Extra Care Blaydon

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?	Requires improvement
Are services effective?	Good
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 at this inspection are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Extra Care Blaydon on 23 October 2018 as part of our current inspection programme.

At this inspection we found:

- The service had some systems in place to manage risk so that safety incidents were less likely to happen. However, they did not have a system to ensure that patients referred back to their own GP practice for referrals and tests were being referred or receiving the appropriate tests.
- The service routinely sought feedback from staff, patients and stakeholders on the effectiveness and appropriateness of the care it provided. Feedback was consistently high.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that were able to access care quickly when they needed it.
- There was a focus on continuous learning and improvement at provider level.

However, there were areas where the provider should make improvements. The provider should:

- Strengthen the arrangements to alert a patient's own GP when a patient requires further investigation or referral to another service.
- Embed the information governance requirements for clinical staff into induction and information/guidance packs.
- Continue with plans to develop a more formal and effective channel of communication and engagement with clinical staff which includes dissemination of learning from complaints, significant events and clinical audits as well as implementation of best practice guidance.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser.

Background to Extra Care Blaydon

Newcastle & Gateshead CCG has commissioned the provider (Community Based Care (CBC) Health Ltd) to provide additional appointments with GPs and nurses outside of normal GP practice hours at two extended access facilities (Extra Care Blaydon and Extra Care Central Gateshead). CBC Health Ltd. was founded in 2006 as a not-for-profit member organisation

The extra care services offer 15-minute pre-bookable, routine primary care appointments with a range of clinicians including GPs and nurses to patients already registered with any of the 30 GP practices in the Gateshead area (total patient population 222,000). They do not offer appointments for:

- Patients with long term conditions, or chronic diseases, where the reason for the appointment is directly related to their condition should be booked into the service.
- Patients with complex mental health issues, where the reason for the appointment is directly related to their condition.
- Cases of alcohol or substance misuse.
- Patients who require a sick note.
- Repeat medication requests.
- Patients who might require an onward referral.
- Patients who have not agreed to "data sharing".
- Patients who are known to be aggressive/violent.
- Nurse appointments for patients under 18 years of age
- Patients on maggot therapy

The services operate from 8am to 8pm on a Monday to Friday and from 9am to 2pm on a Saturday and Sunday.

To book an appointment the patient must first contact their own GP practice. Receptionists will then consider whether an appointment at an extra care facility is appropriate based on guidance and criteria issued by the provider. Walk in appointments are not available and patients cannot book directly with the extra care services.

When patients attend the extra care facilities for an appointment they are asked for consent to access their patient record.

All administration and support functions are delivered by a bank of non-clinical staff employed by CBC Health who work at the two GP practices from where the extra care services are delivered (Blaydon GP Led Surgery and Central Gateshead Medical Group).

CBC Health also holds the contracts for several GP practices in the Gateshead area (Crawcrook Medical Centre, Rowlands Gill Medical Centre, Blaydon GP Led Surgery, Grange Road Medical Practice) as well as the contract for the local out of hours service (Gatdoc). In addition, they:

- Provide back office support to a number of GP practices (including HR functions, health and safety and long-term condition recalls) under their 'bureau'
- Provide pharmacy support to the majority of GP practices in the Gateshead area to aid medicines optimisations under their 'Pharmicus' arm.
- Run the local GP federation.

Requires improvement

Are services safe?

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

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The service had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The service carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The service had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.
- Clinicians working for the service were not issued with an NHS smartcard (a card used to access NHS computer systems). Instead they accessed the computer system and subsequently patient records using a secure sign on and password. Clinicians we spoke with told us that they would always lock their computer screen before leaving the room. However, we did not see any evidence of information governance requirements being embedded into induction or staff guidance/information packs.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. Clinicians who worked for the service used a web based application to see what sessions were available and indicate which sessions they could work. GP practices were only able to book appointments for their patients if the sessions were covered. Receptionist cover during weekdays was provided by staff employed by the two GP practices where the extra care facilities were based (Blaydon GP Led Surgery and Central Gateshead Medical Group). Bank reception staff were used to cover weekend sessions.
- There was an effective induction system for staff tailored to their role. A comprehensive induction and information pack was available for clinical staff who worked at the extra care facilities, including locum and sessional GPs.
- The service was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Emergency medicines and equipment were available and systems were in place to ensure expiry dates were checked on a regular basis.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. They had received training to help them identify the signs of sepsis. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- The 30 GP practices in Gateshead who could book appointments for patients at the extra care facilities were aware that there they should not book extra care appointments in certain circumstances. This included patients who may require an onward referral or those with long term conditions, or chronic diseases, where the reason for the appointment is directly related to their condition. Due to the nature of the extra care service any patient who required a referral to a secondary care service or tests were sign posted back to their own or 'home' GP practice (with the exception of some swabs or urine tests for microbiology testing which were carried out at the extra care facilities). Their records were updated accordingly and patients were told to follow this up with their own GP practice. However, there was no effective system in place to alert the patient's own GP that the patient required further investigation or referral to another service. The exception to this was where extra care GPs felt patients needed an urgent referral for suspected cancer under the two-week wait rule (2WW). In these circumstances

