

# Practice Based Clinical Services Limited

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## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 22 March 2018 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 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.

### **Our key findings were:**

- 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 processes.
- Staff involved patients with their procedures and treated them with kindness, dignity and respect.
- Patients found it easy to get an appointment at a time that was convenient to them.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The service was well managed with supportive leadership.
- Policies and procedures had been thoroughly reviewed and applied.
- Staff were valued and appropriately trained for their roles.
- There was an increasing customer demand for the service from an increasing geographical area.

# Summary of findings

There were areas where the provider could make improvements and they should:

- Consider reviewing arrangements for monitoring and recording of prescriptions.
- Consider reviewing how the practice ensures the timely disposal of sharps bins.
- Consider the implementation of formal meeting agendas and minutes.
- Consider reviewing policies to ensure they are specific to the provider.

# 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 and comprehensive policies and employed well trained and competent staff.

Medicines and patient information were all securely stored and used, and there was a clear line of responsibility.

The clinic was clean and tidy and there were clear processes for all risks, emergency scenarios or significant events. It was noted that sharps bins, although rarely used, had not been replaced according to recommendations.

Although prescriptions were infrequently issued, a record was not kept of their issue.

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### **Are services effective?**

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

The service demonstrated that staff were up to date with all current safety alerts and that they gave co-ordinated and tailored care and treatment.

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### **Are services caring?**

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

Staff we spoke with were aware of their responsibility to provide services to meet people's needs in relation to diversity and human rights.

The service made use of small consulting rooms, which were private, and maintained the patient's dignity during consultation and examination.

There were signs offering the services of a chaperone in the waiting area and in the consulting room.

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### **Are services responsive to people's needs?**

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

Information about services was available.

The service had a complaints policy and procedure. The service had not received any complaints in the last 12 months.

The service sought feedback from patients by asking them to complete questionnaires taking part in regular surveys.

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### **Are services well-led?**

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

Staff were clear about the vision and their responsibilities in relation to it.

There was a clear leadership structure and staff felt supported by management. The service had a number of policies and procedures to govern activity and held regular governance meetings. However, a number of policies were not specifically tailored to the service provided and contained additional detail that wasn't relevant to the service being provided.

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# Summary of findings

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The provider was aware of the requirements of the duty of candour. The service encouraged a culture of openness and honesty and had systems for notifiable safety incidents.

The service proactively sought feedback from staff and patients.

There was a focus on continuous learning and improvement at all levels.

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# Practice Based Clinical Services Limited

## Detailed findings

### Background to this inspection

Practice Based Clinical Services Limited (PBCS) is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of ear, nose or throat (ENT) problems. The service does not have any patients formally registered with it but provides community-based ENT services for NHS patients and works with CCG Commissioners on an “Any Qualified Provider” (AQP) basis.

The contracted services are provided via three NHS Commissioners in Essex, as well as several NHS Commissioners in Sussex. All services are provided in approved NHS premises and are exclusively for patients who have ENT problems and only after direct referrals from the patient’s General Practitioner (GP). The Provider does not charge patients directly for services provided.

The service handles approximately 4,000 new referrals per annum and the services include:

- out-patient consultations after initial referral.
- diagnostics activity such as MRI/ other scans.
- minor procedures of the nose or throat including rhinoscopy and fiberoptic nasendoscopy.
- micro-suction of ears and nasal cautery for epistaxis.

Conditions seen and treated include, but are not limited to:

- hearing difficulties/hearing tests.
- foreign body in ears.
- Tinnitus.
- rhinitis/sinusitis.
- blocked nose/nasal polyps.

- recurrent nose bleeds.
- dizziness/vertigo balance problems.
- wax impaction.
- mastoid cavity care.
- lesions on ears.
- recurrent tonsillitis.

The service provides follow-up/reviews as clinically appropriate and after consultation, they discharge back to referrers with advice on management as appropriate.

They also provide onward referrals to secondary care providers, if clinically necessary, and advice to patients about self-care and rehabilitation.

We inspected the services provided within Rush Green Medical Centre, 261 Dagenham Road, Romford, Essex, RM7 0XR where a small team of administrative support staff are employed.

The inspection was led by a CQC inspector who was assisted by a GP specialist advisor.

The service has two directors, one of whom 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 clinical staffing is via the two directors themselves plus sessional input from a small team of associate specialists in ENT who are engaged by the service via Contracts For Service on a self employed basis. Nurses/Healthcare Assistants (HCAs) are engaged also on sessional/as required basis.

# Detailed findings

On the day of the inspection we received 45 comment cards from patients of the service and spoke with a further two patients. All the cards, and comments from the patients, were positive and most made reference to the friendliness, efficiency and the professionalism of the staff. Several mentioned that they would recommend the service to a friend.

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

We found that safe services were being provided in accordance with the relevant regulations.

We found some areas where improvements should be made relating to the safe provision of treatment namely reviewing the monitoring and recording of prescriptions and the timely disposal of sharps bins.

### Safety systems and processes

The service had a system in place to manage safety alerts.

All staff employed in the service had received a Disclosure and Barring Services (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.

