Primecare - Primary Care - Birmingham

Quality Report

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection on 27 August 2017 to confirm that the provider had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 28 March 2017 and 29 March 2017.

This inspection was undertaken to follow up on a Notice of Proposal to cancel registration we issued to the provider and the registered manager in relation to:

- Regulation 17: Good governance.

Summary of findings

The provider received an overall rating of inadequate following our inspection on 28 March 2017 and 29 March 2017 and this will remain unchanged until we undertake a further full comprehensive inspection within six months of the publication date of the report.

We issued a Notice of Proposal to cancel registration and this report only covers our findings in relation to the areas identified in the Notice of Proposal as inadequate during our inspection in March 2017. You can read the full report from most recent comprehensive inspection during March 2017, by selecting the 'all reports' link for Primecare – Primary Care – Birmingham on our website at www.cqc.org.uk.

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

- The provider had had taken action to address the areas identified in the Notice of Proposal to cancel registration, and had made improvements in relation to each of these.
- The provider had a clear vision and values and staff were aware of and engaged with these.
- There was a clear staff structure which included responsibilities and lines of reporting.
- The provider had implemented a process for responding to nationally-recognised guidance.
- The provider had implemented revised, comprehensive arrangements for keeping patients safe.
- Arrangements were in place for managing risks relating to premises, vehicles and equipment.
- There were suitable processes for managing medicines, including storage, transport, disposal and record keeping.
- The provider demonstrated a comprehensive understanding of their performance and quality.
- Arrangements for responding and acting upon patient and staff feedback had improved.
- The provider demonstrated a focus on continued service improvement.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Primecare - Primary Care - Birmingham

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. During this focused inspection we visited the provider's head office and two of the primary care centres (Sandwell General Hospital and Neptune Health Centre).

When we visited the head office the team included a GP specialist advisor. When we visited the two primary care centres the team included a GP specialist advisor, a practice manager specialist advisor and a second CQC inspector.

Background to Primecare - Primary Care - Birmingham

Primecare – Primary Care – Birmingham provides primary care medical services outside usual GP practice working hours (out-of-hours or OOH). The provider holds contracts to provide out-of-hours services with two Clinical Commissioning Groups (CCGs). These are Sandwell and West Birmingham CCG, and Birmingham Cross City CCG. The population covered by these two CCGs is approximately 1.25 million people. Data from Public Health England showed deprivation in the area served is higher than the national average.

The population is ethnically diverse. Just over half the population are white British and approximately one quarter are Asian or Asian British (who form the largest minority ethnic group).

The provider contracts directly with a small number of GP practices who have retained contractual responsibility for providing their own out-of-hours provision for their patients. Patients access the out-of-hours service by using the NHS 111 telephone service.

Patients may also contact Primecare – Primary Care – Birmingham directly if their GP has subcontracted with them to provide primary medical services when their GP is closed.

The main office for Primecare – Primary Care- Birmingham is at Crystal Court. This is where telephone calls are received and triaged. Patients who need to be seen by a clinician are seen as a home visit or are referred, by appointment, to one of the three primary care centres located in Birmingham and Sandwell. They include:

- Sandwell General Hospital, All Saints Way, B71 1RU
- Neptune Health Centre, Sedgley Road West, Tipton DY4 8PX
- Broadway Health Centre, Cope Street, Birmingham, B18 7BA

Each primary care centre is open in the evening Monday to Friday, and all weekends and bank holidays. Home visits and telephone consultations take place throughout the out-of-hours period.

Staffing typically consists of a GP and a receptionist at each primary care centre; three GPs and three drivers for home visits and, at the call centre, a duty manager and between two and four telephone clerks.

The provider's out-of-hours service is mostly GP-led. There are approximately 109 clinicians who contract with

Detailed findings

Primecare – Primary Care – Birmingham either on a sessional basis or through an agency. Approximately 45% of the GPs are regular locums. The provider also employs one Advance Nurse Practitioner.

The provider was previously inspected as a pilot site for the new CQC inspection methodology in March 2014 where we identified concerns relating to medicines management and the management of complaints. No ratings were given during the pilot inspections. The provider was re-inspected in April 2015 and rated requires improvement. Although there had been improvement in some areas, we identified a number of issues, including in relation to medicines management and local governance arrangements.

We carried out an announced comprehensive inspection on 28 March 2017 and 29 March 2017.The provider received an overall rating of inadequate and we issued a Notice of Proposal to cancel registration on 22 May 2017. This was as a result of finding that the provider was not meeting relevant requirements in relation to good governance.

Why we carried out this inspection

We carried out an announced focused inspection of this provider under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out to check that improvements had been made to meet legal requirements in respect of good governance following our comprehensive inspection on 28 March 2017 and 29 March 2017.

