Bradford Care Alliance CIC

Inspection 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 location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Overall summary

This service is rated as requires improvement overall.

The key questions are rated as:

Are services safe? – requires improvement

Are services effective? – requires improvement

Are services caring? – good

Are services responsive? – good

Are services well-led? – requires improvement

Why we carried out this inspection

We carried out an announced comprehensive inspection at Bradford Care Alliance CIC as part of our inspection programme.

How we carried out the inspection

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

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

This included:

• Conducting staff interviews using video conferencing and telephone calls

• requesting evidence from the provider

• a site visit.

As part of this inspection we interviewed, by video conferencing or telephone calls, the Chief Operating Manager, the Service Development and Governance Officer, the Operational Delivery and Performance Manager, two reception staff, a physiotherapist, one nurse, a GP who worked within the primary care streaming service and the Corporate Director.

On the day of the inspection we interviewed the Medical Director, the Chair of the board, the Registered Manager, the Strategic Director, the Human Resource (HR)/ Finance and Operational Delivery Assistant, a GP working in the extended access service, a member of the reception team, a nurse and a healthcare assistant (HCA).

Our Findings:

Overall summary

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this provider as requires improvement overall and requires improvement for providing safe, effective and well-led services. We have rated the key questions of caring and responsive as good.

We found that:

- Whilst regular visits were undertaken to the hub sites, the provider could not evidence that the systems and processes in place enabled them to maintain appropriate or complete oversight of health and safety, fire or infection prevention and control for staff or patients at these sites.
- The provider did not have a system to monitor and maintain oversight of the staff working in the hub sites. The provider did not have oversight or evidence relating to the competencies, training, professional registration updates, vaccination status or disclosure and barring checks (DBS) for staff who were providing the regulated activities.
- The service had a clear process in place to manage complaints and significant events and we saw these were reviewed at several levels within the organisation. Whilst we saw that actions were taken and lessons learned, not all staff who we spoke with were aware of the outcomes or any learning arising from significant events and complaints. None of the complaints we reviewed contained information of how the lessons learned or changes made to services were discussed and disseminated to staff.
- Staff treated people with compassion, kindness, dignity and respect.
- Patient feedback was positive and reflected that patients were able to access care and treatment at a time to suit them. The service was described as helpful, caring and convenient.
- There was limited evidence of quality improvement, including clinical audit. The provider did not monitor the quality of the clinical interventions provided by staff. They did not offer appraisals, supervisions or provide regular meetings and updates to all staff.
- Patients were able to access care and treatment from the service within an appropriate and responsive timescale for their needs.
- There was a focus on continuous learning and improvement at senior management level. Leaders were committed to the vision and values of the organisation and were motivated to provide responsive care which met patient's needs.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure that care and treatment is provided in a safe way for service users.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review their arrangements for communicating with staff regarding the named leads for organisational policies.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Bradford Care Alliance CIC

Bradford Care Alliance CIC is a community interest, general practice membership organisation which was established in 2016 and registered with the Care Quality Commission in April 2017. This was the first inspection of this service.

Bradford Care Alliance CIC (BCA) is made up of 55 practices which incorporates nine Primary Care Networks (PCNs) while providing services to all 10 PCNs in the Bradford area, covering an approximate population of 450,000 patients.

BCA is the extended access contract holder for Bradford District and Craven Clinical Commissioning Group (CCG). In 2018 the CCG also commissioned BCA to provide a primary care streaming service and presence, in the emergency department of the local hospital. Both of these services were reviewed as part of our inspection.

BCA subcontract staff from a number of different providers, with the exception of the physiotherapy service and voluntary care sector services with whom they contract directly. They contract directly with the registered providers of the hub locations for use of the premises.

Bradford Care Alliance, also sub-contract directly with voluntary care sector services who provide mental health triage and support appointments and young people's counselling appointments. We have not inspected these services, as under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, these services do not fall under the Care Quality Commission's scope of registration. However, with due regard to the six principles of child safeguarding, we highlighted concerns to the provider and stakeholders regarding the governance and oversight of these services.

The provider location and administrative centre operates from Scorex House, 1 Bolton Road, Bradford, BD1 4AS. The organisation is led by a Chair who is supported by the CQC Registered Manager, the Corporate Director, The Strategic Director, the Medical Director, The Clinical Director and the Chief Operating Officer. At the time of our inspection there was a board vacancy for a lay member.

