

GP CTS Ltd

GP CTS Ltd

Inspection report

1 Churchill Terrace
Chingford
London
E4 8DG

Tel: 020 84307024

Website: www.gpcts.co.uk

Date of inspection visit: 14 May 2019

Date of publication: 28/06/2019

Ratings

Overall rating for this service

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. (At the previous inspection completed on 21 June 2018 – we found that the service was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at GP CTS Ltd as part of our regulatory function. This inspection was planned to check whether GP CTS Ltd were meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

GP CTS Ltd is an independent health service based in East London, providing carpal tunnel services commissioned by an NHS provider.

Summary of findings

The administrative manager 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.

We received feedback about the service through comment cards from 10 people. People told us that staff were caring, friendly and professional. They told us they were treated with dignity and respect.

Our key findings were:

- There were systems in place to keep patients safeguarded from abuse.
- Most staff were employed via a permanent secondment arrangement from the GP service within the premises that operated out of. However, the independent health service had no evidence of assurances that staff were appropriately qualified, DBS checked and had received up to date training in essential areas.
- Clinical staff were kept up to date with evidence-based guidelines.
- There was a programme of quality improvement and a system to provide external clinical support and review.
- There were systems in place to ensure effective communication with the patient's own GP and other health care professionals.
- Staff were caring and treated patients with dignity and respect.
- Patients were given information in a variety of ways to ensure that they fully understood their options and any procedures.
- The service was flexible within its hours of operation, to meet the needs and wishes of patients regarding appointment scheduling.
- The service used information regarding clinical outcomes to ensure that high quality and safe treatment was provided to patients.

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

- Implement a system to evidence assurance that seconded staff have appropriate recruitment checks and necessary ongoing qualifications, training and indemnity insurance.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

GP CTS Ltd

Detailed findings

Background to this inspection

This service is provided by GP CTS Ltd. GP CTS Ltd operates out of Churchill Medical Centre, which is based in Chingford in East London. This location is shared with a GP practice and other community services. The service has a small car park at the front, accessed via controlled entry.

The service consists of two GPs, one independent clinical governance lead, three extended scope practitioners, three healthcare assistants and one service administrator. The service treats on average between 400 to 500 patients each year.

This service is open at this location on a Tuesday between 8:30am and 11am for outpatient appointments and operates from another location (Chingway Medical Centre, 7 Ching Way, London E4 8YD) on a Wednesday between 8:45am and 12pm and Thursday between 9:30am and 12pm for surgical procedures.

All services provided are for the treatment of carpal tunnel syndrome. The service is provided to over 18-year olds only. Patients are referred where necessary to other providers as well as back to the patients' own GP.

The website address is: www.gpcts.co.uk. The provider is registered with the Care Quality Commission to carry out the regulated activity of treatment of disease, disorder or injury at this location.

We completed an inspection on 14 May 2019. Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Before visiting, we reviewed a range of information including:

- Information we hold about the service.
- Information requested from the provider about the services they were providing.

During our visit we:

- Looked at the systems in place for the running of the service.
- Explored how clinical decisions were made.
- Viewed a sample of key policies and protocols which related to regulated activities.
- Spoke with staff involved in the regulated activities.
- Checked the environment and infection control measures.
- Reviewed CQC comment cards which included feedback from patients about their experiences 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

We rated safe as Good because:

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse.
- The service was provided to over 18-year olds only, by referral from GP.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had not recruited any new staff in the preceding 5 years. Aside from one administrative staff, staff were seconded either from Churchill Healthcare who ran the two GP practices the service operated out of, or from the local NHS trust. The provider had access to full staff files which included DBS checks, however had not kept their own documented records within the independent health service.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- Although chaperones were available on-site they were rarely needed due to the nature of the treatment provided.
- There was a system to manage infection prevention and control. Legionella checks were completed through the GP practice whom the service was based in.
- Facilities and equipment were maintained and checked by the GP practice the service was located in. The service kept records of these checks. Healthcare waste associated with the service was also managed by the GP practice.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety, however further clarity around insurance arrangements was required.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There was no evidence of how the service assured itself that staff had appropriate indemnity insurance in place, although all healthcare professionals would have this as part of their other work commitments.

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.

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, including local anaesthetic, emergency medicines and equipment minimised risks.
- Clinicians did not prescribe within their service role, if a prescription was required this was completed by the patient's own GP, or through the GP service onsite.

Track record on safety and incidents

The service had a good safety record.

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a clinical pathway and set of treatments that had not altered in years. Where new treatment options were available these were reviewed and discussed in clinical conversations prior to being introduced.

Are services safe?

