Care Quality Commission

British Association for Performing Arts Medicine

British Association for Performing Arts Medicine

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 19 March 2019 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.

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

We carried out an announced comprehensive inspection at British Association for Performing Arts Medicine (BAPAM) on 19 March 2019. This inspection was carried out 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.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition to GP services, BAPAM provides physiotherapy, osteopathy and psychiatry services which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

BAPAM is a registered charity and private healthcare provider. The service is available to all British performing artists free of charge. The service provides an initial health assessment and then refers patients on to other services for screening, diagnosis and treatment.

Summary of findings

Fifty-four people provided feedback about the service via CQC comment cards and two people provided feedback via the CQC website, all of which were positive about the service.

Our Key findings were:

- Systems and processes were in place to keep people safe.
- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- Staff were aware of current evidence-based guidance and they had the skills, knowledge and experience to carry out their roles.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The provider was aware of their responsibility to respect people's diversity and human rights.
- Patients were able to access the service within an appropriate timescale for their needs.
- There was a complaints procedure in place and information on how to complain was readily available.
- The service had systems in place to collect and analyse feedback from patients.
- There was a clear leadership structure and staff felt supported by management.
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.

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

- Continue to review improvement activity to ensure 2-cycle clinical audits are carried out as planned.
- Continue to review future arrangements for stocking adrenaline.
- Continue to review arrangements in place to support patients with sensory impairments, including hearing impairments.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

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Detailed findings

Background to this inspection

Our inspection team was led by a CQC lead inspector. The team included a CQC GP specialist adviser.

BAPAM is an independent healthcare service which has been registered with the CQC since June 2018. The services are provided from 4th Floor, 7-9 Bream's Buildings London EC4A 1DT.

The premise is accessible by a lift.

The service is registered by the Care Quality Commission to provide the regulated activities Treatment of disease, disorder or injury.

The service has good transport links with regular buses and local tube stations.

The service employs five locum GP's who work pro-bono or for a minimal fee. The service employs a director, senior manager, clinic manager and administrative staff.

The service provides pre-bookable GP appointments for adults and children over thirteen who are professional performing artists or those who are studying performing arts. The service does not provide a walk-in clinic. The service has a telephone triage system which is managed by members of the administration team. The service books patients for an appointment if their symptoms are musculoskeletal, vocal, hearing or psychosocial related. Patients with concerns outside of these four clinical areas are re-directed to other services. BAPAM does not provide an urgent response service. Administration staff follow a triage pathway to ensure people with urgent concerns are directed to contact the emergency services or to attend their local hospital. There is always a GP on site or available on the telephone to assist the administration staff with the triaging process.

During consultations, the GP carries out an initial assessment based on the patient's reported concerns and symptoms. Following a clinical pathway, the patient will then be referred to a specialist service or clinician for formal screening, diagnosis and treatment.

The service is available from Tuesday to Friday between 9.30am-5pm. Telephone assessments are available on request whilst face to face GP appointments are 30-60 minutes long.

We gathered and reviewed pre-inspection information before inspecting the service. On the day of the inspection we spoke with the service director, the service manager, a GP and members of the administration team. We also reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment, induction and training records, significant event analyses and patient feedback.

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

Safety systems and processes

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

- A GP was the designated safeguarding lead for the service. The provider had safeguarding policies, protocols and 24-hour contact details for the local statutory safeguarding team. Information was available on how to contact statutory agencies for further guidance if they had concerns about a patient's welfare. All staff we spoke with understood their responsibilities and had received safeguarding training relevant to their role, for example GP's were trained to safeguarding children level 3, and in safeguarding vulnerable adults.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The provider had recruitment procedures to ensure staff were suitable for the role and to protect the public. The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. We looked at four staff recruitment files for clinicians and non-clinical staff and saw appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications and registration with the appropriate professional body. The provider's policy was to request Disclosure and Barring Service (DBS) checks for all staff working in the service. 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 maintained evidence of appropriate indemnity insurance and staff members' immunisation status.
- The service advertised that chaperone services were available on request; this information was displayed in the reception area and consultation room. Non-clinical staff acted as a chaperone and had received up to date chaperone training and a DBS check.
- There was an effective system to manage infection prevention and control. The provider had infection prevention and control policies and protocols in place. The most recent infection prevention and control audit carried out in March 2019, had identified no concerns. We saw that daily cleaning of the premises took place and cleaners followed a robust cleaning policy. We found the premises to be clean and tidy.
- The provider ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. There were systems for safely and appropriately managing healthcare waste.
- The building management, including communal health and safety issues was the responsibility of the building landlord. The provider had considered relevant health and safety and fire safety legislation and had access to relevant risk assessments covering the premises in addition to its own service policies, risk assessments and protocols. A risk assessment relating to legionella (a term for bacterium which can contaminate water systems in buildings) had also been carried out on 28 February 2019 in respect of the whole building; which had identified a low risk of the bacterium.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- The provider had a defibrillator but did not stock any emergency oxygen or emergency medicine. The provider had risk assessed the need for emergency oxygen and emergency medicine to be low. The rationale for this risk assessment was based on the provider not providing an acute service and not diagnosing or treating patients. In addition, their triaging system was designed to ensure that only non-urgent matters relating to musculoskeletal, hearing, vocal or psychosocial were booked in for an appointment. All emergency matters were re-directed by the triaging team to the emergency services. All staff were trained to administer CPR, and to call the emergency services in the event of a medical emergency.
- The practice told us that previously it administered steroid injections to patients and whilst it was providing this service it stocked adrenaline. However, this service

is currently not being provided. The provider told us that it may resume the administration of steroid injections in the near future and when it does it will ensure that they re-stock adrenaline.

