

Bedford On Call Limited

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?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good Are services effective? – Requires improvement Are services caring? – Good Are services responsive? – Good Are services well-led? – Good

We carried out an announced comprehensive inspection at Bedford On Call Ltd as part of our inspection programme. The service registered in October 2018 and therefore has not been inspected prior to this visit.

The service provides extended access GP services to Bedford and the surrounding areas. Patients are able to pre-book appointments via their registered GP. The service also provides administration support to local multi-disciplinary meetings for GP practices.

The lead clinician 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.

We received 83 CQC comment cards. Most of the CQC comment cards were positive about the availability of appointments outside of working hours and the care and compassion provided by staff. We also spoke with six patients at the time of inspection who all were very pleased with the service provided.

Our Key findings were:

- There was oversight of the risks associated with the service and a comprehensive risk register was held and regularly discussed at management meetings. We saw evidence that mitigating actions had been put in place.
- Staff members were knowledgeable and had the experience and skills required to carry out their roles.
- Infection prevention and control (IPC) and environmental audits been completed at the base practices. There were escalation systems in place to manage any IPC concerns.
- The service had shared care agreements with the base practices and were able to access clinical records of patients.
- The service employed a medical secretary to complete all referrals and liaise with the patients registered GP.
- There were regular service meetings and formal communication with staff via email or a regular newsletter.
- The provider dealt with complaints in an appropriate and timely manner. Learning from complaints was shared with staff.
- The practice made improvements from all significant events and incidents. Learning and changes to practice was communicated to staff.
- Staff told us they felt supported and valued. They were aware of escalation procedures and had access to safety information.
- Patient feedback was used to improve services. Patients were positive about the service provided.

However, we also found:

- Not all staff had received training appropriate to their role, this included safeguarding and infection prevention and control training.
- Clinical audits were single-cycle and of a limited scope however, we saw evidence of an audit schedule and were told further audits were underway.
- Not all staff had received 'one to one' conversations in line with the provider's appraisal policy. Since the service commenced in October 2018, the appraisal process had not been completed yet. However, regular audits of consultations for clinicians were completed and this was fed back to the clinician.

Overall summary

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

- Ensure care and treatment is provided in a safe way to patients.

You can see full details of the regulations not being met at the end of this report.

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

- Continue to complete one to one conversations with all staff and ensure appraisals are completed in line with start dates of staff.
- Continue to conduct quality improvement activities and widen scope of clinical audits.

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. The team included a CQC Inspection Manager, a GP specialist adviser and a practice nurse specialist advisor.

Background to Bedford On Call Limited

Bedford On Call Ltd provides a range of primary medical services, from seven satellite clinics in Bedford and the surrounding towns and villages.

It provides services from these sites, also known as base practices, from 6.30pm to 8pm Monday to Friday. It also provides services from 8.30am to 2.30pm on Saturdays and 8.30am to 11.30am on Sundays and bank holidays. The base practices are registered GP practices.

Patients who are registered at practices within the Bedfordshire Clinical Group (CCG), except for patients in the Chiltern Vale Locality, are able to access a GP or a practice nurse at any of these sites. At least two base practices are open every evening and weekend.

The senior management team consists of a council of directors, a chief executive officer and operational managers. The service also has lead clinicians, nurses and a pharmacist. All management and governance functions are completed at the head office at Elstow Medical Centre, however, no regulated activities are provided from here.

GP practices are able to book appointments with the service through a remote booking system.

Bedford On Call Ltd employ some nursing and reception staff to greet patients at the satellite clinics, other staff, including GPs are contracted on a self-employed basis.

Each base practice has disabled access and parking available and consultation rooms are all on the ground floor. We visited two base practices as part of this inspection.

The practice provides family planning, treatment of disease, disorder or injury, transport services, triage and medical advice provided remotely, and diagnostic and screening procedures as their regulated activities.

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

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

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

Are services safe?

We rated safe as Good because:

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse however, not all staff had received safeguarding or infection control training.