Bradford Care Alliance CIC is registered to deliver the regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures.

Patient care for the extended access service is delivered at three locations (hubs) in the district, which we visited during our inspection:

- The Ridge Medical Practice, Cousen Road, Bradford, BD7 3JX
- Shipley Medical Practice, Alexandra Road, Shipley, BD18 3EG
- Picton Medical Centre, 50 Heaton Road, Manningham, Bradford, BD8 8RA.

Appointments are available at all three sites, Monday to Friday between 6:30pm and 9:30pm. During these times patients can access:

- GP consultations (face-to-face and remote clinics)
- Blood tests for patients aged 16 years and above
- Cervical screening appointments
- Physiotherapy first for patients aged 16 years and above

On a Saturday, Sunday and bank holiday, patients can also access a remote GP appointment between 10am and 1pm at the Picton Medical Centre site. Face to face appointments are offered when clinically necessary.

The extended access service at all three locations is provided by a number of GPs, nursing staff, HCAs, physiotherapists and a range of voluntary care sector practitioners. Some staff work at multiple sites and some at one site. We saw that two receptionist staff were located at each of the three patient facing sites during operational hours.

The primary care streaming service offers support to patients who attend the emergency department at the local hospital, but whom triage shows are suitable to be seen by a GP. At the time of our inspection due to the COVID-19

pandemic, the majority of consultations were being offered remotely. For those patients who needed to be seen face-to-face by a GP, they were offered an appointment at Manningham Medical Centre, Lumb Lane, Bradford BD8 7SY. This GP led service is supported by healthcare assistants (HCAs). This site was not visited as part of our inspection, however, assurances regarding safety were requested of the provider.

Bradford is a diverse city and there are high levels of deprivation within the area. Above average numbers of patients present with heart disease, mental health issues and some long-term conditions. For example, 33,280 patients have been diagnosed with diabetes by their GP.

All participating practices are allocated a pro-rata allowance for appointments, per 1,000 patients per week. There are parking facilities at all sites. All are accessible by public transport and can be easily accessed by patients with limited mobility.

Requires Improvement

Are services safe?

We rated the service as requires improvement for providing safe services.

The provider did not ensure that care and treatment was provided in a safe manner. The provider could not assure themselves that effective systems and processes were in place to safeguard patients. In addition, the provider did not maintain oversight of training, recruitment, premises or equipment.

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- We visited three hub sites during the inspection and observed the premises to be clean and tidy. Staff we spoke with knew how to access bodily fluid spill kits and described processes to clean rooms between patients. All staff had access to appropriate Personal Protective Equipment (PPE).
- Regular visits were made to the hub sites by the provider and some documentation was retained, for example calibration and PAT testing certificates. However, the provider did not have systems and processes in place to maintain complete oversight of health and safety, fire safety or infection prevention and control (IPC) for staff or patients at the hub sites. Not all staff we spoke with knew who the IPC lead was.
- Staff told us they received safety information from the provider as part of their induction process and were able to view some policies, protocols and instructions on how to complete some tasks such as filing pathology results. These were located in a folder which was kept in reception during service hours.
- Some policies were site specific such as the fire policy and the resuscitation policy. The provider could not evidence how staff would be made aware of this. Other policies were not available, for example a training and recruitment policy for staff delivering the regulated activities and policies to govern health and safety.
- We saw that the Bradford Care Alliance (BCA) Management policy dated January 2018, stated that good management was 'identifying and assessing risks to the health, safety and welfare of people who use our service'. However, the policy did not detail how the service would achieve this.
- At the time of our inspection, the provider had limited systems in place to safeguard children and vulnerable adults from abuse. The provider could not assure themselves that all staff working to deliver regulated activities had completed child or adult safeguarding training, or had completed a disclosure and barring service check, (DBS). (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).
- A safeguarding children and adults' policy was in place and accessible to staff with a clearly identified lead. All members of staff whom we asked were clear about their roles and responsibilities in respect of safeguarding. However, not all staff we spoke with were aware of who the safeguarding lead was.
- The provider held a monthly Primary Care Project Delivery Group with stakeholders. We were told verbally that safeguarding incidents were discussed in these meetings, but meeting minutes did not reflect this. There had been no safeguarding children or adult referrals in the past 12 months.
- The provider did not have a system for maintaining oversight or evidence relating to the competencies, training, professional registration updates, vaccination status or disclosure and barring checks (DBS) for staff, who were providing the regulated activities. The provider told us that it was the responsibility of the persons' normal place of work to ensure that their competencies, training and DBS checks were undertaken and up to date. The provider could not assure themselves that staff working within their services were competent and safe to do so. At the time of our inspection the provider told us they were looking to purchase an electronic document management system which would enable them to manage staff information.

