

East Quay Health Ltd

East Quay Medical Centre

Inspection report

East Quay Medical Centre

East Quay

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Date of inspection visit: 28th November 2017

Date of publication: 22/12/2017

Overall summary

We carried out an announced comprehensive inspection on 28th November 2017 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.

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 East Quay Health Limited was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

East Quay Health Limited is a minor surgery service which is available to all GP practices in Somerset to enable their patients receive a small range of surgical treatments under local anaesthetic without the need to attend hospital. The service is based within East Quay Medical Centre with a suite of rooms including a theatre, consultation room, recovery room, sluice room and a small waiting area. The service is only accessible to patients following a referral from their own GP. Typical minor surgery procedures include vasectomy (male sterilisation), sigmoidoscopy and pile banding (treatment for haemorrhoids), excision/ biopsy of skin and subcutaneous tissue, and surgical treatment of ingrowing toenail. Procedures are funded either by the NHS or privately. Costs vary dependent on the procedure required.

The service runs approximately 2-3 sessions per week on variable days and 1 - 2 Saturdays per month dependent on patient demand. Two surgeons who have substantive posts at NHS hospitals share their expertise and are supported by two experienced practice nurses, an

Summary of findings

administrator and a 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 registered manager was also the registered manager for the host GP practice East Quay Medical Centre.

East Quay Health Limited is a private company with its directorship and governance formed by the partners of the host organisation East Quay Medical Centre.

We obtained positive feedback about the service through comment cards posted to patients who had recently used the service. Eight cards were returned. We did not speak to patients attending the service on the day of inspection. We also used information from East Quay Health Limited's own patient feedback, which is obtained post-operative, which is part of the organisations follow up process. This was in the main very positive; where there was adverse comment the service has addressed these, such as an update in the provision of post-operative care information.

Our key findings were:

- Staff had the information they needed to deliver safe care and treatment to patients.
- The service had a good safety record.
- The service had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the surgical procedure and the outcomes for patients.
- The service obtained consent to care and treatment in line with legislation and guidance.
- Staff treated patients with kindness, respect and compassion.
- The service respected and promoted patients' privacy and dignity.
- The service took complaints, concerns and comments seriously and responded to them appropriately to improve the quality of care.

Structures, processes and systems to support good governance and management were clearly set out, understood and effective. Directors of the service all had specific accountable lead roles as well as the overarching management of the business and service.

Summary of findings

The five questions we ask about services 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.

- The service had clear systems to keep patients safe and safeguarded from abuse.
- There were systems to assess, monitor and manage risks to patient safety.
- Staff had the information they needed to deliver safe care and treatment to patients.
- The service had a good safety record.
- The service had systems for learning and making improvements when things went wrong.

Are services effective?

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

- Patients accessed the service through referrals from their GPs who carried out the initial assessment of their needs. The surgeons rechecked the information given within the referral letter when the patient attended there appointment for a procedure.
- The service had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the surgical procedure and the outcomes for patients.
- Staff had the skills, knowledge and experience to carry out their roles. For example, surgeons maintained their skills and experience within their other roles outside of the service and shared their learning and knowledge with the nursing staff where appropriate.
- The service obtained consent to care and treatment in line with legislation and guidance.

Are services caring?

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

- Staff treated patients with kindness, respect and compassion.
- Patients told us they were informed throughout their treatment/surgery of what the surgeon or nurse was doing.
- Patients highlighted that all care was carried out politely and respectfully and not without gaining the patients consent or approval.
- The service respected and promoted patients' privacy and dignity.

Are services responsive to people's needs?

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

- The service had a flexible approach and a planning process to ensure that there was not a long delay for patients from referral to actual surgical procedure.
- From feedback from patients, although there were occasional delays in referrals being organised from their own GPs.
- Patients had the flexibility of having surgery on Saturdays, which limited the disruption to work and other commitments.
- The service took complaints, concerns and comments seriously and responded to them appropriately to improve the quality of care.

Summary of findings

Are services well-led?

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

- Leaders had the capacity and skills to deliver high-quality, sustainable service. The leadership team consisted of the directors, who were all partners of the host GP practice and the registered manager.
- The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients. The strategy was in line with health and social priorities across the region. The service monitored its progress against delivery of the strategy, patient and stakeholders feedback.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. Directors of the service all had specific accountable lead roles as well as the overarching management of the business and service. For example, governance of clinical care.

East Quay Medical Centre

Detailed findings

Background to this inspection

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 East Quay Health Limited, was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced comprehensive inspection on 28th November 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led? The inspection was led by a Care Quality Commission (CQC) Inspector who had access to advice from a specialist advisor.

Prior to the inspection information about the service and from the service was reviewed such as that submitted by the provider, their website and any information received in to the CQC about the service.

