

Blakenall Village Centre

Inspection report

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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

This service is rated as Good overall. (Previous inspection May 2018 – the service was not rated at this time).

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 Blakenall Village Centre, Walsall 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.

At our last inspection in May 2018, we found that the service was not providing safe or well led care because:

- Risk assessments in relation to safety issues in the areas of the building used by the service, and the range of emergency medicines available to staff had not been completed.
- The process used to check the expiry dates of single use items was not effective.
- The programme of quality improvement activity and review of the effectiveness and appropriateness of the care provided needed to be further developed.
- A formalised system for undertaking recruitment checks on staff who worked on an adhoc basis was not in place and relevant recruitment information had not been obtained.

We asked the provider to make improvements regarding the above issues. We checked these areas as part of this comprehensive inspection and found they had been resolved.

The Medical Director 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 nine completed comment cards at the time of the inspection. All of the responses were positive about their experience at the service. Feedback on the care and treatment provided described the care received as being excellent, staff were helpful, friendly and caring, and all information was fully explained.

Our key findings were:

- People had access to and received detailed and clear information about the proposed treatment to enable them to make an informed decision. People were offered appointments at a time convenient to them.
- Staff had access to information they needed to assess and treat patients in a timely and accessible way. There was evidence to support that the service operated a safe, effective and timely referral process.
- The way in which care was delivered was reviewed to ensure it was delivered according to best practice guidance and staff were well supported to update their knowledge through training.
- There were effective procedures in place for monitoring and managing risk to people and staff safety.
- The service had clearly defined processes and systems in place to keep people safe and safeguarded from abuse.
- There were clear responsibilities, roles and systems for accountability to support good governance and management.
- The service had introduced a range of audits, including return rate for samples post vasectomy and histology results, as well as infection rates. The provider continued to share their results on an annual basis with the Association of Surgeons in Primary Care (ASPC).
- The service supported overseas projects. They had participated in World Vasectomy Day, working with an organisation to start contraception education. The service supported the British Society for Hand Surgery (BSHH) programme for hand surgery. This programme ensures local consultant support and education for doctors carrying out hand surgery outside of hospitals.
- The integration of the patient record system with the NHS electronic system had enabled information to be shared more efficiently between the provider and NHS GPs.
- The provider was embracing technology and had investigated in a telephony system to divert calls to the

Overall summary

office onto the nursing director's mobile telephone. Patient satisfaction surveys could be completed electronically via the service website, the information collated and displayed as pie charts.

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 inspector and was supported by a GP specialist advisor.

Background to Blakenall Village Centre

Humanitas Healthcare Services (HHS) Ltd is an organisation registered with the Care Quality Commission (CQC) to provide services at Blakenall Village Centre, 79 Thames Road, Blakenall, Walsall, WS3 1LZ.

Humanitas Healthcare Services Ltd provides a vasectomy, carpal tunnel decompression service, trigger finger release, soft tissue and joint injection, excision of clinically benign lumps and nail surgery for NHS and private patients.

The service is commissioned by NHS Walsall Clinical Commissioning Group through an Any Qualified Provider contract for Walsall CCG's Minor Surgery Service.

The staff team is led by an experienced Medical Director Dr Albert Benjamin, supported by an experienced nurse with additional training in minor surgery. Clinics are held between 10am and 4pm on Tuesdays and Saturdays. The service can be contacted by telephone or email. Appointments for NHS patients are made through their GP and the choose and book e-referral service. Private patients can contact the service directly to make an appointment.

The service is located on the first floor of a building owned and managed by a community enterprise organisation and leased to NHS Property Services. Access to the first floor is via lifts or the stairs.

How we inspected this service:

Before visiting we reviewed a range of information we held about the service and asked the service to send us a range of information. During the visit we spoke with the Medical Director and the Nursing Director. We gained feedback from nine completed CQC comment cards. We carried out observations, reviewed the systems in place for the running of the service, to include how clinical decisions were made, sampled key policies and procedures and looked at a selection of anonymised patient records.

Further details about the service can be found on the provider website: www.humanitas-healthcare.co.uk

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?