Requires Improvement

Are services safe?

- Staff who were providing chaperone duties at the hub sites told us they had received formal training. On the day of inspection, the provider was unable to demonstrate evidence that staff who were acting as a chaperone had completed formal training or had a DBS check. We saw that notices were displayed at the three host sites to advise patients that a chaperone service was available.
- We were given assurances by Bradford Care Alliance (BCA) that complete and up to date, paper recruitment records were held for all staff who were contracted to work for BCA. Due to restrictions in place during the COVID-19 pandemic, we were unable to view these records.
- We were sent a copy of a COVID-19 risk assessment which had been devised by a partner organisation. We did not see any completed copies of this relating to this provider.
- There was no system in place, in line with guidance, to record the immunisation status of staff who had direct patient contact.
- The provider could not demonstrate that all staff had undertaken fire awareness training. Staff we spoke with knew the location of the fire evacuation assembly point, but we were told they had not been offered evacuation training.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff required for the service. Arrangements were in place for ensuring that this requirement was fulfilled and took account of holidays, sickness and busy periods. We saw evidence that rotas were planned ahead.
- The number and times of consultations were fixed, in line with the provider's contract. All appointments were booked prior to a patient having a consultation. There were no walk-in appointments. Consequently, there was no requirement for any system to deal with surges in demand.
- There was an induction system for temporary staff tailored to their role and the premises.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. Information on how to manage sepsis was displayed in the hub sites.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse. For patients who were assessed as being appropriate to be reviewed by the GP streaming service, their contact details and location were confirmed prior to the appointment. If the patient did not answer to participate in the consultation, several contacts would be attempted before the patient was discharged back to their GP and their non-participation would be highlighted to reduce risk to the patient.
- When there were changes to services or staff the service assessed and monitored the impact on safety. Numerous staff spoke highly of one member of BCA staff who was contactable and supportive during operational hours of the service.
- The service had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. We saw emergency contact details were available for staff at the host locations.

Information to deliver safe care and treatment

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

- Patients who accessed the services provided by Bradford Care Alliance CIC consented for clinicians to access their individual care records. We saw that records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Requires Improvement

Are services safe?

- The same clinical system was used for all practices within the federation. Therefore, clinicians had access to patient information to enable them to deliver safe care and treatment. We saw that concerns and tasks were shared with the patient's GP.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- We reviewed some individual care records and found they were written and managed securely and in line with current guidance and relevant legislation.
- The provider had Information Commissioner's Office (ICO) registration in place.
- Referral letters contained specific information to allow appropriate and timely referrals.
- Fast track referrals were made as required by the consulting GP. On the day of inspection lead clinicians told us that an audit of fast track referrals was undertaken.

Appropriate and safe use of medicines

There were gaps in systems to ensure appropriate and safe handling of medicines.

- Staff at each hub site had access to equipment to deal with medical emergencies (including suspected sepsis). There was oxygen and a defibrillator at each location. However, on the day of inspection, in one location, we found adult defibrillator pads which were out of date. In another location we found an inhaler which had passed its expiry date. The provider was not aware of this and did not have a system to ensure emergency equipment was checked and fit for use.
- Following the inspection, on request, the provider forwarded evidence that the majority of staff were trained in emergency procedures, including basic life support, in line with guidance. We saw that some training was overdue and were told this had been difficult to access due to the Covid-19 pandemic.
- The service did not hold or administer any medicines which required refrigeration. At the time of our inspection the service did not undertake immunisations in the extended access service.
- The service did not dispense any medicines and did not hold any controlled drugs.
- Whilst a minimum amount of paper prescriptions were retained at hub sites, a system was in place which sent electronic prescriptions from GPs direct to pharmacies, which minimised risk.

