

# Garstang Clinic

## Inspection report

14 High Street  
Garstang  
Preston  
PR3 1FA  
Tel: 01253655199  
www.lancashireentservices.co.uk

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

### Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	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 at Garstang Clinic as part of our inspection programme.

Garstang Clinic is a private clinic providing a range of diagnosis and treatment for all ear, nose and throat related disorders. The clinic offers outpatient services for adults and children.

Comment cards were not distributed to the provider prior to the inspection in order to minimise the risks associated with the COVID -19 pandemic. No patients attended the clinic on the day of our inspection.

## **Our key findings were:**

- Systems and processes were in place to keep people safe including the maintenance of the premises, clinical equipment and the management of infection control, medication and clinical waste.
- The provider had made several changes to the premises and the management of patient appointments to control the risks associated with transmission of the Covid-19 virus. This included the installation of perspex screens in-between consulting rooms and a microphone system to enable face to face consultations and audiology testing to take place safely during the pandemic.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Systems, processes and records had been established to seek consent and to offer coordinated and person-centred care.
- The provider was aware of current evidence-based guidance and they had the skills, knowledge and experience to carry out this role.
- Patients were encouraged to provide feedback and systems were in place to act on and learn from any complaints.
- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- There was a clear leadership structure and staff felt supported by management.
- Staff had access to ongoing training, supervision and appraisal.
- 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 undertake clinical audits and with the routine peer review of clinical records.
- Continue to review and update policies and procedures.
- Include the contact details of the mediation and alternative dispute resolution service in the complaint's procedure, so patients understand how they can escalate any concerns.

# Overall summary

- Record individual medicines and expiry dates when undertaking weekly medicine checks.
- Seek feedback from patients on the quality of clinical care they receive.
- Formalise and document the risk assessment completed for the absence of an oxygen cylinder at the clinic.

**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. The team included a specialist adviser.

## Background to Garstang Clinic

Dr Ajay Nigam FRCS ED, FRCS Eng, FRCS (ORL) is the registered provider. He is a consultant ear, nose and throat ( ENT) surgeon who is on the General Medical Council (GMC) specialist register. Dr Nigam delivers regulated activities from two registered locations based in Garstang and Lytham.

Garstang Clinic is a private clinic providing a range of diagnosis and treatment for all ear, nose and throat related disorders. The clinic offers outpatient services for adults and children.

The service is based at 14 High Street, Garstang, Preston, Lancashire, PR3 1FA. The clinic team consists of one doctor, a health care assistant and two reception / administration staff who work between two locations.

The clinic is open Monday to Friday 9am to 4 pm.

Website: [www.lancashireclinic.co.uk/garstang-clinic](http://www.lancashireclinic.co.uk/garstang-clinic)

The service is registered with CQC to undertake the following regulated activities:

- Treatment of Disease, Disorder or Injury
- Diagnostic and Screening Services.
- Surgical Procedures.

How we inspected this service

We carried out this comprehensive 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.

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Requesting a provider information return and additional evidence from the provider prior to the site visit.
- Conducting staff interviews remotely using telephone calls.
- A shorter site visit to enable us to undertake a tour of the premises, interview the provider, review clinical records and other documents relating to the service.
- Further communications for clarification.

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?

## We rated safe as Good because:

The service had clear systems to keep people 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 reliable systems for appropriate and safe handling of medicines. The service had a good safety record and had systems in place to learn and make improvements should things go wrong.

The provider should formalise and document the risk assessment for the absence of an oxygen cylinder at the clinic and include the name of the safeguarding lead in the child and adult safeguarding policies.

## Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies, which were regularly reviewed and communicated to staff. The service had systems to protect children and safeguard vulnerable adults from abuse which were outlined in specific policies and procedures. The policies needed to be updated to specify the name of the lead person responsible for safeguarding however all staff spoken with were clear that this person was the provider.
- The provider had systems in place to assure that an adult accompanying a child had parental authority.
- The provider understood their responsibility to work with other agencies to support patients and protect them from neglect and abuse.
- The provider carried out staff checks at the time of recruitment. 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 staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The provider had undertaken a premises risk assessment which included consideration of the risks associated with legionella. Systems were in place to control potential risks such as weekly flushing of the water system.
- The provider had also made several changes to the premises and the management of patient appointments to control the risks associated with transmission of the Covid-19 virus. This included the installation of perspex screens in-between consulting rooms and a microphone system to enable face to face consultations and audiology testing to take place safely during the pandemic.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## 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 a basic induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- The provider had an individual practitioner's medical professional indemnity policy in place.