The areas identified in the Notice of Proposal to cancel registration as being carried on otherwise than in accordance with the relevant requirements were as follows:

- There was no system for responding to and acting on safety alerts received, and no records were maintained of any actions taken.
- Arrangements to safeguard children and vulnerable adults from abuse were inadequate. Contact and referral details for safeguarding agencies were not readily available to staff.
- The provider did not undertake appropriate checks of drivers who also acted as chaperones on home visits. Drivers did not have Disclosure and Barring Service (DBS) checks in place to identify whether they had a criminal record or were on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- Some of the staff responsible for premises management were not aware of the cleaning arrangements at the primary care centres.
- The provider had not addressed actions they had identified in their infection control audits and there was no infection control lead for the out-of-hours service.
- There was no asset register in place to ensure items requiring portable appliance testing (PAT) or calibration were not missed.
- There were insufficient processes for checking clinical equipment and some items were past their expiry dates.
- Emergency equipment was not consistently available when needed.
- The provider did not have appropriate systems in place for the safe transportation of controlled drugs, and the controlled drugs register did not meet the requirements set out in the Misuse of Drugs Regulations 2001.
- We found that medicines and prescriptions held at the primary care centre located at Sandwell General Hospital were not secure, and the log of prescriptions used was missing.
- We found weaknesses in the provider's systems for assessing, monitoring and improving the quality of the service provided, and discrepancies in the reporting of National Quality Requirements (NQRs) for out-of-hours services.
- The provider had not completed any full-cycle audits where improvements were implemented and monitored.
- There had been no discussions or actions taken in response to feedback from patient surveys.
- There were no systems for obtaining assurance that legionella, fire and COSHH risk assessments had been completed at the primary care centres.
- There were no effective systems for discussing local performance and identifying actions needed to deliver service improvements.
- There were no formal systems in place for ensuring important information was shared with staff.
- The provider did not hold any staff meetings or have suitable alternative arrangements for the routine sharing and disseminating information with staff.

Detailed findings

- The provider was not able to make available to us details of organisational, staffing, management and governance arrangements.
- The provider had failed on previous occasions to demonstrate good governance and compliance against Health and Social Care Act 2008 (Regulated Activities) and adequately to respond to the requirement notices we previously issued. This was evidence of a history of failing to respond adequately to serious concerns raised by CQC.

How we carried out this inspection

Following our comprehensive inspection on 28 March 2017 and 29 March 2017, we issued a Notice of Proposal to cancel registration to the provider. We carried out an announced focused inspection on 17 August 2017 to check that improvements had been made to meet legal requirements in respect of good governance.

Are services safe?

Our findings

During our focused inspection on 17 August 2017 we found the provider had taken proactive steps to address the areas in relation to providing safe services, as set out in the Notice of Proposal to cancel registration issued to the provider.

When we inspected in March 2017 we found that the provider had not implemented systems and processes sufficiently to provide safe services. These areas included:

- Responding to safety alerts.
- Safeguarding children and vulnerable adults from abuse.
- Carrying out appropriate checks for staff.
- Infection prevention and control.
- Managing equipment, premises and medicine.

We found these areas had improved when we undertook a focused inspection on 17 August 2017. The service had implemented a dedicated turnaround team since the inspection in March 2017. This team included senior personnel and was tasked with identifying, implementing and overseeing improvements judged necessary following the Notice of Proposal to cancel registration. The team had produced a detailed action plan and was reporting on progress against actions on a weekly basis. This included updating stakeholders including the Clinical Commissioning Groups (CCGs).

Safe track record and learning

- The provider had implemented a process for responding to nationally-recognised guidance, such as patient safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), during July 2017. The provider could evidence who was responsible for responding to, sharing and logging alerts. We saw records of alerts received plus who these had been sent to, actions carried out, outstanding actions, and dates. Staff we spoke with were aware of the process, including clinical and non-clinical staff at the primary care centres.

Overview of safety systems and processes

- The provider had implemented revised arrangements for keeping patients safe. There was a documented safeguarding process which included dedicated safeguarding leads, a safeguarding flowchart for use by all staff, and a set of instructions for staff relating to how to respond, document and share information relating to safeguarding concerns. The provider was arranging to carry out audits of their safeguarding arrangements to provide them with assurance that these were being implanted appropriately. There was a range of supporting policies (for example a mental capacity policy) which had all been updated in 2017. All information was available to staff on the provider's intranet system. Staff we spoke with demonstrated awareness of safeguarding arrangements and who to contact if they had any concerns. All staff who came into contact with patients (including drivers and those acting as chaperones) had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The provider had put in place revised infection prevention and control (IPC) arrangements. There were dedicated IPC staff leads and this information was available to staff on the provider's intranet system. There was a revised documented process for managing sharps boxes which included assembly, labelling, transport, destruction, and health and safety implications. The provider had signed a contract in May 2017 with a specialist infection control company who were commissioned to provide support including training, audit tools, advice and guidance, updates, and record keeping. The provider had an IPC workbook and supporting manual available to all staff. The provider demonstrated an increased IPC training completion rate (from 65% of staff at the previous inspection to 75%) with more staff scheduled for IPC training and updates.
- Suitable arrangements for managing medicines (including controlled drugs) were in place. This included systems for ensuring the safe and secure transportation of controlled drugs using a dedicated bag. The controlled drug register met the requirements set out in the Misuse of Drugs Regulations 2001. All medicines were stored securely. The provider had implemented an updated process in February 2017 to which provided an effective audit trail of medicines, including logging on the provider's computer system.