Track record on safety

The provider could not demonstrate fully developed safety systems were in place

- We were not assured that the service monitored and reviewed information from a variety of sources to demonstrate a comprehensive approach to learning and quality improvement.
- The provider could not demonstrate an established system and process to receive, review and act on patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS). Clinical staff told us they received and acted on patient safety alerts. However, this was mainly driven by the staff member's usual place of work. On the day of inspection, a senior manager told us they were 'active working GPs' and inferred staff would receive alerts from elsewhere.
- The service monitored and reviewed activity. This helped managers to understand patient demand, but we did not see that all risks were considered including staff, patients and the environment. Therefore, the provider did not have a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

- On the day of inspection, we were told by senior leaders of the system in place to report, share, investigate, record and respond to complaints, incidents and near misses. This included a collaborative approach to managing and investigating the incidents or complaint with subcontractors.

Requires Improvement

Are services safe?

- We saw that incidents and complaints were reviewed at senior leadership level. We reviewed meeting minutes from the last year but found there was no formal system in place to review outcomes, changes and learning with subcontractors or with staff delivering regulated activities. Some of the staff who worked in services were aware of some complaints, but this was inconsistent.
- The leadership team demonstrated their awareness of notifiable incidents under the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). There was a duty of candour policy in place.
- There was a duty of candour policy in place, however, this did not reflect any training requirements. The management team had not undertaken such training; however, we were assured on the day of the inspection of the honesty, openness and integrity of the senior leadership team.

Requires Improvement

Are services effective?

We rated the service as requires improvement for providing effective services.

The provider did not have a comprehensive programme of quality improvement activity in place. On the day of inspection, the provider could not assure themselves that effective systems and processes were in place to monitor the performance of staff involved in delivering the regulated activities or communicate with, and inform them of any changes and updates.

Effective needs assessment, care and treatment

- Clinical staff were supported in their decision making by clinical protocols and an advanced computer programme called 'GP assist' which gave access to best practice guidelines and support.
- We spoke with clinicians and reviewed some clinical records. We found that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.
- We saw no evidence of discrimination when making care and treatment decisions.
- The provider could not demonstrate an effective system and process to keep clinicians up to date and informed. There were no clinical meetings or bulletins in place as a way to cascade information.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Reception staff knew to contact the duty GP for any patients presenting with urgent symptoms, such as experiencing chest pain or difficulties with breathing.
- Reception staff at the patient's own GP practice were able to make direct appointments on behalf of the patient into the extended access service and referral processes were in place to refer patients to other services where necessary.
- Patients who use the primary care streaming service were directed to this service following clinical triage which, at the time of our inspection, was undertaken by a member of hospital staff.

Monitoring care and treatment

The provider did not have a comprehensive programme of quality improvement activity, including clinical audit to monitor outcomes of care and treatment.

- There was limited evidence of quality improvement to monitor and improve the quality and safety of the service. There was no systematic programme of clinical audit. The service carried out a single cycle audit of antibiotic prescribing in July 2020. The analysis of results showed that antibiotic prescribing per consultation rate was appropriate. Actions were noted, for example, subcontractors were to be reminded to ensure that they shared the prescribing policy for the service with all new starters. We saw that this outcome was discussed with senior leaders of the organisation, but a review of meeting notes and interviews found this had not been shared with clinical staff.
- The Leadership and Accountability Clinical Governance Policy dated January 2018 detailed that audit cycles were developed annually. The provider could not demonstrate this during the inspection.
- The service did not undertake any reviews of clinical consultations. We were told they would respond to concerns, complaints or compliments regarding clinicians and feed back to the person involved.
- The service reviewed the demand for appointments and was pro-actively involved in designing services to meet the needs of the local population. It ensured that access to appointments was fair and equitable amongst member practices and each hub location had been carefully chosen to promote access across the city.
- The provider was able to review the uptake of appointments by clinician and see trends in demand and usage, which enabled them to plan future services with commissioners.
- We saw that the service had identified a reduction in the number of patients attending for some services and intended to use this resource to add clinics to support the management of long-term conditions.
- The service was meeting its locally agreed targets as set by their commissioner and was providing 60 minutes of extended access service per 1,000 patients which was in excess of the NHS England (NHSE) guidance target.