During the inspection we spoke with all of the staff with the exception of one surgeon, reviewed the premises, policies and procedures and documentation relating to the administration, management and governance of the service. We obtained feedback from eight CQC comment cards and the services own post-operative patient feedback survey process.

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 patients safe and safeguarded from abuse.

- The service conducted safety risk assessments and had safety policies and procedures which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. There were systems to safeguard children and vulnerable adults from abuse.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All employed staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The surgeons provided detail of their training and any training updates they had undertaken. Staff who acted as chaperones was trained for the role and had received a DBS check.
- The service ensured it had information regarding professional appraisal and revalidation status for both the surgeons and nursing staff. This demonstrated clinical staff had current registration with their professional bodies.
- There was a system to manage infection prevention and control. Through discussion with staff it was identified that minor changes to the audit checks on facilities processes would assist to ensure changes that have occurred had been checked they had been completed effectively. For example, checking the disposable screening in consulting rooms had been dated when they were last changed to ensure it was in line with the providers infection control policy.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing clinical specimens and healthcare waste.

Risks to patients

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

- There were arrangements for planning clinics and the specific staff needed for the surgery booked.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- There was suitable systems and equipment to manage medical emergencies including staff training for anaphylaxis. Oxygen and AED (defibrillator) were kept within the theatre. The service shared some equipment, such as emergency medicines which was appropriate for the needs of this service with the host GP service. Regular checks on emergency equipment were carried out.
- The service ensured it had evidenced that all clinical staff had appropriate professional indemnity arrangements in place.

Information to deliver safe care and treatment

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

- The service was provided with a summary of the patient significant health care needs that might impact on their proposed surgery from the referring GP. For patients having minor surgery for skin lesions or pile banding (treatment for haemorrhoids) the nurse and surgeon check the detail is correct before carrying out the procedure. Patients undertaking a vasectomy had an initial counselling service appointment with the nurse before attending for the procedure at a later date allowing them time to consider the information they have been given.
- Individual electronic treatment records for each procedure were kept included the patients written consent and if needed any on-going treatment, such as post-operative care that they might need.
- The service had systems for sharing information with the referring GP and the patient in regard to outcomes of the surgical procedure or histology.

Are services safe?

Safe and appropriate use of medicines

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

- The systems for managing medicines, medical gases, and emergency medicines and equipment minimised risks. We found there were a small number of medicines stored in a cupboard that could not be locked in the theatre and the shared vaccine/medicines fridge in the recovery room had been left with the key in place. Rooms were secured with key code entry. However, there was the potential that the medicines could be accessed by unauthorised people. We were informed following the inspection that medicines were no longer stored in the theatre but in an appropriate locked cupboard and systems were now in place to ensure the medicines fridge was locked and the key kept securely. The service also told us they had made changes to how they stored the small amount of prescription stationery securely in a similar way and had an audit process in place to monitor its use.
- Staff prescribed, administered to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service had not needed to raise issues to be investigated under the significant events process. However, the service had systems for learning and making improvements when things went wrong:

- 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.

If there were unexpected or unintended safety incidents:

- The service had a system for responding and giving affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence for comments, concerns and feedback from patients.

There was a system for receiving and acting on safety alerts. The service learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Patients accessed the service through referrals from their GPs who carried out the initial assessment of their needs. The surgeons rechecked the information given within the referral letter when the patient attended the appointment for a procedure. Vasectomy patients were provided with a counselling service from the nurses at a separate appointment before proceeding with surgery. This was to ensure that they had the necessary information to make an informed choice to proceed with the surgery. Both surgeons were clinically practicing in acute surgical roles within an NHS and other private practice and kept up to date with guidance and evidenced based practice. Where relevant the service shared information received from the National Institute for Health and Care Excellence (NICE) best practice guidelines. Clinical staff told us it was a shared learning process working together, new guidance; equipment and techniques were discussed regularly.

Staff advised patients and they were provided with information sheets in regard to post-operative care and where to seek further help and support. Occasionally, patients returned for monitoring and redressing of wounds when required, such as checks on surgery completed for ingrowing toenails. However, this was rare and most patients were referred back to their own GP surgery for follow up care and support.

Monitoring care and treatment

The service had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the surgical procedure and the outcomes for patients.

The service routinely carried out audit of histology results, post-operative infection rates and complications. They sought patients and GP feedback as to establish if there were any further issues that had arising post-operatively.

We saw where audit and outcomes were discussed within the team and changes had been implemented. This had included reviewing and updating patient information leaflets.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, surgeons maintained their skills and experience within their other roles outside of the service, through revalidation and audits, and shared their learning and knowledge with the nursing staff where appropriate. Nursing staff who also worked as practice nurses with the host GP practice maintained their clinical knowledge with on-going training. This included health and safety, safeguarding and basic life support.

