

Cavell House

Inspection report

Unit 4, North Lynn Business Village
Bergen Way, North Lynn Industrial Estate
King's Lynn
PE30 2JG
Tel: 01553668970
www.cllimited.com

Date of inspection visit: 25 Sep to 25 Sep 2019
Date of publication: 03/10/2019

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Cavell House on 25 September 2019 to rate the service as part of our inspection programme.

Cavell House is an independent provider of occupational health services, including immunisations and fitness to work assessments.

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 service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Cavell House, occupational health schemes (that do not involve treatment requiring admission to hospital) organised through an employer, where these are for the benefit of the employee only are exempt from regulation. Cavell House offers other specialist services and treatments such as lung function tests and drug and alcohol testing which are also exempt from regulation.

The practice is registered with the CQC provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.

The manager is an occupational health technician and 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 practice is run.

As part of our inspection we asked for CQC comment cards to be completed by clients prior to our inspection visit. We

received nine comment cards which were wholly positive about the service and staff. The cards reflected the kind and caring nature of staff, how informative staff were and the time taken with patients. Other forms of feedback, including patient surveys and social media feedback was consistently positive.

Our key findings were:

- We saw there was leadership within the service and the team worked together in a cohesive, supportive and open manner.
- Information about services and how to complain was available and easy to understand.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Risks to patients were assessed and monitored.
- The service held a range of policies and procedures which were in place to govern activity; staff were able to access these policies.
- To ensure and monitor the quality of the service, the service completed audits which showed the effectiveness of the service.
- Staff assessed patients' needs and delivered care in line with current evidence-based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service proactively sought feedback from staff and patients, which it acted on. Regular surveys were undertaken; reports were collated from the findings and action taken where required.

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

- Improve the documentation of significant events.
- Embed the system for the recording of actions taken to reduce the risk of legionella bacteria contamination of water systems.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor.

Background to Cavell House

- The provider of this service is Cavell & Lind Limited.
- Cavell House is located at Unit 4, North Lynn Business Village, Bergen Way, North Lynn Industrial Estate, Kings Lynn, PE30 2JG.
- The website address is: www.cllimited.com
- Cavell House is an independent provider of occupational health services. The service offers off site assessments, work based assessments, lung function tests, vaccinations and fitness to work assessments.
- Cavell & Lind Limited also have a separately registered adult social care location which we did not inspect.
- The practice is open between 8am and 5pm Monday to Friday.

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre- inspection information which we reviewed.

During our visit we:

- Spoke with a range of staff from the service including the registered manager, health advisor and the quality and compliance manager.
- Reviewed a sample of records.
- Reviewed comment cards where clients had shared their views and experiences of the service.
- Looked at information the service used to deliver care and treatment plans.

To get to the heart of clients' 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?

Safety systems and processes

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

- The service had oversight of safety risk assessments that had been undertaken in the premises they used. There were site specific risk assessments in place for when clinicians worked offsite. A list of considerations were then given to the site.
- There were safety policies in place to govern activity. The policies in place were regularly reviewed.
- The service carried out staff checks at the time of recruitment and on an ongoing basis where appropriate for clinicians, including registrations with the General Medical Council and the Nursing and Midwifery Council.
- Disclosure and Barring Service (DBS) checks were undertaken when required for staff newly employed at the service. We found the clinic were applying for a DBS check for one member of staff who was completing technician training; this member of staff did not have access to clients without supervision.
- The service was able to evidence that staff had received up-to-date safeguarding and safety training appropriate to their role. They held a training matrix which gave the management team clear oversight of the training of all staff.
- The provider had oversight of the immunisation status of staff employed at the service.
- The service told us staff acted as chaperones. Staff were trained to chaperone and had DBS checks. One staff member was a chaperone trainer and had completed the training sessions for staff.
- The service had considered the infection prevention and control risks to staff working in the service. The service had carried out infection prevention and control reviews on a weekly basis to ensure the building met the appropriate standards. We saw there were cleaning schedules in place and separate infection prevention and control audits for lung function testing machines and spirometry kits. These were carried out and machines recalibrated after every 10 patients. Clinicians working offsite also had protective equipment including gloves.
- The service evidenced that equipment provided by them was safe to use and that equipment was

maintained according to manufacturers' instructions. There was a system in place to regularly calibrate equipment such as lung function testing machines and spirometry machines after ten patients.