- The service held agreements with the base practices that requested risk assessment documentation such as for fire, security and health and safety. The service had considered what actions to take should these not be provided. They had developed standard operating procedures for each base practice that held all safety information that staff would require.
- The service had appropriate safety policies, which were regularly reviewed and communicated to staff through the intranet. They outlined clearly who to go to for further guidance.
- Staff received safety information from the service as part of their induction and this information was also held at the base practices.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The service had systems to safeguard children and vulnerable adults from abuse, The service was unable to provide evidence that all staff had received up-to-date safeguarding and safety training appropriate to their role. However, staff were able to tell us how to identify and report concerns. All staff were also separately employed at base practices however, Bedford on Call Ltd had not obtained evidence of their mandatory training from their employer practice.
- Nursing staff acted as chaperones, they were trained for the role and had received a DBS check.

- The service had completed infection prevention and control audits (IPC) audits of each base practice and had escalation procedures to highlight any concerns to the base practices.
- The service was not able to provide evidence that all staff had received IPC training. Staff we spoke with had an understanding of IPC procedures and how to escalate concerns,
- The provider ensured that equipment was safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were 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 needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They were able to tell us how to identify and manage patients with severe infections, for example sepsis, however the service was not able to evidence that they had received training in this area.
- The practice used the emergency medicines and equipment which were held by the base practices. The service had considered the reliance on the base practices to provide emergency medicines and equipment and had risk assessed this. They had recently put the mitigating action in place of checking the emergency medicines at the base practices on a monthly basis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place. Self-employed staff were asked to provide evidence of their own insurance.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The service had access to patient notes and systems were in place to prescribe medicines for patients. The service shared information with the patients registered GP following consultation.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. The service employed medical secretary to manage all referrals and we saw evidence that this was completed in a timely manner and urgent referrals were prioritised.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The service did not hold any of its own emergency medicines or equipment and had completed an associated risk assessment for using the medicines and equipment at the base practices. They did not administer vaccinations or hold any other medicines. The service kept prescription stationery securely and monitored its use.
- The service carried out some medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing however, these were single cycle and of limited scope. The service had an audit plan to ensure these were increased in the future.
- The service did not routinely prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they routinely prescribe schedule 4 or 5 controlled drugs. Controlled drugs accounted for 1% of the services prescribing. A single-cycle audit had been completed to review the prescribing practices for controlled drugs.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service had developed standard operating procedures for each base site. These were comprehensive documents that included information regarding health and safety, security and fire.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned not learn and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, the staff identified loose wiring at a base practice that was raised to the practice and rectified. Also, the staff identified that dressings were not consistently available at base practices. They have worked with the practices and the commissioning groups to create a standardised list of dressings that the practice had to provide and to ensure any specialised dressings were with the patient.
- The service held monthly clinical meetings with department leads and locality leads to discuss significant events and incidents. The learning from these and any changes to practice were communicated to the staff using email and a regular newsletter.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- When there was unexpected or unintended safety incidents, the service gave affected people reasonable support, truthful information and a verbal and written apology.

Are services safe?

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional staff.

Are services effective?

We rated effective as Requires improvement because:

- **The practice was not able to provide evidence that all staff were trained in safeguarding, infection control, fire, health and safety or equality and diversity.**
- **Clinical audits were limited and required strengthening. The service told us that repeat audits were underway and we saw evidence of an audit schedule.**
- **Not all staff had received formal 'one to one' support however, regular consultation reviews were completed, and results were discussed with individual members of staff.**

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in quality improvement activity; however, these were single cycle and had limited scope.

- The service had conducted two clinical audits that focused on controlled drug prescribing and the use of antibiotics in treatment of urinary tract infections. These were single-cycle audits and the service had plans to repeat these in the upcoming months. We saw that

actions had been taken in response to these audits, for example reminding staff to use antimicrobial guidelines. The service told us that further clinical audits were underway and we saw evidence of an audit plan.

- We saw that the service completed regular audits of consultations to ensure these were being completed adequately. The results of these were discussed with individual clinicians. Any themes or trends were communicated with the wider organisation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles however, the service was unable to provided evidence that staff had received appropriate additional training, such as safeguarding training.