# Are services safe?

- There were suitable medicines to deal with medical emergencies which were stored appropriately and checked regularly. The clinic did not have an oxygen cylinder at the clinic as the provider did not consider this equipment necessary due to the nature of the consultations and the procedures undertaken.

## 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.
- 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.
- The provider made appropriate and timely referrals 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 emergency medicines minimised risks. The provider kept prescription stationery securely and monitored its use.
- The provider prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept records of medicines.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The provider monitored and reviewed activity. This helped them 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 had been no significant events in the last 12 months; however there were adequate systems for reviewing, investigating matters and sharing learning should things go wrong.
- Staff understood their duty to raise concerns and report incidents and near misses.
- 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.
- The service had a mechanism in place to act on, disseminate to all staff and learn from any relevant safety alerts.

# Are services effective?

## We rated effective as Good because:

The provider assessed needs and delivered care in line with current legislation, standards and evidence-based guidance. The service was actively involved in quality improvement activity. Staff had the skills, knowledge and experience to carry out their roles. Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence. The provider obtained consent to care and treatment in line with legislation and guidance.

## 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 evidence-based guidance and standards such as ENT UK. ENT UK is the professional membership body representing Ear, Nose and Throat surgery, as well as its related specialities, in the United Kingdom.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The provider had enough information to make or confirm a diagnosis. Patients were advised to see their own GP if the patient's condition fell outside of the service's scope.
- We saw no evidence of discrimination when making care and treatment decisions.

## Monitoring care and treatment

**The service was involved in quality improvement activity.**

- The service used information about care and treatment to make improvements.
- The service made improvements where necessary through the use of completed audits. For example, the provider had made a number of changes to the premises and the management of patient appointments to control the risks associated with the Covid-19 pandemic. We saw that the provider had also established a programme of audits that were completed at different intervals through the year to monitor operational activity. These covered areas such as incidents and accidents; complaints and concerns; training; clinical documents; health and safety; environment and infection control; patient surveys; medication; records of clinical interventions; human resources; policies and procedures; statement of purpose and information governance.
- We noted that responsibility for the majority of audits had been delegated to the clinic assistant manager and there was limited evidence of clinical audit. Following our site visit, the provider sent us evidence of a recent peer review (of a sample of patient records) undertaken by another ENT consultant with the relevant skills, knowledge and qualifications to provide feedback on the clinical care provided and the records maintained by the provider. No concerns were identified. Additionally, we were provided with a two-cycle clinical audit regarding the security and availability of consent forms once transferred to secondary care settings. The audit provided evidence that following revised procedures, the loss of consent forms for the clinics had reduced from 17.5% (7 forms from June to November 2020) to 2.7% (one form from December 2020 to June 21). A third cycle is to be undertaken next year to further review additional measures taken, to confirm consent forms are being managed and dealt with efficiently in secondary care.

## Effective staffing

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

# Are services effective?

- All staff were appropriately qualified for their role. The provider had a basic induction programme for all newly appointed staff.
- The provider was registered with the General Medical Council (GMC).
- 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 together, and with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. The provider referred to, and communicated effectively with, other services when appropriate. For example, 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.
- Before providing treatment, the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- 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.
- The service monitored the process for seeking consent appropriately.

## **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 highlighted to their normal care provider for additional support.
- Where patient's 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 and treatment in line with legislation and guidance.**

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

# Are services caring?

## **We rated caring as Good because:**

Feedback from patients confirmed they were treated with kindness, respect and compassion. Staff helped patients to be involved in decisions about their care and treatment. Staff understood the needs of patients and respected their privacy and dignity.

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

#### **Staff treated patients with kindness, respect and compassion.**

- The service routinely sought feedback on customer satisfaction however this had been restricted due to smaller clinics as a result of the Covid-19 pandemic. We noted that in the last 12 months there had been a review of sixteen feedback cards that had been completed between 16 January 2021 and 23 February 2021.
- Patients were asked to provide feedback on the greeting from reception, cleanliness of the environment, standard of information provided and professionalism of clinic staff and the consultant. All sixteen patients indicated an excellent response for each question and confirmed they would recommend the clinic.
- Feedback from patients was positive about the way staff treated people
- Staff had completed equality and diversity training and demonstrated a good understanding of the importance of treating patients with dignity and respect.
- 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.**

- The provider was multi-lingual and confirmed the service could source interpretation services and produce information in alternative languages for patients who did not have English as a first language, subject to individual need.
- Patient feedback indicated staff were helpful and the provider was happy to answer all questions about care and treatment. Patients were complimentary about how thorough the clinicians were.
- Staff communicated with people in a way that they could understand. For example, the provider had accessed a range of patient information, anatomical charts and models to help *explain* and articulate information to clients as clearly as possible.

