

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

BARDOC - Moorgate Primary Care Centre

22 Derby Way, Bury, BL9 0NJ

Tel: 01617638542

Date of Inspection: 14 June 2013

Date of Publication: July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	BARDOC Limited
Registered Manager	Miss Vicky-Anne Riding
Overview of the service	<p>Bury and Rochdale Doctors on Call (BARDOC) provides medical and dental staff for out of hours urgent care.</p> <p>BARDOC – Moorgate Primary Care Centre is located in the centre of Bury. It is open for pre-arranged appointments only between 6pm and 8am during the week and during the weekend from 6pm on Friday until 8am on Monday. It is open for 24 hours during bank holidays.</p>
Type of services	<p>Ambulance service</p> <p>Doctors consultation service</p> <p>Mobile doctors service</p> <p>Remote clinical advice service</p> <p>Urgent care services</p>
Regulated activities	<p>Transport services, triage and medical advice provided remotely</p> <p>Treatment of disease, disorder or injury</p>

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 June 2013, observed how people were being cared for and talked with staff.

What people told us and what we found

We inspected BARDOC – Moorgate Primary Care Centre during a Friday night. We saw that a group of call handlers, doctors, nurses and managers were at BARDOC during our inspection. They took calls from the Bury, Rochdale and Heywood areas. Patients who needed to be seen in person were given an appointment to visit a doctor at the centre. Doctors were also available to visit patients in their homes. We did not speak with any patients.

There was a passenger lift at Moorgate Primary Care Centre, and the patients' waiting area was on the first floor. Consultation rooms were also on this floor. The centre was closed to the public after 10pm each night, and we saw CCTV was available to staff so they could allow entry to patients who had an appointment.

During our inspection we observed call handlers speaking with patients. We heard they always asked if they were speaking with the patient and asked for the patient's consent, where possible, if they requested a third party to speak on their behalf. We heard call handlers ask for information about the patient's illness and condition, then inform the patient of what would happen next and when they could expect a medical professional to call them back. We saw the quality assurance audits carried out by managers of the service. These were done on a monthly basis and they monitored the quality of the service provided so improvements could be made if necessary.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We heard call handlers speaking on the telephone. They asked patients to confirm their name, address and date of birth prior to starting their initial consultation. Where the person making the call was not the patient where possible they asked the patient for their consent to speak with their representative.

We spoke with a doctor. They told us that prior to starting a telephone consultation they made sure they were speaking with the correct person. They said they asked for verbal consent prior to carrying out medical examinations, and they explained any procedures prior to commencing them.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Patients were seen by appointment only. Their first point of contact with the service was by telephone. They were asked a series of questions by a call handler. Their answers were then analysed by a computer programme and it was decided if they needed to be spoken with by a medical professional urgently (within 20 minutes) or routinely (within 60 minutes). Either a nurse or doctor, depending on the nature of the patient's illness or condition, telephoned the patient back and carried out a more in-depth assessment.

We heard call handlers speaking with patients. We saw that they were able to make judgements and assess patients as requiring an urgent telephone consultation if they felt it was necessary. Call handlers explained that if a patient's condition was assessed as being an emergency they were advised to call 999 for an ambulance.

A team of doctors and nurses telephoned patients to discuss their medical condition. They gave advice over the telephone. They were also able to make appointments for patients to attend BARDOC – Moorgate Primary Care Centre. If the patient was unable to travel and they needed a face to face consultation a doctor was able to visit them at home. In addition, they were able to issue prescriptions to patients when required.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

BARDOC – Moorgate Primary Care Centre was situated in a large new building in the centre of Bury. Several other NHS services were located in the building. BARDOC was operational between 6pm and 8am during the week and during the weekend from 6pm on Friday until 8am on Monday. It was open for 24 hours during bank holidays.

The waiting area was on the first floor of the building, and there was a passenger lift available. Consultation rooms were also on the first floor. We saw that the main doors to the building were locked at 10pm when other NHS services in the building closed. CCTV was available so staff could allow entry to patients who had been given an appointment.

We spoke with the manager. They told us they had regular tenants meetings with the owner of the building so any issues relating to maintenance could be dealt with very quickly.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Patients' initial contact with BARDOC – Moorgate Primary Care Centre was by a telephone call to a call handler. These phone calls were answered by staff based at three BARDOC sites. We spoke with call handlers who told us they were always able to access staff if they were required at short notice.

A doctor or nurse, depending on the nature of the patient's illness or condition, telephoned each patient back. They were able to carry out a telephone consultation. The manager told us that they monitored the length of time between an initial telephone call and a call back. They also monitored the length of time people needed to wait for an appointment with or visit from a doctor if this was necessary. They said they were able to increase staffing levels if this was required. They had an on-call system for medical staff and also had a large pool of bank staff if required.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw that National Quality Requirement (NQR) information for out of hours services was kept and analysed by the provider. This gave information such as the length of time for telephone calls to be answered and the length of time a patient waiting for a doctor or nurse to telephone them back. It was highlighted when the NQRs were not met for any reason. The manager was then able to redirect staffing resources if this was necessary.

The provider issued a patient feedback questionnaire to patients each month and a report was compiled from their responses. We saw the results were compared to those of previous months. Patients were asked questions relating to their first telephone contact with the service, their contact with a health professional and their overall satisfaction.

The performance of nurses was checked on a monthly basis. This audit included the number of telephone calls they made to patients and what follow up action was taken following these calls. Doctors were also checked, with at least one call each month being audited by an experienced clinician. In addition, information requested from or given to patients by call handlers was regularly checked.

We saw that any trends relating to the performance of the service were identified, so improvements could be made accordingly.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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