

Community Specialist Clinics Ltd

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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 23 August 2016 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Summary of findings

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- Lessons were shared to make sure action was taken to improve safety in the clinic.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal apology and are told about any actions to improve processes to prevent the same thing happening again.
- Not all staff had attended basic life support training.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with external partners to understand and meet the range and complexity of people's needs.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- Appointments with clinicians were always available and there was continuity of care.
- The clinic had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.

Summary of findings

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- The clinic had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- The clinic had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The clinic proactively sought feedback from staff and patients, which it acted on.

Community Specialist Clinics Ltd

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor.

Background to Community Specialist Clinics Ltd

Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Community Clinics Ltd was established in May 2010 and offered community clinics within a primary care setting to NHS patients. They are mainly located on the first floor of a GP practice. They also offer clinics from another site, Oliver Road Polyclinic. They offered Colorectal, TNS (Tibia Nerve Stimulation) for faecal incontinence and Gynaecology clinics. The clinic only saw patients who were over eighteen years of age.

The clinic treats and discharges patients in a single visit and as such the clinic does not keep a patient list.

One of the Clinics directors is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The clinic has a medical director, clinical director and a managing director. They employ four locum consultants to provide the clinics. Other staff include a Senior Administrator, two Typist/Administrators, three Health Care Assistant/Admin Assistants and five Clinical Assistant/Admin Assistants. All of whom worked a combination of full and part time hours.

Community Clinics Ltd opened Mondays 2pm until 6pm for Gynaecology Clinics, Thursday 1.30pm until 6pm for Colorectal Clinics and have agreed appointment times Monday to Friday for TNS clinics. A Gynaecology Ultrasound Clinic was held on Tuesday when required. However, office hours were Monday to Friday 9am until 6pm. At Oliver Road Polyclinic, a Gynaecology Clinic was held every Tuesday from 9.30am until 6pm and a Colorectal Clinic every Wednesday from 9.30am until 6pm.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 90 comment cards which were all positive about the standard of care received. Patients felt that they had received a good service and the staff were efficient, caring and helpful. Patients also commented on the professionalism of the clinicians. There were however some comments about waiting times being too long on the day of appointments.

Our key findings were:

- There was an effective system in place for reporting and recording significant events.

Detailed findings

- Risks to patients were always assessed and well managed, including those relating to recruitment checks.
- The clinic had a number of policies and procedures to govern activity.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The clinic had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The clinic proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

Ensure all staff receive annual basic life support training.

Why we carried out this inspection

We carried out this inspection as part of our pilot for independent health providers.

How we carried out this inspection

The inspection was carried out on 23 August 2016. Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor.

During our visit we:

- Spoke with a range of staff including clinicians and administration/reception staff, however were unable to speak with patients who used the service as there were no clinics running on that day.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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?

Our findings

Reporting, learning and improvement from incidents

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

There was an effective system in place for reporting, recording and analysing significant events:

- Staff told us they would inform the managing director of any incident and complete a recording form that was kept in a folder in the administration room.
- The clinic carried out a thorough analysis of significant events.
- We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the clinic. For example, we saw that where errors had occurred as a result of inaccurate information on dictation machines the clinic reviewed their procedure to ensure that all dictated letters were either dictated in the presence of the patients or checked by clinicians before they were sent out.

Reliable safety systems and processes (including safeguarding)

The clinic had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard vulnerable adults from abuse that reflected relevant legislation. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Medical staff were trained to Safeguarding level 3 and all other administrative staff to level 2.
- A notice in the waiting and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service check (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). However, we found they had not been trained for the role. Since the inspection we have received information to confirm that staff have now been trained.

- We reviewed eight personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Medical emergencies

The clinic had some arrangements in place to respond to emergencies and major incidents.

- There was a defibrillator, oxygen with adult and children's masks and emergency medicines kept in a secure area. However, we found they were not accessible as they were downstairs in the GP surgery and there were no emergency medicines kept in the treatment rooms. Since the inspection the practice have confirmed they have now bought their own emergency medication which are kept in one of the consultation rooms the All the medicines we checked were in date and fit for use.
- Some non-clinical staff had not received annual basic life support training.
- A first aid kit and accident book was available in reception.
- The clinic had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Monitoring health & safety and responding to risks

There were procedures in place for monitoring and managing risks to patient and staff safety.

- The clinic had up to date fire risk assessments and carried out regular fire drills. All electrical equipment had been PAT tested to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The provider was leasing rooms from the GP practice and we saw the terms of the lease clearly specified who was responsible for what.
- The clinic had a variety of other risk assessments in place to monitor safety of the premises such as control

Are services safe?

of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Infection control

- We observed the premises to be clean and tidy and there were cleaning schedules in place. Patient's feedback we received on the comment cards highlighted that all patients found the clinic clean and had no concerns about cleanliness or infection control.
- The clinic's health care assistant was the infection control clinical lead. There was an infection control policy in place, however some staff who had recently

joined the practice had not received infection control training. We saw evidence that an infection control audit was undertaken within the last 12 months. There was alcohol gel and liquid soap available for hand hygiene.