Are services safe?

Monitoring risks to patients

- The provider had implemented revised arrangements for managing risks relating to premises. We saw that there were sufficient arrangements for managing risks relating to the premises used by the provider as primary care centres. Risk assessments for fire, Legionella (a type of bacteria which can contaminate water systems in buildings) and Control of Substances Hazardous to Health (COSHH) were documented for each of the primary care centres. We saw full details of cleaning arrangements (including daily and weekly cleaning schedules) for each of the primary care centres. This information was available at the head office and at each primary care centre.
- We saw there were revised equipment and vehicle management and monitoring processes in place. This included a full register of all equipment (including emergency equipment) across each primary care site and in all vehicles. All equipment had been tested and calibrated (where applicable) in June 2017 and there was adequate record keeping. Subsequent tests for all equipment were scheduled annually. The provider had implemented a new governance process in August 2017 for checking vehicles and the equipment in vehicles. This included a driver checklist, weekly manager checks, and monthly clinical services manager checks. A revised equipment bag checklist was implemented in June 2017 which included cleaning instructions. There was a new vehicle decommissioning process for when a vehicle should be no longer used. We reviewed samples of completed checklists and saw these had been completed appropriately.
- The provider had implemented a revised process dedicated to managing emergency equipment. This included full lists of equipment, its location, and details of checks and calibration carried out. All emergency equipment we checked at the primary care centres was present and had been checked and calibrated appropriately, with suitable records kept.

Are services effective?

(for example, treatment is effective)

Our findings

During our focused inspection on 17 August 2017 we found the provider had taken proactive steps to address the areas in relation to providing effective services, as set out in the Notice of Proposal to cancel registration issued to the provider.

When we inspected in March 2017 we found that the provider had not implemented systems and processes sufficiently to support the provision of effective services. These areas included:

- Monitoring service performance and quality.
- Quality improvement, including clinical audit.

We found these areas had improved when we undertook a focused inspection on 17 August 2017. The service had implemented a dedicated turnaround team since the inspection in March 2017. This team included senior personnel and was tasked with identifying, implementing and overseeing improvements judged necessary following the Notice of Proposal to cancel registration. The team had produced a detailed action plan and was reporting on progress against actions on a weekly basis. This included updating stakeholders including the Clinical Commissioning Groups (CCGs).

Management, monitoring and improving outcomes for people

- The provider demonstrated a comprehensive understanding of their performance. This included providing evidence of improved recording and reporting of National Quality Requirements (NQRs). All providers of out of hours services are required to comply with NQRs which are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to the Clinical Commissioning Group (CCG) on their performance against standards. The provider had reviewed NQR data and identified previous errors in recording and reporting data which they had then rectified. The provider had revised their approach to investigating shortfalls in NQR performance in August 2017, and this approach clearly set out actions, staff responsibilities, and governance.Dedicated performance review meetings took place internally as part of clinical governance, and performance was also discussed and was a standing agenda item at monthly team meetings since February 2017. From July 2017 team meetings had also included consideration of audit, incidents, and significant events.
- The provider had completed a full, two-cycle audit in July 2017 (into the use of antibiotics) and had shared the findings locally and across other Primecare sites. The provider was subsequently carrying out a further audit into patient consent at care homes and results were due to be published in September 2017, with plans to repeat this in late 2017. The provider had started using clinical governance meetings to drive decisions relating to which audits to carry out, and to discuss audit findings.

Are services well-led?

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

Our findings

During our focused inspection on 17 August 2017 we found the provider had taken proactive steps to address the areas in relation to good governance, as set out in the Notice of Proposal to cancel registration issued to the provider.

When we inspected in March 2017 we found that governance arrangements were neither robust, nor effectively or consistently implemented. There were inadequate arrangements, processes and systems relating to a number of areas. These areas included:

- Patient safety including responding to safety alerts, safeguarding, infection prevention and control, and managing equipment, premises and medicine.
- Monitoring service performance, quality and improvement, including clinical audit.
- Communicating and sharing information with staff.
- Managing and responding to patient feedback.

