

Connect Physical Health Centres Limited

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 27th and 30th April, 1st, 2nd and 3rd May 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

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.

Connect Physical Health Services provides community musculoskeletal (MSK) physiotherapy services across the UK. The 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. Physiotherapy is one of the services provided by Connect Physical Health Centres Limited; this service is exempt from regulation.

The Head of Governance & Compliance 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.

Our key findings were:

- We found that this service was providing safe care in accordance with the relevant regulations.
- We found that this service was providing effective care in accordance with the relevant regulations.
- We found that this service was providing caring services in accordance with the relevant regulations.
- We found that this service was providing responsive care in accordance with the relevant regulations.
- We found that this service was providing well-led care in accordance with the relevant regulations.

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 systems to keep patients safe and safeguarded from abuse.
- There was an operational system to manage infection prevention and control.
- The service learned and made improvements when things went wrong.
- There were systems to assess, monitor and manage risks to patient safety.
- The systems for handling medicines were appropriate and safe.

Are services effective?

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

- The service had systems to keep clinicians up to date with current evidence-based practice and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff were involved in the development of NICE guidelines.
- The safe use of innovative approaches to care and how it was delivered were encouraged.
- The service had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. All staff were engaged in activities to monitor and improve quality and outcomes.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high quality care.
- The service obtained consent to care and treatment in line with legislation and guidance.

Are services caring?

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

- Staff treated patients with kindness, respect and compassion. Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- The service respected and promoted patients' privacy and dignity.
- The vast majority of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced.

Are services responsive to people's needs?

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

- The service organised and delivered services to meet patients' needs. They took account of patients' needs and preferences.
- Patients were able to access care and treatment from the service within an acceptable timescale for their needs.
- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Are services well-led?

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

Summary of findings

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
 - The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
 - The service had a culture of high-quality sustainable care.
 - Governance and performance management arrangements were proactively reviewed and reflected best practice.
 - There were clear and effective processes for managing risks, issues and performance.
 - The service acted on appropriate and accurate information.
 - The service involved patients, the public, staff and external partners to support high-quality sustainable services.
 - There were comprehensive systems and processes for learning, continuous improvement and innovation.
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Connect Physical Health Centres Limited

Detailed findings

Background to this inspection

Connect Physical Health Centres is registered with the Care Quality Commission to provide an independent medical service from:

- The Light Box, Q2 Quorum Business Park, Benton Lane, Newcastle upon Tyne, Tyne and Wear, NE12 8EU.

At Connect Physical Health, the majority of services provided are physiotherapy related. These are outside the scope of regulation under the Health and Social Care Act 2008 and as such, we did not inspect them.

The service provides a musculoskeletal clinical assessment, triage and treatment service and has around 80 sites nationally where care and treatment is delivered. We inspected those services as they were within the scope of the Health and Social Care Act 2008.

We carried out the announced inspection on 27th and 30th April, 1st, 2nd and 3rd May 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check on whether the registered provider was meeting the legal requirements within the Health and Social Care Act 2008 and associated regulations.

Our inspection team was led by a CQC Lead Inspector and included a GP and a further three CQC inspectors. During the inspection we visited the headquarters and a sample of seven premises in London, Nottingham, South Tyneside and Darlington.

During our inspection, we spoke with the registered manager, the medical director, two clinical leads, two physiotherapists, a regional manager and three service managers. We also viewed personnel files, training records, service policies and procedures and other records about how the service is managed.

We received feedback from 35 patients detailing their experience of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Safety systems and processes

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

- The service had a number of safety policies, including adult and child safeguarding policies, which were regularly reviewed and communicated to staff. Staff received safety information as part of their induction and during refresher training. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to protect patients from neglect and abuse. Staff took steps to protect patients from harassment, discrimination and breaches of their dignity and respect.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff. (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 service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

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 an effective approach to managing staff absences and for responding to sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.

- The premises used by the service were equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. At the sites where joint injections were carried out, the service held a supply of emergency medicines to treat anaphylaxis.
- Doctors held current registration with the General Medical Council (GMC). Appropriate medical indemnity insurance was in place for all clinical staff.

Information to deliver safe care and treatment

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

- Individual records were written and managed in a way that kept patients safe. The 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.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including joint injections and emergency medicines and equipment minimised risks.
- Staff administered medicines to patients and gave advice on those medicines in line with legal requirements and current national guidance.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- Activity was monitored and reviewed. This helped managers 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 an effective system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- Comprehensive systems for reviewing and investigating when things went wrong were in place. The service

Are services safe?

learned and shared lessons, identified themes and took action to improve safety. For example, following an incident where a referral was completed for an incorrect patient, the systems for requesting MRI scans were reviewed and changed

- There was a system for receiving and acting on safety alerts.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The service had good systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The service's clinicians had developed a number of clinical guidelines themselves, covering the ten most common conditions treated by staff. A traffic light system was used to show which treatment, based on evidence, was the most appropriate for patients. This enabled staff and patients to have confidence that the right treatment was given each time.