- The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. However, the service was unable to provide evidence that staff had received all relevant training, including safeguarding and infection prevention and control.
- The service maintained some records of staff qualifications and skills. A skill set was available to staff booking appointments to ensure that patients were booked with the most appropriate clinician.
- Staff whose role included reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.
- The service had an appraisal policy in place to complete appraisals for staff who had been in post for over twelve months. Some 'one to one' conversations had taken place however, not all staff had not had this formal support. Regular audits of consultations were completed, and results were fed back to individual staff.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with,

Are services effective?

other services when appropriate. The service had a dedicated medical secretary who would complete all necessary referrals and ensure that the registered GP was made aware of any actions taken. This medical secretary also ensured all urgent appointments were made on the patient's behalf and monitored all patient correspondence for additional actions needed.

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. This was highlighted to the service when appointments were booked by the base practices.

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved. However, due to the nature of the service patients with learning disabilities were rarely seen.
- Staff communicated with people in a way that they could understand, for example, communication aids were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

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

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. They provided both evening and weekend appointments for patients in the Bedfordshire locality.
- The provider had seven sites across the area where patients could see clinical staff such as GPs, advance nurse practitioners, nurses and healthcare assistants.
- The facilities and premises were appropriate for the services delivered. Any issues with the base practices was escalated to the practices themselves to resolve. We saw evidence of this communication and issues being resolved.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others for example, all consultations were held on the ground floor.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment. The service aimed to provide a seamless service with patients registered GP's and reduce pressure on their appointments.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- Patients booked appointments through their registered GP. Patients we spoke to told us that the availability of appointments was convenient, and they could often get appointments on the day.
- Referrals and transfers to other services were undertaken in a timely way. The service had a dedicated medical secretary who completed all referrals for the clinicians and corresponded with the patients registered GP. Clinicians had administration time within their clinics to complete any additional follow up work.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaints policy and procedure in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, a complaint regarding a test result was discussed with the clinician and the need to fully document results was communicated to all staff.
- Complaints were regularly discussed at clinical meetings and learning and service changes were cascaded to staff via email or the service newsletter.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. They held a comprehensive risk register and recorded all potential challenges and what mitigating actions had been put into place.
- Leaders at all levels were approachable. Management staff visited the base practices on a regular basis and a member of this team was available via the telephone whenever a base practice was opened. Staff told us they felt able to contact management teams if they had any concerns or needed support.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff, including base practice staff and sessional staff, were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients and aimed to improve access for all patients. A core part of their service was also to support the registered GPs in the locality.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The service had an appraisal policy in place and the service had plans to appraise all staff once they have been in post for over twelve months. Not all staff had received regular one to one conversations. We saw evidence that the service had commenced a programme of completing these. Staff told us they felt supported throughout induction and throughout their work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The risk register was regularly updated and discussed at management meetings. We saw evidence that practice was changed to reduce these risks.

Are services well-led?

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, which was completed on a regular basis. Feedback from this was given to individual clinicians and themes and trends were identified for wider dissemination.
- Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents. Information regarding this was held at the head office and within the operating procedures at each base.
- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- The service regularly conducted patient satisfaction surveys and acted on this feedback to improve care. For example, patients told them that they were unaware that they were accessing a separate service to their registered GP and therefore the service provided additional training to base practices for appointment booking.
- Staff could describe to us the systems in place to give feedback and the service had conducted a staff survey. The service understood the challenges of getting staff feedback as they had a large group of dispersed and sessional staff. Suggestions from the staff survey had been acted upon, for example a 'message of the day' had been added to the staff intranet system.
- The service was transparent, collaborative and open with stakeholders about performance and had produced a quality report for the commissioning group.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses or challenges.
- The service submitted data or notifications to external organisations as required.
- There were robust 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.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement, for example the patient-facing website had been re-launched and made easier to navigate.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements, for example, they changed the text reminder system to ensure patients were reminded about their appointments.
- There were systems to support improvement and innovation work. The provider had plans to increase the service offered and had been working with base practices to start a sexual health and NHS healthcheck provision in 2020.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Not all staff had received training in safeguarding, infection prevention and control, fire, health and safety or equality and diversity. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>