Wembley Park

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

Overall summary

We rated the service as Good overall. It had not been inspected previously.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection of the service commencing with a site visit on 3 March 2022, as part of our inspection programme. This was the first inspection of the service.

Nova Healthcare Solutions Ltd (the provider) was registered by the Care Quality Commission (CQC) in November 2020 in respect of the regulated activity Treatment of disease, disorder or injury. It provides support to NHS GP services under individual contractual arrangements entered into by the practices. This mostly involves a workflow management service to process and code clinical documents received by the contracting practices. In addition, at the time of our inspection it also provided an online triaging of eConsult requests to one contracted GP service.

At this inspection we found:

- The provider had good systems to manage risk. It learned from incidents and took action to improve processes.
- The provider routinely reviewed the effectiveness of the service by regular spot checks and auditing.
- Care and treatment was delivered in accordance with evidence-based guidelines.
- Feedback from service users was positive regarding responsive aspects of the service.
- There was a strong focus on continuous learning and improvement at all levels.

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

- Arrange for the named safeguarding leads to undertake level four training.
- Continue with plans for the regular review of governance policies, system guidance manuals and training materials.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Wembley Park

Nova Healthcare Solutions Ltd (the provider) is a registered company whose registered office is at 71-75 Shelton Street, Covent Garden, London, WC2H 9JQ. It provides a range of mostly administrative support services to NHS GPs under individual contractual arrangements. The provider moved its operational base in September 2021 to offices at Unit A Shams Court, 25 Fulton Road, Wembley HA9 0GA.

The provider is registered by the CQC in respect of the regulated activity Treatment of disease, disorder or injury. The service it provides to contracted practices is for the most part administrative support, involving workflow management and coding of clinical documents received by the practices. The provider offers four levels of workflow management services, each being subject to an agreed trial period. The standard hours of operation are 8:00 am to 4:00 pm, Monday to Friday. In addition, the provider offers a triaging service involving the processing of online consultation tickets generated by patients registered with the contracted general practice using the eConsult online system. This system was widely adopted by the NHS at the beginning of the COVID pandemic. Only this latter service, which at the time of the inspection was limited to one contracted practice, involves any direct contact with patients. Clinical responsibility for patients' healthcare remains with the contracted practice, which includes making any necessary referrals to secondary care.

The provider's staff is made up of two directors, both of whom are doctors registered by the General Medical Council (GMC) and currently working in NHS general practice; a general manager; a processing lead; three medical administrator supervisors; fourteen medical administrators; and an office technician . There are also three medical administrator bank staff. An advanced nurse practitioner was recently appointed, and further recruitment of medical administrators was ongoing at the time of the inspection.

One of the directors is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are "registered persons". Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

How we inspected this service

Before the inspection we gathered and reviewed information requested from the provider. At our site visit on 3 March 2022, we spoke with the provider's two directors, the general manager and the processing lead. We subsequently spoke with the general manger and other staff members using online conferencing.

To get to the heart of service users' experiences, we ask the following five questions:

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

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

Good

Are services safe?

Keeping people safe and safeguarded from abuse

The provider had clear systems, practices and processes to keep people safe and safeguarded from abuse. The workflow services provided to contracted practices included coding matters of potential safeguarding concern.

Safeguarding systems, processes and practices had been developed, implemented and communicated to staff. We were shown the provider's combined policy relating to safeguarding children and vulnerable adults, last reviewed in September 2021. There were named clinical leads for children and adults and arrangements for suitable cover. The provider's general manager maintained an oversight of safeguarding concerns and was responsible for relevant administration. All staff had received suitable training and those we spoke with demonstrated an appropriate understanding of safeguarding issues and their roles and responsibilities. All staff had access to the safeguarding policy and knew how to report a safeguarding concern. We noted and discussed some errors and inconsistencies in the safeguarding policy, which the provider agreed to remedy forthwith.

The doctors had received adult and level three child safeguarding training. Current guidance, as mentioned in the provider's policy, recommends that named safeguarding leads have level four training. The provider agreed that level four training would be provided. Medical administrators had level one safeguarding training. The general manager told us that when their refresher training was due, they would be trained to level two.

Monitoring health & safety and responding to risks

There were adequate systems to assess, monitor and manage risks to safety. The provider's operational base, where managerial and administrative staff worked, was located in modern commercial premises. When working on the limited triaging service, the doctors usually carried out their duties from home. All staff based in the location had received appropriate training in fire and general health and safety. We saw a premises fire risk assessment had been carried out in January 2022. A legionella risk assessment was conducted in January 2021. There was a valid electrical installation certificate and premises insurance cover. We were shown the provider's risk assessment and management record which was used for monitoring.

Staff working from home carried out relevant workstation risk assessments. All staff had received health and safety training relating to the use of display screen equipment.