- There were systems at site level to ensure healthcare waste was managed safely.
- The service had carried out appropriate environmental risk assessments which considered the profile of people using the service and those who may be accompanying them. We saw risk assessments for fire, health and safety and legionella. Actions highlighted by these risk assessments had been completed in a timely manner. For example, fire drills had been completed and materials moved off a heater. We saw equipment including fire alarms and extinguishers had been maintained and routine checks had been completed.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system which involved an introduction to the premises, the organisation, health and safety, work duties and specific responsibilities for clinical staff. Staff who worked off site did not work alone. The service completed risk assessments of the sites to ensure they were safe and suitable for staff and patients. We saw evidence that pregnancy risk assessments had been completed for staff where required.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. There were appropriate medicines on site and these were in date. The manager had completed a risk evaluation of not having a defibrillator on site but this was not recorded. The manager could tell us where the nearest one was and that it was available when the clinic was open. Immediately following the inspection, the provider sent us a documented risk assessment. Staff had undertaken first aid at work training which included basic life support and anaphylaxis training.
- The provider assessed the impact on safety if and when there were changes to the service. For example, the

Are services safe?

service only booked patients when staff were available to see them. We reviewed the appointment booking system and staff told us they actively followed up any patients that did not attend appointments.

- The service had considered the risks to staff when they worked off site. They had communicated with the companies they provided services to on ways to improve safety, such as having phones in clinical rooms.
- We found the service had appropriate indemnity arrangements in place for staff.

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 service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, the service recorded the patient's GP details and requested consent for information sharing purposes when required for the doctor. We saw the doctor routinely referred back to the GP, and nurses would give a letter to patients to give to their GP if there were concerns. On the day of inspection, the provider told us they would improve this system so nurses could refer back with patient consent. We saw examples of when the service had referred patients back to their GP for further investigation.
- 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 where required in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines and equipment minimised risks.

- Staff only prescribed vaccines to patients. Processes were in place for checking medicines and staff kept accurate records of medicines, such as emergency drug and vaccine records.
- There were effective protocols for verifying the identity of patients.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. These included risk assessments relating to health and safety, off site assessments and fire. These had all been regularly updated and reviewed to ensure the building was safe to use.
- A legionella risk assessment had been completed in November 2018. The clinic told us they regularly ran the taps according to recommendations and staff corroborated this. However, they did not record these checks. Immediately following the inspection, the service sent us a log sheet they would use to record them.
- A fire risk assessment had been carried out in October 2018 and appropriate actions had been taken such as removing flammable objects. The clinic undertook regular checks of fire alarms and fire equipment and had completed a fire drill in September 2019.
- The service 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 learned and made improvements when things went wrong.

- There was a system for acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses to the manager. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned, shared lessons and acted to improve safety in the service. Although the service had not recorded any events, we saw clear evidence of learning from events. For example, the service now used ketone sticks to measure diabetes risk if urine tests highlighted

Are services safe?

concerns. The provider had discussed this in meetings, which was documented. The provider told us they would start to document events on a standard form so it was easier to track the events.

- 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 gave affected people reasonable support, truthful information and a verbal and written apology where there were unexpected or unintended safety incidents.

Are services effective?

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 and treatment in line with current legislation, standards and guidance (relevant to their service).

- The provider assessed needs and delivered care in line with relevant and current national evidence-based guidance and standards. The clinic was associated with a local GP practice and told us they were kept up-to-date with changes in the NHS. The nurse also liaised regularly with practice nurses to ensure they were keeping up with best practice.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The service would refer patients back to their GP where required.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to monitor their service.
- There was evidence of audit where the clinic had assessed the quality of documentation. This audit showed documentation to be of a good standard and evidence of quality improvement. The notes showed that if patients had been referred by their employer, their telephone number was not always recorded. As a result, a memo was attached to each set of notes where the number was missing to prompt clinicians to ask for it.

Effective staffing

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

- All staff were appropriately qualified. The provider had a comprehensive induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council and Nursing and Midwifery Council 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. There was a training matrix in place to give the manager an overview of when training was due.
- There was an appraisal system in place and all staff had an annual appraisal completed.
- The clinic had developed a three month review for new staff to ensure they were progressing and to identify any learning needs.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the service had referred to GPs when required.
- Before providing treatment, the doctor at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. This was evident on the new patient form and during the first consultation with a clinician.
- All patients were asked for consent to share details of their consultation when required.
- 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.

