Eastbourne Healthcare Partnership

Inspection report

Wartling Road
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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?	Good
Are services well-led?	Good

Overall summary

We carried out an announced comprehensive inspection on 28 May 2019 to ask the service the following key questions; are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services well-led?

We found that this service was providing well-led services 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.

Eastbourne Healthcare Partnership provide diagnostic and screening services to patients referred to them from local primary care services. This includes x-rays and DXA scans (dual energy x-ray absorptiometry used to measure the density of the bone).

The practice manager of the GP practice based next to the location 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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards which were both positive about the service that had been provided. We spoke with three patients who told us they had received a very good service from the provider.

Our key findings were:

- Patients were treated with dignity and respect and the service was delivered in a person-centred way.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, actions taken to respond to health and safety risk assessments were not always documented.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available both in the service in the form of a leaflet and on the service website.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted upon.
- Patients using local GP practices received direct access to the service. The prompt reporting on imaging procedures resulted in timely access to information for patients and clinicians.

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

- Consider the access arrangements for children to the main waiting area and the implications for staff child safeguarding awareness.
- Review the recording systems for health and safety risk assessment actions to demonstrate actions have been completed within appropriate timescales.
- Keep the training matrix under review to ensure staff training is updated in a timely manner including the fire evacuation/drill update.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection was completed by a CQC inspector, a second CQC inspector and a specialist advisor in diagnostic radiography.

Background to Eastbourne Healthcare Partnership

Eastbourne Healthcare Partnership Limited is the registered provider of services carried out at the location Eastbourne Healthcare Partnership. Eastbourne Healthcare Partnership Limited was formed in 2007. The company was set up as a joint venture between Apollo Centres for Health and Princes Park Medical Practice to provide clinical services from a primary care location to meet the needs of the local adult population and to avoid unnecessary delays in diagnosis and treatment experienced via secondary care.

We carried out an inspection of Eastbourne Healthcare Partnership. Regulated activities provided at this location are carried out by registered radiographers and provide diagnostic and screening services to patients referred to them from local primary care services. This includes x-rays and DXA scans (dual energy x-ray absorptiometry used to measure the density of the bone).

Services are carried out from:

Wartling Road, Eastbourne, BN22 7PF.

The service also branches proving ultrasound and DXA scans at Seaford Medical Centre and Station Plaza Hastings (DXA). We did not visit these locations during this inspection.

The practice is located on the same site as a local GP practice and the service is open five days a week, Monday to Friday from 7.30am to 8pm. Occasional Saturday morning services are provided based on demand.

The service has two qualified radiographers working variable hours, a healthcare assistant and a team of reception staff. The practice also uses locum radiographers when required. The registered manager is also the practice manager of the GP practice located next door who is supported by a reception manager. Staff at the location are supported by additional clinical and administration staff from the GP practice.

We carried out an announced comprehensive inspection on 28 May 2019.

Prior to the inspection we gathered and reviewed information from the provider. There was no information of concern received from stakeholders. During our visit we:

- Spoke with staff based at the practice including one of the radiographers, healthcare assistant, reception manager and registered manager.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at documents the practice used to carry out services, including policies and procedures.
- Reviewed patient survey results.
- Spoke with patients at the service.

To get to the heart of patient's 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 systems and processes to keep patients safe and safeguarded from abuse.

