obtained by the call handlers was assessed by the most senior GP on duty to determine whether the case was routine or urgent. Those assessed as urgent were seen as a priority. The service did not see walk-in patients, those that came in were told to ring the NHS 111 unless urgent in which case they would be stabilised before referring on.

Feedback received from patients from the CQC comment cards and from the NQR scores indicated that in most cases patients were seen in a timely way.

A survey undertaken by the provider of 301 patients (within Birmingham Cross City and Solihull CCGs) between October and December showed:

- 82% of patients felt the waiting time was good or excellent.

Listening and learning from concerns and complaints

The service had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints for the service. All complaints were reviewed by the Medical Director.
- We saw that information was available to help patients understand the complaints system. A leaflet was available at the primary care centres for patients to take away which detailed expected timescales and where patients may escalate their concerns if they are unhappy with the response they have received.

The service reported 63 complaints since January 2015. Most complaints were received through other providers which the service acknowledged and requested consent from the patient prior to investigation. We looked at four complaints received in the last 12 months and found two were awaiting consent, the other two had been managed appropriately. Lessons were learnt from individual concerns and complaints and staff were requested to complete a reflection form after the event. However, no specific analysis of complaints was undertaken to identify any themes or trends emerging. Complaints and how they had been managed were reported to the CCG as part of contract monitoring.

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

It was clear that the service was committed to delivering high quality care and a desire to promote good outcomes for patients. The provider was working with the local CCG to develop integrated care within the local area in line with government guidance for urgent care.

Senior staff told us that the service had recently lost a large contract which had been difficult time for them. They had also lost several senior staff.

Not all clinical staff we spoke with were aware of the organisation's vision and values but described the organisation as forward thinking.

Governance arrangements

The provider had an overarching governance framework which supported the delivery of the service.

- The organisation was led by a board of directors consisting of two executive directors and six elected GP members.
- Clinical staff were clear about their roles and responsibilities and there were well established systems and processes in place for staff working in the primary care centres. There were individual primary care centre operations manuals which supported the smooth running of each primary care centre and detailed the key areas of responsibilities for individual staff on duty. However, lines of accountability within the managerial and administrative leadership were not consistently clear.
- Service specific policies were implemented and were accessible to all staff via the computer system.
- A survey of staff undertaken by Urgent Health UK in April 2016 showed that 95% of the 59 staff who responded said 'This organisation had good procedures and systems for preventing errors from happening.'
- The provider had a good understanding of their performance against National Quality Requirements (NQRs). These were discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements. We reviewed contract monitoring reports for March and April 2016. This showed the service was consistently performing well and meeting NQRs.

Leadership and culture

Throughout the inspection the leadership was clearly visible within the organisation. Staff found senior staff approachable and described the service as a good place to work. Staff told us that they felt valued. There was a strong emphasis on staff receiving appropriate training and having access to continuing professional development to ensure they were equipped to do their job and able to provide good quality care.

The provider was aware of and had systems in place to ensure compliance with the requirements of 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). The partners encouraged a culture of openness and honesty and had systems in place to ensure that they learned from incidents when things went wrong with care and treatment. Complaints and incidents were standing items on the clinical management team agenda. The provider had a whistle blowing policy but none of the staff we spoke with had cause to use it.

There was a leadership structure in place and staff felt supported by management.

- There were systems in place for ensuring staff including those who worked on a sessional basis were kept informed. All staff received weekly updates by email. The staff noticeboard at the main office was kept up to date with information about training events and performance.
- Daily shiftreports enabled staff working remotely to document any issues or concerns that needed escalating.
- Sessions were supported by a team leader who had an overall view of the shift and could make adjustments to meet changing demands on the service and ensure NQRs were met. A duty medical director was also available on an on-call basis for any clinical queries.
- Senior clinical staff worked shifts so they had a good understanding of how shifts ran.
- Staff had undertaken training for dealing with violence and aggression and could access hospital security if necessary.

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

Are services well-led?

Good 

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

The service 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 provider gathered feedback from patients who attended the primary care centres through patient feedback cards. Between January and March 2016, 533 feedback cards were received, 95% of patients who responded said they would recommend the service to family and friends. The provider also undertook surveys by post of a sample of patients who had received home visits or attended one of the primary care centres. Results for October to December 2015 showed 98% of the 62 patients who responded would recommend the service to family and friends.

- The service had gathered feedback from staff through annual surveys. Between 2013 and 2015 staff feedback had improved in all areas. The latest survey showed 90% of the 100 staff who responded were satisfied with their role.

Continuous improvement

The service provided training opportunities in the out of hours period for qualified doctors training to become GPs. Those undertaking this training were placed on shifts with a clinical supervisor. The service had also recently started to provide placements for student nurses and had piloted the new national care certificate for healthcare assistants.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes were not sufficiently robust to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This included:</p> <ul style="list-style-type: none">• Lack of robust systems in place for the management of patient safety alerts to ensure they were acted on.• Lack of robust systems for monitoring infection control and cleaning arrangements. There was poor storage of cleaning equipment and staff were not clear as to what the cleaning staff at Glover Street did and were unable show us any cleaning schedules. Action plans in response to the infection control audits lacked clarity over who was responsible for actions and arrangements for monitoring progress of actions.• Lack of robust systems for monitoring the use of prescriptions and medicines. Prescriptions for home use were not stored securely at Glover Street and emergency medicines for home visits had not been stored appropriately when not in use. The controlled drugs register was not always fully completed to include batch numbers and expiry dates. Risk assessments were not in place in the absence of oxygen so staff were aware of alternative arrangements.• Lack of clear responsibility for health and safety and risk assessments in place, including fire risk assessments.• Lack of systems to ensure clinical staff did not work excessive hours.