One of the clinical leaders had been recruited to the National Institute for Health and Care Excellence (NICE) guidelines committee to develop guidelines on hip, knee and shoulder replacements.

Monitoring care and treatment

The service had a comprehensive annual programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. We saw evidence of some completed clinical audits where improvements had been implemented and monitored. This included an audit on whether diagnostic tests had been appropriate (this showed an improvement from 91% in 2016 to 95% in 2017) and on the quality of the initial patient assessments.

The service was actively involved in quality improvement activity. For example, they had achieved quality management system accreditation to ISO 9001 and were accredited with SEQOHS (Safe, Effective, Quality Occupational Health Service); this was a set of standards and a voluntary accreditation scheme for occupational health services. These accreditations demonstrated how the service's management systems were delivered in a way to meet customer and applicable statutory and regulatory requirements

Effective staffing

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

- The service 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. Several staff commented positively about the amount and range of training provided.
- The service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring and clinical supervision.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

Staff worked together and with other health professionals to deliver effective care and treatment.

- We saw records which showed that appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they were referred, or after they were discharged.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Consent to care and treatment

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

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

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- The vast majority of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the service.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Private rooms were available if patients' wished to speak to staff away from the reception areas.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. Patients' needs and preferences were taken into account.

- The service understood the needs of its population and tailored services in response to those needs (for example self referral to the service, choice of venues and clinician).
- The facilities and premises were appropriate for the services delivered. Most of the premises used by the service were within CQC registered locations (mainly GP practices). Some physiotherapy services were provided within leisure centres but these were not within the scope of the service's registration with CQC. When new premises were commissioned, a site safety check was carried out; then each year a visual inspection and risk assessment was carried out by the estates team to ensure they were fit for purpose.
- The service made reasonable adjustments when patients found it hard to access services. For example, the entire website could be translated into many different languages.
- Care and treatment was coordinated with other services; systems were in place to share information with the patients' own GPs once treatment was complete.

Timely access to the service

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

- Patients had timely access to initial assessment, diagnosis and treatment. They received a telephone assessment within 48 hours of referral and the average waiting time for treatment was 19 days.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.

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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaints policy and procedures were in line with recognised guidance. 94 complaints had been received in the last year (from 213,000 referrals). We reviewed a sample of complaints and found that they had been satisfactorily handled in a timely way.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. They acted as a result to improve the quality of care. For example, following a complaint where a patient felt discriminated against, the service provided further training for staff and updated procedures to prevent the issue re-occurring.

Are services well-led?

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

Our findings

Leadership capacity and capability

Leaders had an inspiring shared purpose, strove to deliver and motivated staff to succeed.

- Leaders had the experience, capacity and skills to deliver the service's strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the organisation. There were management development programmes in place for clinical and support staff.

Vision and strategy

The service had a clear vision; "to help people improve their quality of life" and a credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service's four values (people centred, pioneering, dynamic and quality) were embedded into everyday processes; staff's appraisals and development plans were built around the core values. 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.

Culture

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

- Staff stated they felt respected, supported and valued.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Managers were 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.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received monthly one to one's, a six month review and an annual appraisal.
- The service promoted equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff and teams.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

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 including in respect of safeguarding.
- Managers had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Managers had oversight of national and local 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 practice to improve quality.
- The service had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Are services well-led?

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

- Quality and operational information was used to ensure and improve performance. An in-house data warehouse system had been developed. This provided managers with real-time performance information.
- The service monitored performance and management 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.
- The service used information technology systems to monitor and improve the quality of care. They had developed an 'app' for smartphones which gave advice and directions on the various exercises and stretches that staff had recommended for patients.
- The service 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.

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.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The service encouraged patients to provide feedback about whether they were satisfied with the care and treatment they had received. Patients were asked for their views after every consultation.
- The service was transparent, collaborative and open with stakeholders about performance. They displayed information on concerns raised by patients and what

action had been taken on 'you said, we did' posters at all premises. For example, in one area patients had asked if education seminars could take place in more locations; the service arranged for sessions to be held at two different sites.

Continuous improvement and innovation

Safe innovation was celebrated. There was a proactive approach to seeking out and embedding new ways of providing care and treatment.

- There was a focus on continuous learning and improvement at all levels within the service. This included the development of national clinical guidelines.
- The service had worked with a local university to carry out a five-year retrospective study which looked at the outcomes of patients who had received treatment. The outcomes were then presented at a national clinical conference.
- Staff knew about improvement methods and had the skills to use them. For example, the business intelligence team had designed and developed an integrated clinical data warehouse. The system provided management information to help achieve and provide evidence of improved clinical outcomes. The system had been nominated for a national award on 'The use of information technology to drive value in clinical services'. The awards ceremony had not taken place at the time of the inspection.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.