The arrangements for managing emergency medicines kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The service did not have its own separate stock of any other medicines.

The GP issued prescriptions as appropriate and patient information clearly advised that these

prescriptions could be taken to any pharmacy. However, there was no record kept of the serial numbers of prescriptions as they were received by the Provider or as they were issued to the patient.

We reviewed five 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 DBS checks. All indemnity insurance was in date.

Although located in a shared building we saw evidence of procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. Up to date fire risk assessments and evidence of regular fire drills was seen. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked and calibrated to ensure it was working properly.

There were a variety of other risk assessments in place to monitor safety of the premises such as control of

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

### Risks to patients

Risks to the patients using the service were assessed and well managed and we saw evidence that a proactive approach to anticipating and managing risks to people who use the service was taken.

Staffing levels were monitored and there were procedures in place to source additional trained staff should that be required.

There were effective systems in place to manage referrals and test results.

Risks to patients (such as fire) had been assessed and actions taken manage the risks identified.

There were arrangements in place to respond to emergencies and major incidents including the recognition of sepsis

There was a defibrillator, a supply of emergency medicines and oxygen available. All expiry dates of emergency equipment and medicines were regularly checked by staff to make sure they would be effective when required.

There was a business continuity plan for major incidents such as power failure or building damage. This contained emergency contact details for suppliers and staff.

### Information to deliver safe care and treatment

The provider used an electronic system for recording of patient notes and consultations. Any paper records were held securely in locked cabinets. After two years the paper records are archived in secure storage paid for by the commissioners.

There was no need to transport records between the various sites as patients were only seen at one site.

Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included investigation and test results.

There were arrangements in place to check the identity of patients. This included a check on parental responsibility for children.

# Are services safe?

There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and these 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. All staff had received training, appropriate to their role, in safeguarding adults and children. The service lead for safeguarding was one of the directors who had been trained to level 3.

## **Safe and appropriate use of medicines**

From the evidence seen, staff prescribed and gave advice on medicines in line with legal requirements and current national guidance.

Patients attended for the care of acute conditions, and were referred to consultants or their NHS GP for follow up as appropriate. The practice did not prescribe high risk medicines.

Staff told us of actions taken to support good antimicrobial stewardship but an audit of antimicrobial prescribing had not been undertaken due to the acute nature of the service provided and clinical follow up by the patient's GP.

Prescriptions were hand written with information manually inputted from the patient record and handed to patients to take to their local pharmacy. The practice would occasionally receive calls from pharmacies to verify prescriptions to ensure prescriptions were correctly and safely dispensed. There was no system for recording or monitoring the usage or security of the prescription pads.

Controlled drugs were not prescribed.

The registered manager informed us that all staff had access to the National Institute for Health and Care Excellence (NICE) guidance for prescribing.

Medicines stocked on the premises were stored appropriately and monitored.

## **Track record on safety**

The service received the relevant national medicines and patient safety alerts and recorded any action taken.

We saw evidence of the process that was in place to record how they had been reviewed and communicated to staff.

## **Lessons learned and improvements made**

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 provider had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents, the policy stated that the service would give affected people reasonable support, truthful information and a verbal and written apology. It also required that written records of verbal interactions as well as written correspondence was kept.



# Are services effective?

(for example, treatment is effective)

## Our findings

We found that effective services were being provided in accordance with the relevant regulations.

### Effective needs assessment, care and treatment

Patients were referred into the service by their NHS GP. Doctors assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence based practice. The outcome of this first/new appointment would be the patient being:

- discharged back to the GP or other referrer with a recommended ongoing treatment plan.
- receiving advice on self-care/self-management for the patient.
- a follow-up appointment being made with the service in order to monitor the patient's condition.
- an onward referral to a secondary care provider in order to undertake further detailed investigations or any operative procedures required.

### Monitoring care and treatment

The provider had undertaken quality improvement activity such as audits but they were yet to finalise a complete two cycle audit. There were plans in place to carry out further clinical audits and to complete them as two cycle audits.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

The service had an induction programme for all newly appointed staff. This covered such

topics as, fire safety, health and safety, emergency procedures, waste handling, manual handling, practice policies and procedures, confidentiality and disciplinary procedures.

### Coordinating patient care and information sharing

Patients attended for the care of acute conditions, and were referred to consultants or their NHS GP for follow up as appropriate. Clinical staff were aware of their responsibilities to share information with the referring GP and we saw examples where this was done.

Where patients required a further referral (for diagnostic tests or review by a secondary care clinician) this was arranged by the provider unless it was deemed beneficial for the patient to contact their NHS GP for a further referral.

### Consent to care and treatment

Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. All clinical staff had received training on the Mental Capacity Act 2005.

Details of treatment were shared with the referring GP.

Relevant patient identity checks were conducted, although most patients attending brought with them a copy of their referral letter.

Where the patient attending was a child, the clinician spoke with the accompanying person to establish their relationship and also considered other checks such as seeing a birth certificate and/or a letter of guardianship together with photographic identification for both the child and the adult. Gillick competence was also considered and discussed. Consent for the care and treatment was recorded.

# Are services caring?

## Our findings

We found that caring services were being provided in accordance with the relevant regulations.