Requires improvement

Are services safe?

the consulting GP would put a note on the patients record and ask the receptionist to alert the patient's usual GP practice the following day (or on the following Monday if the consultation had taken place on a Saturday or Sunday) that a 2WW referral was required.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Appropriate and safe use of medicines

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

- The service carried out audits to monitor the prescribing of antibiotics. However, despite antibiotic audits carried out in both 2015 and 2018 showing that over half of all antibiotic prescribing was not in line with best practice guidance there was no evidence of the outcome of the audit being shared with clinical staff or individuals whose prescribing may be causing concern.
- A pharmacist employed by the provider worked with the extra care facilities on a regular basis to support practice staff with medicines optimisation, safe and cost-effective prescribing
- The provider had a comprehensive policy in place to govern the monitoring of high risk drugs in line with national guidance. Pharmacists employed by the provider were heavily involved in ensuring there was appropriate monitoring of high risk drugs.
- An effective process was in place to manage and store emergency medicines. The extra care facilities did not stock any medicines or vaccines requiring refrigeration.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- Responsibility for ongoing monitoring of a patient's health in relation to the use of medicines was the responsibility of the patients own GP practice.

Track record on safety

The service had arrangements in place to ensure safety.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- 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 provider identified themes and took action to improve safety in the services they delivered. However, we were not assured that they were effectively sharing learning from incidents, significant events or clinical audits with clinical staff.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Good

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The provider and service had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- There was no opportunity for clinical staff employed by the service to meet regularly to formally discuss matters such as implementation of updated best practice guidance. The registered manager told us that clinical staff could attend regular 'time in, time out (TiTo)' sessions hosted by the local clinical commissioning group. They were also able to contact the provider's clinical lead for advice and guidance and also had access to their pastoral GP. The role of the pastoral GP was to provide GPs with a confidential advice and support service if they were feeling stressed or under pressure. GPs employed by the provider also had access to a social media application where they could seek advice and guidance from other GPs and the clinical lead. The provider also produced quarterly clinical governance bulletins. The last clinical governance bulletin issued in Spring 2018 gave clinicians updates on patient feedback, policy updates and management of patients with certain conditions.

Monitoring care and treatment

Due to the nature of the service they did not participate in the Quality Outcomes Framework (QOF) scheme as the service was not designed to treat patients for long term, chronic or complex mental health conditions. The provider therefore relied on audits and feedback from patients, GP practices, GPs employed by the service and commissioners to monitor the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The most recent results of the friends and family test relating to the period July 2018 to September 2018 showed that 97% of patients who had used an extra care service rated their experience as being either good, very good or excellent.
- Feedback from the 30 Gateshead GP practices who used the service and the local clinical commissioning group was good.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had the appropriate knowledge, qualifications and training for their role.
- Up to date records of skills, qualifications and training were maintained.
- The service provided staff with ongoing support. There was a comprehensive induction programme for new staff. However, clinical staff were not given the opportunity of an annual appraisal although the GPs went through the GP appraisal programme and nursing staff were appraised as part of their substantive post. The registered manager told us they were in the process of developing an appraisal schedule for their salaried GPs but at present this would not include regular sessional staff or nurses.
- Clinical staff were not given the opportunity of regular meetings and we were not assured there was an effective channel of communication to share information such as updated best practice guidance or learning from significant events. We were told that communication would improve with the introduction of Share Point (a web based document management system) scheduled for January 2019.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

Good

Are services effective?