Requires Improvement

Are services effective?

Effective staffing

The provider could not demonstrate that staff involved in delivering regulated activities had the skills, knowledge and experience to carry out their roles.

- A 'Practice staff guidance booklet' was available, which guided staff working within the extended access service to the types of appointments that were on offer and who they would expect to access this service.
- The majority of staff we spoke with told us they received emails regarding changes to the service, but this did not include all members of the reception staff. Staff were not aware of the vision and values of the organisation and the provider did not offer one-to-one meetings, appraisals, coaching and mentoring, clinical supervision or support for revalidation. A contractual obligation was in place for staff's employers to provide this. However, this was not monitored, and staff told us their performance in delivering regulated activities for BCA was not discussed nor was any feedback offered.
- We were sent evidence following the inspection that all staff who were directly employed by BCA were up to date with DBS checks and records were maintained of their training.
- The provider subcontracted with a number of organisations for the use of staff. Sub-contracts in some cases, noted the need for suitable training, DBS checks and supervisions. However, the provider was not specific about training requirements, including the expectation of child and adult safeguarding.
- Additionally, a BCA training booklet for staff was available. This detailed the expectations of the provider in terms of training required, however the provider could not assure themselves that oversight of training was maintained. The provider could not evidence a training policy.
- We saw examples of blank templates for practice nurses, GPs and HCAs to confirm DBS checks competencies and training. This document did not include the ability to gain assurance of completed training such as that relating to fire, infection prevention and control and Mental Capacity Act and Liberty Protection Safeguards. The provider could not evidence that these templates were used with staff involved in delivering regulated activities.
- The provider could not demonstrate how they ensured the competence of staff employed in advanced roles by audit of their clinical decision making. The provider could not evidence that there was a clear approach for identifying, supporting or managing staff when their performance was poor or variable. However, when concerns were raised that clinicians were leaving early, we saw evidence that this had been dealt with.
- The provider had an induction checklist which was conducted with all members of staff. Staff we spoke with confirmed that they had completed an induction which met their needs.
- We saw that a policy was in place for the recruitment of BCA staff, this did not extend to sub-contracted staff involved in directly delivering the regulated activities.

Coordinating care and treatment

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

- Staff working in the extended access service had access to each patient's clinical record. All practices whose patients accessed the service shared a common clinical system. Staff were able to view prescribed medicines and correspondence within the patient's record, order further tests or make referrals when appropriate.
- Information was relayed to the patient's own GP via the clinical system. This included the outcomes of clinical tests and screening. We saw that details were entered into the patients' electronic record at the time of the consultation.
- There was a documented approach to ensure the review of blood test results in a timely manner. Results were reviewed daily by an allocated GP and unassigned tasks sent to the patients' GP for action if required.
- Cervical screening results were returned to the patients' usual GP who would take any further action required. However, sample takers working within extended access clinics told us they had safety-netting processes in place and

would monitor that a result was received for each cervical screening sample undertaken. There was an overarching policy in place on cervical screening, but this did not include guidance for staff on safety netting to ensure results were received for all samples taken. The provider could not assure themselves that clinicians who were providing this intervention were appropriately trained and skilled to do so.

- Patients with vulnerability factors were identified via a 'flagging' system on the patient record and could be viewed by staff.
- There were arrangements in place for booking appointments. All appointments were pre-booked by the patient's own GP practice, with same day appointments being available as needed. There were no walk-in appointments.
- Appointments within the primary care streaming service were available to patients who had attended the emergency department, those who had made contact with the out of hours service or who had contacted NHS111.
- When patients were seen in the primary care streaming service, two clinical systems were in use which could not communicate with each other. Clinicians had access to both these systems and, where necessary, transferred information from one system to another. We were told that alerts were visible on both systems and the movement between systems did not cause concern.
- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. Staff communicated promptly with the patient's registered GP so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Helping patients to live healthier lives

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

- The service identified patients who may need extra support and where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The provider could not evidence that Mental Capacity Act (MCA) training was included as part of the mandatory training schedule or demonstrate that this was required of staff who were providing regulated activities. Clinicians told us they supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- As an extended access service and provider of primary care streaming services, the provider was not able to provide continuity of care. However, we saw the service demonstrated a commitment to patient education and the promotion of health and well-being advice.
- Staff and leaders we spoke with demonstrated an understanding of local and wider health needs of patient groups who may attend their services. Clinicians told us they offered patients general health advice within the consultation and if required they referred patients to their own GP for further information.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- The clinical records system used by the provider to access patient notes was accessed with consent from the patient. If patients declined to give their consent, they could not be seen in the services and would be directed back to their own GP for support.