Supporting patients to live healthier lives

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 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

Are services effective?

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Verbal consent was documented in the patients notes.
- Staff supported patients to make decisions.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. The comment cards we received were positive about the kindness and helpfulness of staff. For example, one comment card stated “great service, very friendly.” Another stated “very friendly and make you feel welcome.”
- Staff understood patients’ personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. All staff had completed equality and diversity training.
- The service gave patients timely support and information.
- The clinic completed audits of patient satisfaction. This was an ongoing process and was reviewed regularly by the manager.
- Results from 16 patients showed that:
 - 100% of patients said the service was excellent or very good.
 - 100% of patients felt they were dealt with in a professional manner.

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, if this was required.
- 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 example, one comment card stated “they think about all patient needs and have good understanding of patients’ needs”.
- Staff communicated with people in a way they could understand. For example, the clinic would arrange for translation services prior to the appointment so there were no delays in delivering care.

Privacy and Dignity

The service respected patients’ privacy and dignity.

- Staff recognised the importance of people’s dignity and respect. The reception area was separate from the clinical rooms.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a notice on the reception desk which informed patients of this.
- Results from the survey conducted by the clinic showed:
 - 100% of patients felt they were treated with privacy and dignity.

Are services responsive to people's needs?

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. For example, translation services were available.
- The facilities and premises were appropriate for the services delivered. For example, the provider offered off site assessments.
- Reasonable adjustments had been made so people in vulnerable circumstances could access and use services on an equal basis to others. For example, the service offered longer appointments when required.

Timely access to the service

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

- Patients had timely access to initial assessment, test results and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Two of the comment cards we received reported there were short waiting times and that appointments ran to time.

- 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.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. We saw examples of when the service learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.
- There had been one complaint in the past 12 months relating to the time taken to receive a report. This was reviewed and immediately acted on by the service. They called the patient and explained why the report had taken longer and agreed a timeframe to send the report. The patient was happy with the explanation and outcome.

Are services well-led?

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The registered manager was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The registered manager was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff commented positively on the leadership within the clinic and felt their concerns would be acted on.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. There was a strategy in place until 2022 and plans for expansion.
- There was a management structure in place across the clinic and the provider. There were clear lines of communication between staff based within the clinic and the wider management structure. For example, the manager reported to the board twice per year and had regular weekly meetings with one member of the board.

Vision and strategy

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

- The service told us they had a clear vision which was:
 - “We offer a solutions-based approach to occupational health, working closely with you to provide a programme of specialist support, built to the unique requirements of your organisation.”
- 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 and discussed their business plan regularly at board meetings.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service and reported they felt the service treated patients holistically.
- The service focused on the needs of patients who wished to access their services. The service was aiming to increase the number of companies they offered services to. They told us they were considering ceasing offering services to private patients that were not paid for by companies.
- The provider acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents.
- 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 that these would be addressed. Although the service did not document events separately, we could see learning from events and documented discussion in meetings.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations which happened on an annual basis.
- The service actively promoted equality and diversity. All staff had completed equality and diversity training.

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. The service had regular meetings to discuss a range of topics relating to clinical care and updates. These meetings related to all services and were attended by the registered manager. Any updates for staff were shared in a timely manner.
- The provider had established policies, procedures and activities. They were specific to the service and available for all staff.

Managing risks, issues and performance

Are services well-led?

There were 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 provider was implementing a new system to document water checks.
- The service had processes to manage current and future performance.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- There were regular meetings. Staff reported due to the small size of the team, meetings happened frequently when all staff were available and that communication was positive. Staff reported they were able to raise concerns. Board meetings were held twice per year and the manager met with a board member weekly.
- The clinic used performance information to monitor and manage staff.
- The clinic had information technology 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.

- Patients, staff and external partners' views and concerns were heard and acted on. For example, there was a survey in the waiting room for patients to fill out.
- Staff reported their views were heard and they felt part of the team, involved in decision making and were happy to work at the clinic.
- The clinic had a website and posted information and updates regarding the services they offered.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement within the clinic. For example, staff were given ample opportunities for development and were encouraged to attend training courses. Receptionists were trained to be technicians and had dual roles.
- We spoke with the manager about plans for future development. There was a drive to increase the business in the local area.