- The service only provided diagnostic and screening services to adults. The service had systems to safeguard vulnerable adults from abuse. Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. Local policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- Staff demonstrated they understood their responsibilities regarding safeguarding. They knew how to identify, and report concerns and had received training on safeguarding vulnerable adults relevant to their role.
- Whilst the service was for adults only and patients were advised of this, we observed children in the waiting area with family members as the building is shared with other providers. Some reception staff had received child safeguarding training but not all. We noted that this training and pan-Sussex child safeguarding policies were available to staff through the GP practice.
- The service had recruitment procedures in place. We saw evidence that recruitment checks had been carried out prior to employment including proof of qualifications and registration with the appropriate body and Disclosure and Barring Service (DBS) checks (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). We noted that the service had secured references for new staff since our last inspection.
- A notice in the waiting room and on each changing room door advised patients that chaperones were available if required. All chaperones had received a DBS check and were trained.
- There was an effective system to manage infection prevention and control and a policy was in place. The service maintained appropriate standards of cleanliness and hygiene. The training matrix we saw on the day of the inspection did not evidence that all staff had received up-to-date training in infection control. Following the inspection, the service sent us an updated matrix to show that all staff except three staff who had recently started had received this training in February and April 2018.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Electrical and clinical equipment had been tested within the past year.
- There was a health and safety policy available and accessible to all staff. A health and safety poster with contact details of representatives was on display within the waiting room area.
- The service had a variety of risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- The service had external contractors to carry out regular reviews of premises safety. This included a regular 'walk around' of the building and any issues found were reported and discussed at the governance meetings. Whilst we found actions had been undertaken we found that the actions taken had not been captured in any formal way to demonstrate that the process had been completed. This was also the case for the outstanding remedial action for the five-year electrical safety checks. Staff needed to find evidence through emails to demonstrate that outstanding work with their contractor had been actioned and there was no formal action plan for this work.
- The service had an up-to-date fire risk assessment, carried out regular fire drills and fire safety equipment had been tested within the past year. We noted that another fire drill was overdue as the last was undertaken according to the record we saw, in January 2018. The service manager was aware that it was overdue and was taking steps to arrange a drill with the external contractor.
- The service had systems in place to comply with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). This is legislation which places obligations on specific duty holders and provides a framework intended to protect individuals from the hazards associated with medical exposures involving ionising radiation. For example, the service had clearly visible national guidelines on diagnostic reference levels (DRLs) and there was evidence that these were being monitored. (Dose limits are set to protect workers and members of the public from the effects of ionising radiation. They are set at a level that balances the risk from exposure with the benefits of using ionising radiation).

Are services safe?

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. The practice had adequate arrangements to respond to emergencies and major incidents.

- There were arrangements for planning and monitoring the number of staff needed and a system in place for staff from the GP practice to provide cover should this be required.
- All staff had received an induction and basic life support training.
- The practice had access to a defibrillator held in their reception area and shared with other service providers in the building.
- Oxygen with adults' and children's masks was available.
- The practice had a full range of emergency medicines, all of which were in date and monitored by the health care assistant. These medicines were in place for the use of other clinicians who shared the building.
- We saw signage alerting patients to the risk of having x-rays and DXA scans when pregnant. This was discussed further with female patients and they were asked to fill in a form confirming that, to the best of their knowledge, they were not pregnant.

Information to deliver safe care and treatment

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

- Records of consultations were held on the computer system for each patient and were accessible to staff when logged in. We saw that computer screens were locked by the user when the room was left unattended.
- The service used recognised systems to ensure reports and images were reviewed and reported on within appropriate timescales. For example, the practice used picture archiving communication (PACS) and radiological information systems (RIS) to ensure that images were effectively reported on by radiologists and transmitted back to referrers.

Track record on safety

There was a system for reporting and recording incidents.

- Staff told us they would fill out an incident form and send this to the office for logging and trend analysis. The form was available on the system and could be printed and manually filled out and scanned in.
- Staff informed us there had been no incidents within the past year.

Lessons learned and improvements made

The service learned and made improvements when things went wrong

- There was a system for recording and acting on incidents. Staff understood their duty to raise concerns and report incidents.
- There were adequate systems for reviewing and investigating when things went wrong. The practice's systems made provision for learning and sharing lessons and identified themes.
- There was a duty of candour policy in place. The provider encouraged a culture of openness and honesty.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient feedback and medicine safety alerts.

Good

Are services effective?

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice.

- The provider delivered services in line with relevant and current evidence-based guidance and standards such as those of the Society and College of Radiographers and the Royal College of Radiologists.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

- The practice had carried out quality improvement audits at a local level. For example, this included radiographers taking part in annual quality audits and an annual audit from the service's radiation protection advisor (RPA).

Effective staffing

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

- Staff whose role included that of radiographer had the necessary specific training and updates to do so. We noted that the radiographer was booked to attend radiation protection supervisor (RPS) training updates in July 2019.
- The practice understood the learning needs of new staff and an induction programme was in place that included training sessions provided by colleagues as well as e-learning modules.
- The service had a system in place to ensure skills; qualifications and training were kept up-to-date and maintained. Staff were sent reminders as to when their next training was due.
- The training matrix we saw during our inspection did not show that staff had received training in infection control and data protection (GDPR). Following the inspection, the provider sent us an updated matrix to evidence that these training areas had been covered however some new staff were yet to receive infection control training.

Coordinating patient care and information sharing

The provider shared relevant information with other services. For example, the service would contact the patient's own GP if any concerns had been identified with the patient's consent.

Supporting patients to live healthier lives

Patients were given individual advice on healthy lifestyles. For example, the service provided information leaflets on healthy diets for patients diagnosed with osteoporosis.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff told us that if they had concerns they would seek advice from the referrer who was usually the patient's GP.

Good

Are services caring?