Services were provided via various standard IT systems used by the NHS, with appropriate encryption, log ins and security measures in place. The provider was registered with the Information Commissioner's Office (ICO) and there was a named Data Protection Officer, as required by that registration. We saw the provider's current Information Governance Computer and Data Security Policy. Staff we spoke with confirmed they had access to the policies.

We saw evidence of the provider's weekly management meetings, confirming a range of topics was reviewed. These included the current state of the business, any learning events and other feedback from contracted practices, recruitment and staffing issues, etc.

Staffing and Recruitment

The services had commenced in late 2020 and the business had grown steadily since then. Staffing levels had increased over that period to meet greater service demands and further recruitment of medical administrators and clinicians was ongoing at the time of our inspection. The provider had systems in place to manage staff absences and busy periods. These were generally effective, although we were told the COVID pandemic and the need for staff members testing

positive to isolate had resulted in occasional shortages. This had had an impact on service provision for a time, but the provider had been able to introduce short term measures to address the issue. There were enough staff to provide cover for the services currently contracted and to prevent the need for staff to work excessive hours. The provider was proactive in monitoring service level demands and was making appropriate provision for ongoing staff recruitment.

The provider had a selection and recruitment process in place for all staff. There were a number of checks that were required to be undertaken prior to commencing employment, such as references and Disclosure and Barring Service (DBS) checks. 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 reviewed six recruitment files which showed the necessary recruitment checks had been conducted.

Staff were subject to a one-month induction and a six-month probationary period. Staff members were supported during their induction period and an induction plan was used to ensure all necessary training processes had been covered. We were told that staff did not begin working with live systems until they had successfully completed several test scenarios and they were subject to ongoing monitoring and spot checks by supervisors.

The provider had systems and processes in place to keep clinicians up to date with current evidence-based practice.

Prescribing safety

The provider had systems to ensure the appropriate and safe use of medicines. Prescribing was very limited, only performed under the eConsult triaging service carried out by the provider for one contracted GP service. It was recorded on the patients' healthcare records maintained by the contracted practice. We were told the treatment and advice was limited to minor healthcare issues. In usual circumstances were a call back or referral to secondary care was needed, the matter was passed back to the practice for actioning. We were shown a record of medications prescribed by the provider's clinicians under the triaging service, which highlighted no concerns.

We saw the provider had various relevant policies, such as medicines management, medicine reconciliation and discharge, prescription compliance and repeat prescribing. We discussed these with the provider and were told they would be reviewed and consolidated to provide clear and concise guidance, should the amount of prescribing increase. The policies stipulated that prescribing would be in accordance with appropriate guidance, such as that issued by the National Institute for Health and Care Excellence (NICE); the British National Formulary; guidance issued by the GMC; the National Service Framework for Older People. No paper forms were used; all prescriptions were issued via the Electronic Prescribing Service to the patients' nominated pharmacies.

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

The provider offered workflow management services at four package levels: Basic; Standard; Premium; and Premium Plus. In all cases, incoming documents were reviewed by administrators, highlighted by colour coding according to type for easy reference, and passed on to the relevant team within the contracted practices for actioning. Code types included actions for GPs; medicines management; secretaries; administration; and safeguarding issues. Under the Standard and Premium packages, additional screening was conducted to confirm matters recorded previously had been actioned appropriately. Under the Premium packages, the provider's clinicians reviewed clinical documents.

The feedback we had from practices was generally positive, although some reported coding errors, what they considered to be delays and omissions in processing. These had been raised with the provider, and remedial action identified.

Good

Are services safe?

As part of the limited eConsult triaging service, the provider's clinicians had access to the patients' records held on the practice system. The provider carried out audits of the triaging to monitor the quality of work.

Management and learning from safety incidents and alerts

The provider learned and made improvements when things went wrong. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The provider had a governance policy and reporting process relating to significant events which was accessible to all staff on a shared system.

We reviewed the eight incidents which had been identified by the provider as significant events. These included incidents initiated by feedback from contracted practices. We found they had been investigated, discussed and remedial measures had been taken to address the issues. Examples included additional training being given to staff members and the introduction of frequent spot checks and ongoing monitoring to assess the quality of their work; clarifying with contracted practices the terms of the contact agreements and precise responsibilities with regard to work volume and timescales; the introduction of process changes, including checklists. The records showed that any trends with reported concerns were identified and acted upon. In addition, the provider used general feedback from practices as learning events to review and monitor service provision. Staff we spoke with confirmed learning events analyses were passed on.

We saw the provider had a robust system for managing safety alerts, such as those issued by the Medicines and Healthcare products Regulatory Agency (MHRA), which recorded action taken and information being disseminated.

Good

Are services effective?