Safe and effective use of medicines

- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were kept at the required temperatures. There were records that confirmed the fridge temperatures were checked and recorded daily. All recordings for the past 12 months were within the required range and staff told us what action they would take in the event they found the temperature outside this range.
- All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- The clinic used blank prescription sheets and these were only printed and signed by the medical staff.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

The clinic assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Where necessary they also used other guidance which were outside the recommendations of NICE but were credible such as Royal College of Obstetricians and Gynaecology (RCOG).
- The clinic monitored that these guidelines were followed through risk assessments and audits.
- The clinic had completed one clinical audit in the last two years. Findings were used by the clinic to improve services. For example, we saw that after carrying out an audit to determine which patients who had completed the TNS treatment had benefitted. The clinic were clear that it should be offered as a first line treatment option for patients with faecal incontinence based within Waltham Forest. The results were shared with the CCG.

Staff training and experience

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The clinic had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The clinic could demonstrate how they ensured role-specific training and updating for relevant staff for example. The HCA had attended TNS training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, and appraisals, coaching and mentoring. All staff had had an appraisal within the last 12 months. We found the information the clinic kept regarding training for locums was very extensive.

- Staff mandatory training included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Working with other services

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely way. However, we found the clinic could not access patient's medical records and had to manually upload information about the treatment they had given to patients and email/fax them to the patients GPs.
- The clinic shared relevant information with other services in a timely way, for example when referring people to the local hospital for further treatment.

Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Where a patient's mental capacity to consent to care or treatment was unclear the medical staff assessed the patient's capacity and, recorded the outcome of the assessment.
- There were system in place for monitoring consent.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed that members of staff were courteous and very helpful to patients and treated people with dignity and respect.

- Consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients were wanted to discuss something sensitive and offered patients a private room to discuss their needs when they wanted to discuss sensitive issues or appeared distressed.
- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

All of the 90 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the clinic offered an excellent service and staff were helpful, caring and treated them with dignity and respect. They also highlighted that staff responded compassionately when they needed help and provided support when required.

Involvement in decisions about care and treatment

Patients also reflected on comment cards that they felt involved in decision making about the care and treatment they received and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs.

- All patients attending the clinic were referred by their GPs.
- The length of appointments varied as they were based on the treatment/procedure the patient was receiving.
- All practice staff worked beyond the expected hours if a patient required extra time.
- The clinic was flexible in offering alternative times if required.
- There were disabled facilities and the clinic had arrangements for patients who could not use stairs to be seen in consultation rooms downstairs.

Tackling inequity and promoting equality

- The clinic offered appointments to anyone who was referred and did not discriminate against any client group.

Access to the service

- They opened Mondays 2pm until 6pm for Gynaecology clinics, Thursday 1.30pm until 6pm for Colorectal Clinics and have agreed appointment times Monday to Friday for TNS clinics. However, office hours were Monday to Friday 9am-6pm.
- Patient's feedback demonstrated that patients were able to get appointments when they needed them.

Concerns & complaints

The clinic had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance for independent doctors in England.
- There was a designated responsible person who handled all complaints in the clinic.
- A complaints leaflet was available to help patients understand the complaints system. Staff also told us that information on how to complain was easily available to patients on the website and if they requested it.

We looked at three complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way. The clinic demonstrated an open and transparent approach in dealing with complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw that where there had been complaints regarding clinicians consultation manner the clinic provided appropriate training and support.

All complaints were discussed at weekly meetings and actions agreed and corroborated.

Are services well-led?

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

Our findings

Governance arrangements

The clinic had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the clinic was maintained by the directors. We saw they had to provide the commissioners with quarterly reports which included patient numbers, treatment undertaken and referrals to secondary care.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

- The directors of the clinic had the experience, capacity and capability to run the clinic and ensure high quality care. They prioritised high quality and compassionate care. The directors were visible in the clinic and staff told us they were approachable and always took the time to listen to all members of staff.
- The directors were aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The clinic had systems in place for knowing about notifiable safety incidents.
- When there were safety incidents the clinic gave affected people reasonable support, truthful information and a verbal or written apology.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that there was an open culture within the clinic and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by all the directors. All staff were involved in discussions about how to run and develop. They encouraged all members of staff to identify opportunities to improve the service delivered by the clinic.
- The culture of the service encourages candour, openness and honesty.

Learning and improvement

- The clinic was open to feedback and offered patients the opportunity to reflect on their experiences. The clinic encouraged learning from complaints and significant events.
- The clinic doctors also maintained other roles with other organisations such as the NHS and this gave them an opportunity to have a wealth of experience and to access other training.
- Formal training focussed on essential skills such as safeguarding and basic life support and continuous learning was mostly managed through significant event analysis and learning from complaints.

Provider seeks and acts on feedback from its patients, the public and staff

- The clinic encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.
- It had gathered feedback from patients through surveys and complaints received. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the clinic was run.