Kindness, respect and compassion

- During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with respect and in a professional manner.
- The two Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the service staff were caring, helpful and very quick.

Involvement in decisions about care and treatment

- Written and verbal information and advice was given to patients about services available to them. Further information could also be accessed on the provider's website. This included explanations of the various screening procedures.

The service provided facilities to help patients be involved in decisions about their care:

- Staff told us that the number of non-English speaking patients was low but that translation services could be arranged through a recognised translation service.
- Information leaflets were available to patients.

Privacy and Dignity

We saw that staff respected patient privacy and treated them with dignity:

- Imaging room and changing room doors were closed during procedures; conversations taking place in these rooms could not be overheard.
- The radiographer's assistant (HCA) went into the waiting area and called patients into the imaging room; patients were kept informed should there be a delay to their appointment.
- CQC comment cards and patient feedback on the day and before the inspection supported the view that the service treated patients with respect.

Good

Are services responsive to people's needs?

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- The facilities and premises were appropriate for the services delivered. Two imaging rooms were available for use, a waiting room area and public toilet facilities were accessible.
- The service made reasonable adjustments when patients found it hard to access services. For example, there was level access to the building that supported patients with restricted mobility.
- For patients requiring an interpreter we were told that the service would make arrangements through a recognised translation service. Patients' communication and support needs were provided as part of the referral process.
- The service carried out a patient survey in March 2019. In this survey 96% of patients who were x-rayed (59 responses), 94% who had an ultrasound (66 responses) and 100% of patients who had a DXA (bone density) scan (65 responses) said that the overall opinion of their visit was either excellent or good.
- We were told that information was provided to the radiographers on patient mobility and cognitive needs, so they could allow longer time periods for explaining the procedures and completing the scans or x-rays.

Timely access to the service

- Monday to Friday from 7.30am to 8pm. Occasional Saturday morning services were provided based on demand.
- Feedback from CQC comment cards told us that patients did not have to wait long for an appointment. They told us that the service was prompt and efficient.

Listening and learning from concerns and complaints

- We saw the provider had a leaflet available in the waiting area informing patients how to complain. The leaflet included contact details of who to contact should a patient be unhappy with the action taken by the provider. Information about how to make a complaint was also available online via the provider's website.
- One complaint had been received by the service since the last inspection and was in the process of being reviewed and responded to.

Good

Are services well-led?

Leadership capacity and capability;

Staff demonstrated that leaders had the capacity and skills to deliver care.

- There was a clear leadership structure in place across the organisation and within the service itself.
- Leaders demonstrated they understood the challenges and we were informed of instances where they were addressing them.
- The service held weekly partners' meetings and monthly governance meetings.
- We were informed that leaders at all levels were approachable and supportive. There was always a senior clinician available to contact when required.
- Staff said they were encouraged to give feedback about the service and they felt listened to.

Vision and strategy

The provider had a clear vision to provide a high-quality service that put caring and patient safety at its heart. The provider had a realistic strategy and supporting business plans to achieve priorities.

Culture

- Staff told us that they felt respected and supported.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Staff told us that they were supported to meet the requirements of professional development. Staff were given two days a year protected time for professional development and protected time for training.

Governance arrangements

- The organisation demonstrated that it had an overarching governance framework which supported the delivery of good quality care.
- There were a wide range of policies to govern activity including health and safety and meeting the requirements of national guidelines and regulations on ionising radiation protection.
- There were regular weekly and monthly governance meetings and clinical support was provided by a lead clinician. External support and audit was provided by a leading national clinical specialist in osteoporosis.

Managing risks, issues and performance

- There were appropriate arrangements for identifying and managing risks through service meetings and partner meetings. However, the actions taken to respond to health and safety risks were not always documented in a way that assisted with oversight in these areas.
- The service had a business continuity plan for major incidents such as power failure, building damage and IT failure. The plan included emergency contact numbers for staff.

Appropriate and accurate information

- The service used information technology systems to monitor and improve the quality of care.
- Patient records were securely stored on the information technology system only accessible via staff log-in. The service had off-site secure electronic storage of patient records as part of their business contingency plan.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support high-quality sustainable services.

- Patient and staff views and concerns were encouraged.
- The service encouraged and valued feedback from patients and staff. It proactively sought feedback from patients through the patient survey and by filling out feedback forms.
- We saw evidence of the most recent patient survey carried out in March 2019 that no concerns had been identified.

Continuous improvement and innovation

- The service used reviews of incidents, complaints and feedback to make improvements.
- Radiographers were involved in and received peer review of their work from an external organisation, employed by the provider to drive improvement.