- The service identified patients who may be in need of extra support and directed them back to their own GP practice for a referral to relevant services. This included patients at risk of developing a long-term condition.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed care or treatment with patients as necessary.

Consent to care and treatment

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

- Patients were informed that they would need to consent to clinicians at the extra care facilities accessing their medical record when booking an appointment.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- Feedback from patients who completed CQC comment cards indicated that patients felt they were treat with kindness, respect and compassion.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and dignity

The service respected patients' privacy and dignity.

- A notice was displayed in the waiting rooms of both surgeries used by the extra care service advising patients that they could request a discussion in private if they preferred to do so.
- Staff recognised the importance of people's dignity and respect.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

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

- The provider understood the needs of the population of Gateshead and had tailored services in response to those needs. For example, they delivered extended access to GP appointments to support the 30 GP practices in the Gateshead. In addition, and at the request of the local clinical commissioning group, they delivered a weekend wound dressing service to alleviate pressure on secondary care services
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients was coordinated with their own GP practice.

Timely access to care and treatment

Patients were able to access care and treatment at the extra care facilities within an acceptable timescale for their needs.

- The extra care service provided patients with timely and extended access to GP appointments as well as access to a weekend wound dressing service.
- Any remaining weekend appointments that were not booked by GP practices by close of business on a Friday afternoon were made available for use by the local out of hours service. The provider was also in the process of implementing computer software to allow the NHS 111 service to book appointments for patients who needed a consultation.
- Patients who completed CQC comment cards reported that they were satisfied with the length of time they waited for an appointment, choice of time and punctuality of the appointment.
- Patient feedback from the most recent friends and family test (July to September 2018) showed that 97% of patients who responded to the survey thought the service they received was either good, very good or excellent.

Data provided by CBC Health Ltd (the provider) showed that the extra care services had:

- Made 2140 extra care appointments available during the period April to June 2018 (1834 GP appointments and 306 nurse appointments. 90% of the GP and nurse appointments had been used
- Made 2619 extra care appointments available during the period July to September 2018 (2312 appointments with a GP and 307 appointments with a nurse. 88% of the GP appointments and 78% of the nurse appointments had been used.

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 complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Good

Are services well-led?

We rated the service as good for providing a well-led service.

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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values and a realistic strategy.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The provider planned its services to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.

Culture

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

- Staff generally stated they felt respected, supported and valued.
- The provider focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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 we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for ensuring staff were up to date with mandatory training requirements. However, clinical staff who worked for the service were not given the opportunity of an annual appraisal during which they could discuss training and personal development needs.
- Systems and processes were in place to support the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships clinical, managerial and non-clinical staff.

Governance arrangements

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

- The provider had structures, processes and systems in place to support good governance.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Service leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an evidence of ongoing discussions to identify, understand, monitor and address current and future risks including risks to patient safety. However, there was no system in place to ensure patients requiring referral to another service or tests received the appropriate follow up referrals or tests from their own GP.
- The service had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- There was evidence of recent and ongoing clinical audit activity. However, there was no evidence of the provider sharing learning from clinical audit activity with clinical staff to aid improvement.
- The service had plans in place for major incidents, including disaster recovery and business continuity

Good

Are services well-led?

plans. They were able to offer their premises and clinicians to the 30 GP practices in the Gateshead area should they be needed. Staff working for the service had access to an on-call manager at all times.
- The service considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The service acted upon appropriate and accurate information.

- Feedback and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed at both governance and provider board level meetings.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- 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.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- Due to the nature of the service and fact that the extra care services did not have their own patient list they did not have a patient participation group (PPG). The provider had previously invited members of all 30 Gateshead GP practice PPGs to meet with them to give them an understanding of their aims, objectives and future plans. The registered manager told us that they intended to implement these meetings on a regular basis.
- All patients who used the service were asked to provide feedback following their consultation by way of the friends and family test.
- The provider was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was evidence of some continuous learning and improvement. However, we were not satisfied that learning from significant events, complaints or clinical audit activity was shared adequately with clinical staff.
- The service made use of internal and external reviews of incidents and complaints. However, we were not assured that learning was effectively shared from incidents, complaints or outcomes of audits with clinical staff to encourage improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.