There was an induction process for new staff. One-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation were all carried out by the host GP practice and shared with the service.

Coordinating patient care and information sharing

Staff worked together and with other health professionals to deliver effective care and treatment. Outcomes of patient's surgery and treatment were shared with their own GP practice. Any issues of ongoing treatment and follow up checks were communicated effectively.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Patients discussed their needs with their own GP and had asked to be referred to the service. Clinicians at the service checked with patients their understanding of the planned procedure, potential risks and outcomes from the procedure before they completed a consent form.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- All eight patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of other feedback received by the service. Patients told us about the high standard of care and treatment given in a reassuring and caring manner.

Involvement in decisions about care and treatment

Patients told us they were informed throughout their treatment/surgery of what the surgeon or nurse was doing. Patients highlighted that all care was carried out politely and respectfully and not without gaining the patients consent or approval. Similar comments were reflected in the services own post-operative survey results.

Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The service complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service had a flexible approach and a planning process to ensure that there was not a long delay from referral to offering the patient's choice of surgical procedure. Usually there were two to three sessions per week and at least two Saturdays per month where patients could attend according to their choice. Patient feedback highlighted that although there were occasional delays in referrals being organised from their own GPs the service provided flexibility being open on Saturdays limiting disruption to work and other commitments.

Listening and learning from concerns and complaints

The service took complaints, concerns and comments seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. One complaint had been received

in the last year. We reviewed how this complaint was managed and responded to. We saw that the complaint was satisfactorily handled in a timely way; the complainant was informed of the outcome and was provided with a detailed explanation to their queries and concerns. The service told us how they planned to use this feedback to amend how information was provided to patients such as improved information about the surgeon including qualifications and up to date photographs of staff. The aim of these changes were to support and confirm who staff were. This was because for most patients it was the first time they met the surgeon at the appointment for the procedure to be carried out.

- We looked at how they responded to and acted upon any adverse comments made by patients in the routine post-operative surveys carried out. All of these comments were acted upon with a written response to the patient. Changes were made to improve the service where possible. For example, the service had increased assistance patients were given from reception staff to find the separate waiting area and extra signage put in place to guide patients to the right area.

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 service. The leadership team consisted of the directors, who were all partners of the host GP practice and the registered manager.

- Leaders and the registered manager had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality of the service.
- Leaders worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients. The strategy was in line with health and social priorities across the region. The service monitored its progress against delivery of the strategy, patient and stakeholders feedback.

Culture

The service had a culture of high-quality clinical interventions and care.

- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- Openness, honesty and transparency were demonstrated when responding to any incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- 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. Directors of the service all had specific accountable lead roles as well as the overarching management of the business and service. For example, governance of clinical care.
- Staff were clear about their roles and accountabilities. For example, named staff were responsible for monitoring safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that 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. Quality of the performance of clinical staff could be demonstrated through audit of the outcomes of surgical procedures, histology any prescribing of medicines. Feedback from patients regarding care during the procedures, pain relief and post-operative support was also assessed. Service leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

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. For example, clinicians were made aware of feedback regarding their interactions with patients, which was reflected upon and used to improve the experiences of patients

Are services well-led?

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

- Quality and sustainability of the service was discussed in relevant meetings where all staff had sufficient access to business and clinical information. Business activity and performance were part of regular meetings of the directors and registered manager.
- The information used to monitor performance and the delivery of quality care. A comprehensive assessment was carried out at the end of the financial year and a service report was developed and shared with stakeholders. Plans to address any identified weaknesses were implemented and reassessed to provide assurance change was embedded in practise.
- The service submitted data or notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

The service provided minor surgery under local anaesthesia to private patients who had been referred to the service by their own GP. The service only accepted referrals from the Clinical Commissioning Group (CCG) area of Somerset. During the period from April 2016 to March 2017 551 surgical procedures had been carried out for 21 GP practices. There was a comprehensive approach to obtaining feedback from patients in regard to the quality of

the service; all patients were sent a form to complete following their visit to the service. There was a theme of overall positive response from the 171 surveys returned in regard to patient experience. Minor issues were raised as to improvements to be made. For example the post-operative information verbally given and in leaflet form.

The service was transparent, collaborative and open with stakeholders about performance. An annual report was provided to all stakeholders with the detailed information of performance and outcomes. GPs in the locality were then able to use this information to make informed choices regarding referring patients to the service. GPs were enabled to provide patients with sufficient information to make an informed choice as to whether they wanted to use the service.

Continuous improvement and innovation

East Quay Health Limited had business strategies and planning in place. These were focused on implementing new developments and providing alternative sources of minor surgery treatment for patients outside of the NHS service. The service told us feedback was being sought from stakeholders and clinicians as to how they could expand and meet the need of the patients living in Somerset.