We found these areas had improved when we undertook a focused inspection on 17 August 2017. The service had implemented a dedicated turnaround team since the inspection in March 2017. This team included senior personnel and was tasked with identifying, implementing and overseeing improvements judged necessary following the Notice of Proposal to cancel registration. The team had produced a detailed action plan and was reporting on progress against actions on a weekly basis. This included updating stakeholders including the Clinical Commissioning Groups (CCGs).

Vision and strategy

At our previous inspection in March 2017 we found that staff were unable to describe any specific vision or values for the service. We found this had improved when we undertook a focused inspection on 17 August 2017.

The service had clear vision, which was to deliver high quality, innovative and cost-effective services to meet the needs of patients. This was supported by a number of values including respect and dignity, teamwork, customer focus, quality, innovation and communication. Staff we spoke with at the head office and primary care centres demonstrated they were aware of the vision and values, and could describe what these meant to them in their work. For example reception staff at the primary care centres told us how they tried to deliver the best quality care based on respect and honesty for all patients. Each of the staff we spoke with demonstrated that they were engaged with the work of the service.

Information relating to organisational vision and values (leaflets and posters) was available at the primary care centres. Information was also easily accessible on the provider's intranet system. Organisational values had been added as a standing agenda item at team meetings.

Governance arrangements

At our previous inspection during March 2017, we found that governance arrangements were neither robust, nor effectively or consistently implemented. There were wide-ranging inadequate arrangements, processes and systems relating to a number of areas.

At our focused inspection on 17 August 2017 we found the service had implemented a wide range of actions which had resulted in improvements in governance. The service had worked towards implementing a comprehensive governance framework, and was continuing to embed improvements and monitor progress. Service staff at all levels of the organisation were given responsibility for specific areas and this was supported by oversight from senior managers. There was evidence of a cultural change within the organisation including a positive and transparent approach to organisational performance and improvement.

- There was a clear staffing structure which included lines of reporting and responsibilities. The provided had recruited to posts that were not filled at the time of the previous inspection during March 2017. The provider was able to submit a full, current organisational chart. Staff were aware of their own and each other's roles and responsibilities.
- Current, practice-specific policies and procedures were in place, and these were easily accessible to all staff. Staff demonstrated they were aware of their content and where to access them. We saw evidence of effective version control of documents, and all policies we saw had been reviewed and updated in the last two years as required by the organisation's policy. Where processes or policies were changes, we saw staff had been updated by email, in a staff newsletter and as part of meetings where minutes had been taken.

Are services well-led?

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

- The provider had implemented a process for responding to nationally-recognised guidance, such as patient safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), during July 2017.
- There were comprehensive revised arrangements for keeping patients safe.
- The provider had implemented revised arrangements for managing risks relating to premises. We saw that there were sufficient arrangements for managing risks relating to the premises used by the provider as primary care centres.
- The provider had put in place revised infection prevention and control (IPC) arrangements.
- We saw there were revised equipment and vehicle management and monitoring processes in place.
- The provider had implemented a revised process dedicated to managing emergency equipment.
- Suitable arrangements for managing medicines (including controlled drugs) were in place. This included systems for ensuring the safe and secure transportation of controlled drugs using a dedicated bag. The provider had implemented an updated process in February 2017 to which provided an effective audit trail of medicines, including logging on the provider's computer system.

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

At our previous inspection during March 2017, we found that staff were unable to demonstrate how patient or staff feedback were used to support service improvement. There was no evidence of any discussions or actions taken as a response to patient surveys, nor any examples of where staff feedback had resulted in any changes.

At our focused inspection on 17 August 2017 we found arrangements for responding to feedback had improved:

- Patient feedback was a standing agenda item at monthly clinical governance meetings. All complaints were logged as incidents, and we saw evidence of trends analysis of feedback and subsequent discussions at meetings. Findings and learning points were shared with staff within team meetings and as part of a staff newsletter. Staff we spoke with at the head office and primary care centres demonstrated awareness of the patient feedback process and patient feedback trends. We saw patient feedback forms and information leaflets on display at the primary care sites we visited. We observed staff handing out patient feedback forms to patients at the primary care centres.
- The provider used team meetings to gather staff feedback and shared findings as part of the staff information newsletter. Governance and team meeting minutes were also shared with all staff, including sessional and agency staff. Staff told us they were invited to give their views as part of their appraisal process or during meetings. Staff we spoke with at the primary care centres told us they felt more engaged and supported since earlier in the year, and as such they now felt more motivated to give their views.

Continuous improvement

We found the provider had focused on delivering service improvement following our previous inspection during March 2017. At our inspection on 17 August 2017 we found the service had implemented a dedicated turnaround team and had produced a detailed action plan and was reporting on progress against actions on a weekly basis.