Assessment and treatment

People's needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance. The provider's services to contracted practices relating to workflow management and coding was an administrative one. The eConsult triaging service provided to one practice occasionally included online and phone consultations, but in most cases when contact was warranted the matter was passed back to the practice. Patients' needs were assessed, and care was delivered in line with relevant and current guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence-based practice.

The provider's governance policies made provision for prescribing audits, but none had been carried out due to the very low volume of prescribing to date.

The provider demonstrated the workflow management process to us, and we reviewed 12 randomly selected records, which gave no concern.

Quality improvement

The provider had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the service. The provider routinely sought feedback from the practices at contract review meetings to monitor and improve service provision. Adverse feedback was treated as a learning event, the results being shared with all staff.

In addition, the administrators' work was subject to frequent review and spot checks by supervisors; we reviewed 12 examples, some of which highlighted where improvement could be made, including planned action, such as further training. Staff told us they were given anonymised feedback in such cases. We were shown eight examples of audits conducted by the provider and carried out on a practice by practice basis to further monitor and identify where improvement could be achieved.

We were shown an audit of the eConsult triaging service, provided to one practice confirming its effectiveness was monitored. The feedback we requested from practices was mostly very positive regarding their engagement with the provider.

Staff training

The provider was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

All new staff completed induction training using a number of online systems. This covered a range of topics, including general health and fire safety; safeguarding; information security and governance; and equalities. Workflow management and coding training was provided using both online systems and face to face sessions. Staff were provided with supporting material such as detailed systems handbooks and training material. Those we spoke with said they gave them clear guidance, but we discussed the documents with the provider, concluding they would benefit from review.

The provider maintained a training matrix for monitoring which identified when refresher training was due. In addition to mandatory training, other topics were covered at regular staff meetings. These included any system changes following reviews of learning events and feedback from practices. Staff told us they were notified when governance policies were reviewed and revised and were required to acquaint themselves with any changes. Significant changes were discussed at staff meetings. The policies were available to all staff on the shared IT system.

Good

Are services effective?

Staff had monthly one to one meeting with their managers. We were shown examples of completed record forms. Topics covered included the provider's vision and values; employee welfare; feedback from audits and spot checks; targets; policy reviews; personal development; and health and safety issues. Staff we spoke with said they were able to raise any concerns with managers and were confident they were listened to. In addition to monthly meetings, annual appraisals were carried out in accordance with the provider's performance appraisal policy, which involved 360° feedback. We were shown examples of completed appraisal forms.

There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable. We saw that additional training had been triggered by feedback from practices, for example relating to some coding errors in processed documents.

Coordinating patient care and information sharing

Staff worked together and with other organisations to deliver effective care and treatment. The workflow service was established by the provider to assist practices with administrative work associated with patient care. Feedback we received was generally positive about the service. Some practices told us of issues that had been notified to the provider, which had been treated as learning events, leading to procedural changes and additional staff training.

With the eConsult triage service, clinicians ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Patients were signposted to other healthcare providers where appropriate.

Good

Are services caring?

Compassion, dignity and respect

Most of the services provided did not require direct patient contact. However, staff had received training in topics such as customer care.

The triaging service, using the eConsult system, is currently provided to one practice and sometimes involves direct contact with patients, such as by telephone consultation. We saw evidence this service element was monitored and audited by the provider to bring about improvement.

We received no adverse feedback from any of the practices regarding caring aspects of the services, with most saying the provider engaged well with routine contract management and when any concerns regarding performance were raised.

Good

Are services responsive to people's needs?

The provider organised and delivered services to meet service users' needs

There were no means for the provider to obtain feedback directly from patients, but it took account of feedback from the contracted practices. This was done via regular contract meetings and via dedicated email address. The feedback we received from practices was positive regarding their engagement with the provider, including when any problem issues needed to be raised and addressed.

The provider's standard business hours of 8:00 am to 4:00 pm Monday to Friday. The provider aimed to process workflow documents within 24 – 48 hours of receipt, but this timescale was subject to the individual contractual arrangements with practices, including an assessed and pre-agreed likely volume of documents forwarded to the provider for processing.

The practice for which the provider carries out triaging confirmed that work, including phone consultations, was cleared promptly. EConsult tickets require a 24 to 48-hour response; the provider told us those it triaged were actioned within 2 to 4 hours.

Tackling inequity and promoting equality

The workflow management and coding process provided to practices was intended to reduce the pressure being experienced by GP services, thereby allowing more resources to be concentrated on direct healthcare provision, including to disadvantaged groups.

There was no evidence of discrimination taking place in any element of the services, nor was it suggested in the feedback we received from contracted practices.

Complaints were listened to, responded to, and used to improve the quality of services

The service agreements entered into by the practices contained provision for complaints and dispute resolution, and the provider had an additional complaints policy. The policy contained appropriate timescales for dealing with complaints and guidance on escalating cases.