### **Kindness, respect and compassion**

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

All feedback we saw about patient experience of the service was positive. We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received 45 completed comment cards all of which were positive and indicated that patients were treated with kindness and respect. We also spoke with two patients. Comments included that patients felt the service was excellent, offered in a clean environment and that staff were caring, professional and treated them with dignity and respect.

Staff we spoke with were aware of their responsibility in relation to people's diversity and human rights.

Staff we spoke to were fully aware of the importance of confidentiality and Data Protection legislation.

Staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The provider carried out regular patient satisfaction surveys and kept copies of written compliment cards and letters. All those that we saw evidenced positive feedback.

Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results.

### **Involvement in decisions about care and treatment**

Staff told us that patients were normally seen by the clinicians on only a few occasions and that the majority were seeking additional advice, support or treatment for a pre-existing condition, for which they had been referred by their registered NHS GP.

Feedback from the provider's own survey and the CQC comment cards indicated that staff listened to patients concerns and involved them in decisions made about their care and treatment.

Staff told us that translation services were available in the event of a patient attending where English was not their first language.

### **Privacy and Dignity**

Staff recognised the importance of patients' dignity and respect.

The service operated from consulting rooms within a GP surgery which were private and helped to maintain patients' privacy and dignity during consultation and examination. The door could be locked from the inside during any examination. A folding screen was available for additional privacy.

There were signs offering the services of a chaperone in the waiting area and in the consulting room.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that responsive services were being provided in accordance with the relevant regulations.

### **Responding to and meeting people's needs**

The service was designed to offer community based ENT services to NHS patients in a setting which was convenient to their needs and local to where they lived. Consultations were available to anyone who had been referred by their NHS GP.

Staff members had received training in equality and diversity and discussions with staff indicated the service was person centred and flexible to accommodate people's needs.

The facilities and premises were suitable for people with mobility issues and was accessible by wheelchair users. Other facilities were in place to assist people with disabilities, such as a disabled toilet with handrails and emergency pull cord.

### **Timely access to the service**

Formal clinic times were not in place and access to the service was directly in response to demand and referral by the patient's GP. Patients seeking a consultation with the GP were referred promptly.

Upon receipt of a request, the patient was contacted and an appointment made at their convenience and as soon as possible.

### **Listening and learning from concerns and complaints**

The provider encouraged and sought patient feedback. Information on how to complain was available in the waiting room and in literature sent to patients.

The provider had a policy and procedure in place to manage concerns and complaints. However, they had not received any complaints within the last twelve months. The policy incorporated a process to communicate with the patient during the investigation into the complaint, offer a written apology where appropriate and disseminate learning to staff. The policy also included details of the procedure if the complainant was dissatisfied with the outcome.

The provider also listened to comments and suggestion made by staff and patients and made changes as a result. Examples of this included redeveloping the office space and making more signs available to patients attending the clinic. Changes have also been made to the checking in process and the provision of appointment letters that are more user friendly in line with the new accessibility standards.

# Are services well-led?

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

## Our findings

We found that well led services were being provided in accordance with the relevant regulations.

### Leadership capacity and capability

There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

The management had oversight of complaints.

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

The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

### Vision and strategy

The provider had a clear vision and strategy, incorporated within a vision and values statement, to deliver care. Staff knew and understood those values. They were clear about the vision and their responsibilities in relation to it.

### Culture

The provider was aware of the requirements of the duty of candour and staff we spoke to were fully aware of those requirements. The service encouraged a culture of openness and honesty and had systems for notifiable safety incidents.

Staff we spoke to told us that they were supported by management and encouraged to contribute ideas and raise issues at meetings. They also felt able to raise any urgent matters at any time.

### Governance arrangements

There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

The provider had a number of policies and procedures to govern activity. However, a number of policies were not specifically tailored to the service provided and contained additional detail that wasn't relevant to the service being provided. For example, the Information Governance policy referred to NHS requirements rather than those of the provider.

Service policies were implemented and were available to all staff.

An understanding of the ethos and performance of the service was maintained.

The provider had begun to monitor performance through audit. They had planned a number of audits for 2018 including a second cycle audits.

The service proactively sought feedback from staff and patients.

### Managing risks, issues and performance

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Appropriate and accurate information

The provider acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance.

The provider submitted data or notifications to external organisations as required and was registered with the appropriate bodies such as The Information Commissioner's Office.

There were satisfactory 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 provider sought and used the views of patients and staff and used feedback to improve the quality of services.

Patient and staff feedback was used to improve services. For example, following comments from patients on the phone system an answerphone facility has been made available for patients wishing to leave messages out of hours. These messages are listened to first thing the following day and immediately dealt with.

### Continuous improvement and innovation

There was a clear leadership structure in place at the service and staff felt supported by the management. Staff members told us the managers were approachable and always took the time to listen to them. We found the provider held regular, and ad-hoc, meetings although these were often not minuted.

# Are services well-led?

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

Staff told us there was an open culture within the service and they had the opportunity to raise any issues during meetings.

There was a focus on continuous learning and improvement at all levels. Staff were actively encouraged to undertake additional training via the online training facility.