Good

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Senior leaders and staff at all levels of the organisation understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- During the inspection, staff were heard speaking to people in a kind, patient and respectful manner.
- The service gave patients timely support and information.
- For pre-booked patients, administration staff rang them the day before their appointment to remind them of the date and time.
- The provider sent patients who had accessed their service a text message with a link to a patient survey. From 360 responses received between May and July 2021, 90% of patients said they were satisfied or very satisfied with the service they had received.
- Staff working in services were described by patients as caring, friendly and helpful.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. These were accessible throughout the delivery of services.
- Clinicians we spoke with understood the requirements of legislation and guidance when considering consent and decision making.
- Patients' feedback to the service reflected that they felt listened to and supported by staff.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff always respected confidentiality.

Good

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

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

- The provider worked closely with key local stakeholders such as the leads of the local Primary Care Networks, the local hospital and local clinical commissioning group (CCG).
- In conjunction with other stakeholders, the senior leadership team were able to identify unmet needs in primary care provision across the landscape and develop and adapt services to meet the needs of the wider population.
- During the inspection, staff working within services and senior leaders in the organisation displayed that they understood the needs of the population and tailored services in response to those needs.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Alerts such as safeguarding concerns were visible to clinicians within the patient record.
- Care pathways were appropriate for patients with specific needs and visible to consulting clinicians.
- The service had appropriate supplies of personal protective equipment (PPE) and were able to offer this to patients if necessary.

Timely access to the service

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

- Patient feedback from July 2021 was positive and reflected that patients were able to access care and treatment at a time to suit them. The service was described as rapid, prompt and convenient; 85% of patients said they were likely to recommend the service to their friends and family.
- The service operated seven days a week from three hub sites. Appointments were available at all three sites from 6.30pm to 9.30pm Monday to Friday. Patients could also be seen on a Saturday, Sunday and bank holiday at the Picton Medical Centre hub from 10am until 1pm.
- Patients could be directed to the primary care screening service via the emergency department of the local hospital between 12pm and 12am daily.
- During the inspection we saw that waiting times were kept to a minimum, patients were able to maintain social distancing and were seen quickly when they attended the service.
- Appointments were allocated to practices on a 'fair share' basis per 1,000 patients. This was reviewed and monitored to ensure appropriate and equitable access to the service for all patients.
- At the time of our inspection the service offered:
  - 750 GP appointments per week
  - 310 appointments for blood tests with a HCA
  - 96 appointments with a nurse for cervical screening
- Following our inspection, the provider had firm plans in place to introduce a further five hub sites across the city to further enhance access to GP services and promote choice for patients.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- The appointment system was easy to use. Patients would ring their own GP, who would offer an extended access appointment if appropriate.
- Patients who were seen within the primary care streaming service were triaged by a senior nurse as appropriate to attend the service. If the GP within the service felt the patient would benefit from additional support within the emergency department, they were referred back to that team, but did not join the back of the queue.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

The provider told us they took complaints and concerns seriously. Whilst we saw these were responded to appropriately, they could not evidence that information was shared with all staff.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaints policy and procedures were in line with recognised guidance.
- Seven complaints were received in the last year. We reviewed these complaints and found that they were satisfactorily handled in a timely way and letters and apologies were sent to patients as necessary.
- However, the learning from incidents and complaints was inconsistent and dependant on the role the individual held within the delivery of regulated activities, as to what feedback they received. None of the complaints we reviewed contained information of how the lessons learned or changes made to services were discussed and disseminated to the staff working to deliver the regulated activities.

Requires Improvement

Are services well-led?

We rated the service as requires improvement for providing well-led services.