### **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?

## **We rated responsive as Good because:**

The service organised and delivered services to meet patients' needs. Patients were able to access care and treatment from the service within an appropriate timescale for their needs. The service took complaints and concerns seriously and procedures were in place to ensure they were appropriately investigated.

Details of the organisations that patients could escalate their concerns to such as the mediation and alternative dispute resolution service should be included in the complaint's procedure.

## **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 had improved services in response to those needs. For example, the provider recognised that there was a need to provide ongoing care for some patients and to respond to new referrals during the Covid-19 pandemic. In response, modifications had been introduced to the environment to minimise the risk of transmission between staff and patients.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, there was a ramp providing access to the reception area from the rear car park and a disabled access toilet and two downstairs consulting rooms for patients to use.

## **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, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- 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 in the reception area. Staff had completed complaints training to help them understand how to handle complaints and the importance of treating patients compassionately.
- The service had a complaint policy and procedures in place. However, details of the organisations that patients could escalate their concerns to such as the mediation and alternative dispute resolution service had not been included in the complaints procedure.
- Complaints was a standing agenda item and this topic was subject to regular review as part of the provider's auditing programme.
- There had been no complaints for the clinic in the last 12 months however systems were in place to enable the service to learn lessons from individual concerns and complaints in the event they should arise.

# Are services well-led?

## **We rated well-led as Good because:**

The provider had the capacity and skills to deliver high-quality, sustainable care. The service had a mission statement which outlined key standards patients should expect to ensure the delivery of good quality care. The service had a culture of high-quality sustainable care and there were clear responsibilities, roles and systems of accountability to support good governance and management. There were clear and effective processes for managing risks, issues and performance. The service engaged with staff and sought patient feedback and there was evidence of systems and processes for learning, continuous improvement and innovation.

## **Leadership capacity and capability;**

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

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider was visible and approachable. They 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 provider had developed a clear mission statement which outlined the expected standards of service for patients. The service did not have a documented strategy or a supporting business plan to achieve priorities, but the provider was able to clearly articulate the ongoing aims and objective of the service and their future succession plans.
- Staff were aware of and understood the service's mission statement and their role in achieving the service mission and standards.
- The service routinely monitored service performance through internal and external audit.

## **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.
- The service focused on the needs of patients.
- No significant events or complaints had been recorded at the Garstang Clinic in the last 12 months; however the provider demonstrated a positive commitment to the management of any incidents and /or complaints should they arise.
- Health and safety matters and complaints were a standard agenda item in meetings and were continually kept under review as part of the provider's auditing programme.
- 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.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year.
- There was a strong emphasis on the safety and well-being of all staff.

# Are services well-led?

- 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.

## 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.
- The provider had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. For example, we noted that some policies and procedures such as the complaints procedure were in need of review, to ensure patients understood how they could escalate a complaint should the need arise.
- Team meeting minutes viewed highlighted that policies and procedures was a standing agenda item and the provider was in the process of exploring options for their review, development and expansion.
- The provider 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.

## 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.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- 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.

## Engagement with patients, the public, staff and external partners

### **The service involved patients, staff and external partners to support high-quality sustainable services.**

# Are services well-led?

- The provider encouraged and heard views and concerns from the patients, staff and external partners and acted on them to shape services and culture. For example, patients were encouraged to complete a feedback card following their visits to the clinic.
- There were systems to support improvement and innovation work.
- The provider had made several modifications to the layout of the environment to keep staff and patients safe during the pandemic.
- Staff could describe to us the systems in place to give feedback. For example, via staff clinic meetings, ongoing informal discussions and appraisals.
- 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 a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The provider encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work.
- The provider had made several modifications to the layout of the environment to keep staff and patients safe during the pandemic.
- The provider had been recognised for his work and had been awarded a Lifetime Achievers Award by The Swallows (A head and neck cancer support group based in Blackpool).