- There were arrangements for annual leave or sick cover for the GP services
- There were appropriate indemnity arrangements in place to cover all potential liabilities, for example the premise was protected by public liability insurance and the locum GP's had up to date medical indemnity insurance which covered the scope of their private practice.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The records clearly identified the rationale on which the GP based their referral.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service did not stock, supply, administer or prescribe medicines to patients.

Track record on safety and incidents

The service had a good safety record.

- The service was operating from rented premises and maintenance and facilities management was shared by the landlord and the service.
- We saw evidence the fire alarm warning system was regularly maintained by the landlord. A weekly fire alarm warning system test was undertaken and logged. Fire evacuation tests were carried out at six-monthly intervals by the landlord. We saw fire procedure and evacuation guidance displayed in the waiting room.
- We saw various risk assessments had been undertaken for the building, including health and safety, Control of Substances Hazardous to Health (COSHH), Legionella and fire safety.
- Portable appliance testing (PAT) for the premises had been undertaken in March 2019. Calibration of medical equipment had been undertaken in October 2018.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned, and shared lessons identified themes and took action to improve safety in the service. For example, one of the events recorded was regarding a data breach, the practice investigated the matter, notified affected patients and relevant government departments, discussed lessons learned and put additional steps in place to avoid a recurrence, including a password protected 2-stage verification process.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. However, to date no alerts were deemed applicable to the service.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information and followed clinical pathways to make referrals to specialist services or clinicians.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had carried out some quality improvement activity.

- The service had not undertaken any recent quality improvement activity through clinical audits but had some systems in place to monitor the effectiveness of their care and treatment and had planned to carry out clinical audits in the future.
- Since registering with the CQC the service had carried out an audit on the quality of documentation within patient records. It reviewed 63 patient records and identified:

- 13% of records did not have the clinicians recorded signature.
- 14% of records did had not have a typed summary or referral letter attached.
- 67% of records did not document whether the patient was accompanied or whether another healthcare practitioner was present.

The practice told us that it had discussed the results with all senior staff and clinicians and intended to re-audit to assess improvement.

- The service explained it was currently auditing all patients who had reported symptoms relating to hearing. The practice wanted to collect the data to help create an audiology pathway which would allow clinicians to make better and prompt referrals.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed permanent and locum staff.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

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

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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

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

Consent to care and treatment

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

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

The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We were unable to speak with patients on the day of the inspection, however 54 patients had provided feedback via CQC comment cards and two patients provide feedback via the CQC website all of which were positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. The provider's objective was to help patients with their reported symptoms by referring them on to specialist services and clinicians as soon as possible so that a prompt diagnosis and treatment plans could be carried out.
- The facilities and premises were appropriate for the services delivered. The service was located on the fourth floor, which was accessible by stairs and a lift.
- The service did not have disabled toilets within its own premises. However, the service had made arrangements which meant patients and staff could avail of fully accessible facilities elsewhere in the building.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The practice did not have a hearing loop. After the inspection, we were told that this was being discussed, but a decision had not yet been made.
- The practice had recently carried out an independent survey which was completed by 116 patients via an independent website. The results showed that:

- 88% of patients rated their clinician's knowledge and expertise as excellent.
- 86% of patients rated the overall service as excellent
- 80% of patients were seen by a clinician within 1-3 weeks of requesting an appointment.
- 100% of patients would recommend the service to other performing artists.

Timely access to the service

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

- Patients had timely access to initial assessments and prompt referrals and recommendations were made.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care prioritised.
- Patients reported the appointment system was easy to use.
- Patients reported that referrals and transfers to other services were undertaken in a timely way.

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.

- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, significant events and near misses. The practice logged all concerns and carried out periodic analysis of the concerns to establish any trends
- Information about how to make a complaint or raise concerns was available. Since registering with the CQC the practice had not received any complaints. Staff were trained to treat patients who made complaints compassionately.
- The complaints policy stated patients should be kept informed of any further action that may be available to them should they not be satisfied with the response to their complaint.

Are services well-led?

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

Our findings

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 day to day running of the service was managed by the Director and clinic manager. All decisions that led to major changes, challenges or concerns were reported to a Board of Trustees for final sign-off.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff we spoke to felt respected, supported and valued. They were proud to work for the service and all were performing artists themselves.
- The service focused on the needs of patients and had processes in place to ensure prompt referrals were made.
- 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 told us they could raise concerns and were encouraged to do so. They had confidence these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Non-Clinical staff were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.

Are services well-led?

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

- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account
- 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.

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service 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 some focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.