The feedback we received from practices was that the provider was open and receptive when discussing concerns. The feedback indicated the provider was proactive in addressing any shortcomings. However, some practices had decided not to proceed following the initial trial period and in one case the provider had withdrawn its offer of continuing services due to a disagreement following the trial period.

A few practices informed us of coding mistakes, whilst others had raised issues over what they viewed as agreed timescales for processing documents not being met. The provider told us in such circumstances it sought to work with practices to discuss and agree means of moving forward. There was an indication that staffing levels had initially been insufficient to fully meet service demands, but we saw the provider had recruited more staff over time and further drives were ongoing. Some delay in processing was incurred during peaks in the COVID pandemic, due to staff absence and isolation requirements.

We saw evidence that practices' feedback and concerns were treated by the provider as learning events, being reviewed and leading to service changes and improvements, such as additional staff training and monitoring. In some cases, contract terms were revised following discussion and agreement between the provider and the practice.

Good

Are services well-led?

Business Strategy and Governance arrangements

The provider had a clear vision and credible strategy to work with contracting parties and provide a high-quality responsive service that put caring and patient safety at its heart. We were told of the provider's business plan that covered the next 12 months. This included further recruitment, including of advanced nurse practitioners, and potentially identifying larger premises as office space was currently limited.

There was a clear organisational structure and systems of accountability to support good governance and management. Staff were aware of their own roles and responsibilities. There was a range of service specific policies which were available to all staff. We reviewed a number of these and discussed with the provider some errors, duplication and inconsistencies. However, for the most part they did not relate to the workflow element of the service. The provider confirmed that the policies would be reviewed, revised and consolidated, and sent us a plan of the review schedule. It was also to review the system manuals and staff training material.

There were a variety of regular monitoring checks conducted to ensure a comprehensive understanding of the performance of the service was maintained. These included random spot checks relating to the work of the administrators as well as audits carried out on a practice by practice basis.

Leadership, values and culture

There was compassionate, inclusive and effective leadership at all levels. One of the directors was available to provide daily cover. The provider encouraged candour, openness and honesty. We were told that if there were unexpected or unintended safety incidents, the provider would give service users reasonable support, truthful information and a verbal and written apology. This was supported by an operational policy and by feedback we received from contracted practices.

Leaders demonstrated that they understood the challenges to quality and sustainability. Staff we spoke with were positive about their work and told us leaders were visible and approachable. They felt able to raise concerns without fear of retribution. Staff knew and understood the vision and strategy and their role in achieving them. All staff had received equality, diversity and human rights training. There was a strong emphasis on the safety and well-being of staff.

Managing risks, issues and performance

There were arrangements for identifying, recording and managing risks, for implementing mitigating actions. The provider had assurance systems, which were regularly reviewed and improved, for monitoring performance. When considering service developments or changes, the impact on quality and sustainability was assessed.

We were shown the provider's business continuity plan, which had been reviewed in February 2022. The plan made provision for the service to relocate to other premises in an emergency. It had emergency contact details for staff, services and utilities providers and for the contracted practices.

There were processes to manage performance. The provider had various employments and staffing policies, including disciplinary procedures to deal with performance and behaviour inconsistent with the vision and values.

Safety and Security of Patient Information

Good

Are services well-led?

The provider had effective systems to ensure that all patient information was stored and kept confidentially. There were various relevant policies in place and the provider was registered with the ICO. All staff had received training in information governance and data security.

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making. The provider used data to monitor and improve performance, for example carrying out spot checks and work audits. Performance information was used to hold staff and management to account.

Seeking and acting on feedback from service users and staff

The provider had regular review meetings with contracted practices and comments and concerns could be submitted via a dedicated email address. The feedback we had from practices was positive regarding their engagement with the provider. Where practicable, the provider adapted services to meet service users' requirements and working methods, which may differ between practices.

We saw evidence from the records of one to one meetings and annual appraisals that staff could provide feedback, which was confirmed by those we spoke with. There were regular staff meetings where issues and concerns were openly discussed. Staff felt involved in decisions relating to service improvement.

The provider had a whistleblowing policy in place. A whistle blower is someone who can raise concerns about practice or staff within the organisation. The policy provides protection from victimisation.

Continuous Improvement

There were systems and processes for learning, continuous improvement and innovation. The provider consistently sought ways to improve. All staff were involved in discussions about how to run and develop the service, and they were encouraged to identify opportunities to improvement.

The majority of the feedback we received from practices was positive regarding the workflow service, which had reduced their administrative workload.

There was a quality improvement strategy and plan in place to monitor quality and to make improvements, for example, by seeking regular feedback from service users and by conducting frequent spot checks and auditing. Learning from these sources was shared effectively and used to make improvements.