The provider had not established effective systems or processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and staff. For example, the provider did not consistently engage with staff who were delivering regulated activities and was unable to demonstrate oversight of their competencies. The provider did not have an established process to receive, review and act on patient safety alerts.

Leadership capacity and capability

- The provider was open and honest about the challenges of the last year and had worked with other stakeholders to adapt their services to ensure the continuity of patient care during the pandemic.
- Staff who were working to deliver the regulated activities told us they did not have access to managerial support in person during operational hours. They were able to access support from one member of BCA management during service hours and this was described as very responsive.
- Leaders had the experience, capacity and skills to deliver the service strategy. They were knowledgeable about local issues and priorities relating to the quality and future of services but lacked the governance and oversight to safely achieve these.

Vision and strategy

The provider had the vision, values and a strategy to achieve its priorities. However, deficiencies in governance and oversight undermined the provider's ability to achieve their vision.

- The provider vision was, 'to be a collaborative primary care alliance, working with partners, to deliver the health and care system of the future'. The core principles of the organisation were modelled by managers and staff with whom we spoke during the inspection. However, these were not underpinned by the clear monitoring and management of risks. This had the ability to compromise the quality of care provided by the service and impact on its vision, values and strategy.
- The strategy was in line with health and social priorities across the region. In collaboration with the local clinical commissioning group (CCG), the provider looked for opportunities within the health system to enhance the health of the local population and planned the service to meet the needs of patients.
- The provider monitored progress against the delivery of the strategy.
- The provider did not consistently engage with staff working at the hub locations. Therefore, they could not assure themselves that staff felt engaged in the delivery of the provider's vision and values. Not all staff we spoke with during our inspection were aware of the vision or strategy, or their role in achieving them.

Culture

There were gaps in systems and processes which impacted on the ability for the provider to support a culture of high-quality sustainable care.

- Staff felt respected, supported and valued by colleagues and patients. They told us they were confident they were meeting patient needs and enjoyed working within the service.
- A staff survey had been undertaken but this did not extend to the staff working within services. The provider distributed 13 surveys and there were 10 responses. Within the survey, staff were asked if they were provided with the development they needed, including high-quality appraisal and clear development conversations; two staff said they were very satisfied with this, six staff said they were satisfied and two staff said they were neither satisfied or dissatisfied. All staff who completed the survey said that equality and diversity was promoted by BCA.

Requires Improvement

Are services well-led?

- The management team were aware of the requirements of the duty of candour. There was a duty of candour policy in place and we saw that that members of the senior leadership team had completed this training.
- The provider had a whistleblowing policy. However, there was no information about a Freedom to Speak up Guardian, in line with guidance. Not all staff we spoke with knew who the Freedom to Speak Up Guardian was. However, staff we spoke with told us they could and would raise concerns and felt they would be supported if they did so.
- Processes were not in place to provide staff with the development they needed. Staff working within services told us they were not offered appraisal and career development conversations or annual appraisals. The provider did not have oversight of the professional revalidation requirements of clinical staff.
- Clinical staff, including nurses, were not given protected time for professional development and evaluation of their clinical work. Staff told us they would do this when the service was less busy.
- The service actively promoted equality and diversity. Staff told us they had received equality and diversity training from their own practice, but the provider did not have consistent oversight of this. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Staff told us they felt supported by the members of the teams who worked at the hub sites.

Governance arrangements

Throughout the inspection we raised concerns with the provider regarding the governance and oversight of services.

- The senior leadership team had clear roles and responsibilities. However, they could not assure themselves of the safety and security of the staff working to deliver regulated activities, the premises used or that of patients using the service.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- We found the provider did not have all the necessary policies and procedures in place that would be used to support good governance and oversight of the services. For example, a training and recruitment policy for staff delivering the regulated activities and policies to govern health and safety. Some policies were specific to the provider and we were told some policies were site specific. We were not assured that provider communication with staff who worked at hub sites was consistent or effective enough to be able to assure themselves that all staff read and understood all policies.

Managing risks, issues and performance

The provider did not have clear or effective processes for managing risks, issues and performance.