- The service previously had an external consultant routinely attend the service to assess the effectiveness and quality of work being carried out. This consultant no longer attended the service due to the consistency of the service, however clinical conversations and external oversight continued.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Although there was no protocol or policy surrounding this. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. However, there had been no significant events in the preceding 12 months.
- The provider was aware of and complied with the requirements of the Duty of Candour. The service had systems in place for knowing about notifiable safety incidents.
- The practice on site disseminated external safety events, as well as patient and medicine safety alerts to the service. Most of these alerts did not affect the service.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

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 the National Institute for Health and Care Excellence (NICE) best practice guidelines for Carpal Tunnel Syndrome.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. They completed an annual outcomes audit and investigated the case notes of any patients experiencing a complication, such as delayed wound healing or wound infection, individually. The service used this to make improvements to the care and education of patients pre and post treatment. Clinical audit had a positive impact on quality of care and outcomes for patients. Audit outcomes were discussed within the clinical team and showed that the complication rate from the operations was lower than the national average for this procedure.

Effective staffing

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

- All staff were appropriately qualified.
- Relevant professionals (medical and allied healthcare) were registered with the General Medical Council (GMC) and Healthcare Professions Council (HCPC) and were up to date with revalidation. We saw records to evidence the provider checked this.

- The provider understood the learning needs of staff and provided protected time and training to meet them. We did not see records of skills, qualifications and training; however, the provider maintained a spreadsheet of training dates, and qualifications.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. The service communicated with the patient's own GP, to update on the care and treatment received by the service, or where further treatment was not indicated.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Sharing of details of patient consultation and any medicines prescribed with their registered GP was standard, as the referral originated from the GP. We saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, one frail patient lived alone and following the operation would not be able to manage independently. The service communicated with other professionals to arrange for a care package to be set up and once this was in place treatment was completed.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.

Are services effective?

(for example, treatment is effective)

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, lifestyle advice was given to patients to promote more effective wound healing.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.
- If during examination and tests other issues were identified, these were highlighted to the GP by letter, for further action to be taken.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service provided an online video of the process, which patients watched prior to consenting to the procedure, to enable them to make an informed decision. Leaflets were also given and reviewed regularly for ease of understanding. Throughout the process patients were able to ask questions to aid their understanding of the procedures available and possible outcomes.

Consent to care and treatment

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

Are services caring?

Our findings

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- 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.

- Interpretation services were available for patients who did not have English as a first language.
- Patients told us through comment cards, that they felt listened to and supported by staff and enabled to make an informed decision about the choice of treatment available to them.

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.
- Conversations taking place within the treatment areas could not be overheard by patients in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

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.
- The facilities and premises were appropriate for the services delivered. Clinic appointments took place in a downstairs room.

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 and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The appointment system was easy to use, and patients had a single point of contact for all their administrative needs.

- The service was flexible within the hours they operated, and if a patient had dates or times where they could not attend, appointments were offered to avoid these. Timescales for treatment were based on a holistic view of the patient and included consideration of other medical interventions.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems in place to respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available online and at the service premises.
- There was a system in place to ensure that patients would complained were treated compassionately by staff.
- The service had a complaints policy and procedure in place. The complaint process triggered the service to inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- There had been no complaints in the preceding 12 months.

Are services well-led?

Good 

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

Our findings

We rated well-led as Choose a rating because:

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The staffing group was very small, and leaders worked within the team, so were highly visible.

Vision and strategy

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

- There was a clear vision and set of values and plans for the development of the service.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were understood the vision, values and strategy and their role in achieving them.

Culture

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

- The service focused on the needs of patients.
- 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 staff with the development they need. Staff employed by GP CTS Ltd had received regular annual appraisal and career development conversations in the last year. Seconded staff received appraisals and training within their usual place of work. Staff were supported to meet the requirements of professional revalidation where necessary. They were given protected time for

professional development and evaluation of their clinical work. If training specific to the carpal tunnel service was required by seconded staff, then the service would arrange and support this.

- There were positive relationships between staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- There were structures, processes and systems to support governance and management of the service. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- There were policies and procedures to ensure safety and the service assured themselves that they were operating as intended.
- Due to the nature of the arrangements between the practice, NHS trust and the service, there was limited documentation, relating to seconded staff, held by the practice. Although for most staff, the service leaders had access to this via their roles within the GP practices the service was based in.

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 oversight of their consultations.
- 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.

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.

Are services well-led?

Good 

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

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- There were 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, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture. The service website encouraged patients to comment on the service provided.

- There was a feedback form in use, however, the service told us that there was poor completion of this. The service was in discussions with their website provider to initiate an online satisfaction webform, to improve the quantity of patient feedback.
- Staff told us that informal conversations regularly took place. We also viewed evidence that staff were invited to comment on aspects of the service and influence these areas.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service had regular contact with an external consultant. We saw evidence of discussions regarding new treatment methods and patient education.