- The service maintained a risk register which highlighted corporate, financial and data sharing concerns. The risk register did not address issues relating to the governance and oversight of premises used to deliver the regulated activities or the staff who were contracted to work within the service.
- The provider had implemented some measures to ensure the safety and well-being of staff. For example, there were two non-clinical staff working at each location for all extended access sessions. Staff told us they felt safe and never worked alone.
- Oversight of the performance of clinical staff who delivered regulated activities could not be demonstrated. The provider did not conduct an audit of their consultations, prescribing or referral decisions.
- The provider could not demonstrate an established system and process to receive, review and act on patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS).

Requires Improvement

Are services well-led?

- There was limited evidence of quality improvement, including clinical audit. The provider evidenced three audits on request; a single cycle antibiotics audit and audits relating to appointment waiting times and utilisation of appointments. There was no programme of quality improvement which would drive the quality of care and improve outcomes for patients.
- The providers had a business continuity plan in place but had not trained staff for major incidents. Staff we spoke with knew the location of the fire evacuation assembly point, but we were told there had been no formal evacuation training.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Performance information was combined with the views of patients.
- Quality and sustainability were discussed in senior leadership meetings, discussions and updates were also held with subcontractors, but this was not discussed or disseminated to staff.
- There were appropriate arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A staff survey was undertaken with members for the team employed by Bradford Care Alliance CIC. Thirteen staff were surveyed and 10 responded. Staff were positive about their experience of working for the organisation
  - 80% (8 responses) of staff felt happy to raise concerns about others behaviour regardless of seniority
  - 100% of staff felt they were encouraged to be open and honest especially when dealing with incidents
  - 80% of staff said they were provided with the development they needed, including high-quality appraisal and clear development conversations. We saw the BCA board members had considered and responded to this feedback.
- Staff who worked at the hub sites to deliver regulated activities did not have a formal route to provide feedback.
- Patient feedback was sought after each consultation and a link was sent to patients post-consultation for completion of feedback in their own time. Feedback from patients was positive: 368 responses were received between March and July 2021, 85% of patients said they would be likely to recommend the service to family and friends. The service was described as prompt, convenient and helpful.

Continuous improvement and innovation

- The provider told us there was a focus on continuous learning and improvement at senior management level within the service and motivation to provide the best care. However, we did not see that this was shared, discussed or understood by staff working to deliver regulated activities.
- The provider had supported primary care services in the city and collaborated with stakeholders to support temporary primary care COVID-19 assessment sites and provide staff. The provider had also delivered COVID-19 testing for a short period of time for GP practice staff and their families. This rapid testing service had helped to maintain the workforce in GP practices. The service was also supporting the COVID-19 vaccination programme.
- The provider had also worked with other federations and the CCG to develop an enhanced primary care paediatric pilot which linked into the NHS 111 services.
- We found concerns with good governance to underpin quality and continuous improvement. The provider did not routinely review the effectiveness and appropriateness of care provided, in relation to best practice guidance.
- There was no programme of continuous clinical audit and learning from incidents and complaints was inconsistent and dependant on the role the individual held within the delivery of regulated activities.

This section is primarily information for the provider

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
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** **The provider had not established effective systems or processes to ensure they were able to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.** In particular: • Effective systems to oversee health and safety issues at all sites were not in place. For example, in relation to emergency medicines, fire safety and infection prevention and control issues. • The registered provider did not have effective systems and processes in place to ensure that policies and procedures were reflective of the service and covered the full range of activity expected of the provider, for example recruitment and training. • The registered provider could not evidence that policies were reflective of the needs of the organisation, effectively shared with, communicated to, or embedded into the team. • The provider could not demonstrate an established system and process to receive, review and act on Patient Safety Alerts. • The registered provider did not have an effective system in place to communicate with staff, seek or act on feedback or to communicate and disseminate outcomes and changes arising from complaints and significant events. • The provider did not have a system in place to provide one-to-one meetings, appraisals, coaching and mentoring, clinical supervision or support for revalidation. • The provider could not demonstrate a programme of quality improvement which would drive the quality of care and improve outcomes for patients.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** **The provider did not ensure that care and treatment was provided in a safe way for service users.** **In particular:** • The registered provider did not have effective processes in place in relation to the management, recruitment, training, appraisal, vaccination status, professional registration and disclosure and barring checks of staff involved in delivering regulated activities. • The registered provider did not ensure that the premises used by the service provider were safe for their intended purpose and used in a safe way. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.