At our previous inspection in May 2018 we rated the service as requires improvement for providing safe care and treatment. This was because:

- Robust recruitment procedures and appropriate records were not in place for staff who worked at the service on an adhoc basis.
- Risk assessments had not been completed for areas of the building used by the service or the range of emergency medicines available to staff.
- The process used to check the expiry dates of single use items was not effective.

We found during this inspection that these issues had been addressed.

We rated safe as Good because:

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 appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their refresher training.
- The service had child and adult safeguarding policies in place. However, they did not include the contact details of who to go to for further guidance, although some were clearly displayed in the service (The adult social care number was not on the poster in the treatment room only the number for Child Safeguarding). The policies had not been updated to reflect some of the new categories of abuse for example, female genital mutilation, radicalisation, human trafficking and modern-day slavery. We found that staff were knowledgeable in these areas and knew how to identify and report concerns. The service sent us updated policies following the inspection.
- The service only treated children who were 12 years old or above. The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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. They gave us an example of when they had contacted the local authority following concerns about an adult patient.

- The provider had not recruited, employed or used any additional staff since our previous inspection in May 2018. The provider had developed a recruitment and selection policy to be followed in the event of recruiting additional staff. Disclosure and Barring Service (DBS) checks were on file for both members of staff employed at the service. (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 (IPC). The local authority had undertaken an IPC audit in June 2019 and the service achieved a score of 93%. The service had addressed the issues identified in the audit. The practice had also carried out its own audit, which outlined the actions taken internally to manage IPC. The nursing director was advised to include the full date on the audit rather than just the year.
- External cleaners were contracted to maintain the cleanliness the building and cleaning schedules were in place.
- The owner of the building was responsible for managing the legionella risk. A risk assessment had been completed in August 2018, and water samples regularly sent for testing. Systems were in place to check water temperatures and to flush water outlets.
- The provider ensured that equipment was safe and maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The owner of the building was responsible for maintaining the fire alarm system throughout the building. A fire risk assessment had been completed in June 2018 and the fire alarm system was currently being upgraded. The owners had been unable to organise a fire alarm drill due to the ongoing work on the fire alarm system.

Are services safe?

- NHS Property Services were responsible for the fire extinguishers in the part of the building which they leased. We saw that these had last been serviced in 2015.
- Following our previous inspection, the provider had 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.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- Following our previous inspection, the provider had risk assessed which emergency medicines were required. The provider held appropriate emergency medicines and systems were in place to monitor stock levels and expiry dates.
- There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. Indemnity arrangements were in place for the Medical Director and Nurse Director.
- The provider had implemented effective systems for checking the expiry dates of single use items. We checked a range of products and found that they were all in date.

Information to deliver safe care and treatment

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

- For NHS patients, the service received completed referral forms via the NHS e-referral system from other health care professionals.
- Private patients were offered a consultation, during which their needs and suitability for surgery were assessed.

- 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 electronic records system used by the service has been integrated into the NHS electronic system, enabling information to be shared electronically rather than via paper records. Referrals can be downloaded and saved directly into the patient records, and feedback following surgery sent electronically to patient's GP. For privately funded patients, information was only shared with other agencies once consent had been obtained.
- 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.

Safe and appropriate use of medicines

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

- The only medicines held at the service were the emergency medicines, and local anaesthetic used for minor surgical procedures and steroid injections. Any medicine used during a procedure was clearly documented in the patient records.
- The service did not issue prescriptions for patients.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- 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.

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. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

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- There were adequate systems for reviewing and investigating when things went wrong. The provider told us there had been no recorded significant events during the previous 12 months.
- We saw that significant events were a standing agenda item for staff meetings. We have seen previously that significant events were discussed as required, and appropriate action taken.

- 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 acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

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. We saw that the provider followed guidance from the British Society for Surgery of the Hand and the Faculty for Sexual Health and Reproductive Healthcare.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. NHS patients had already been assessed as suitable for the procedure by the referring clinician. Patients were offered further counselling if they felt they needed it. Privately funded patients were assessed during their consultation.
- Patients were referred to their GP for onward referral to secondary care if their condition was unsuitable for treatment in a community-based service.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Since our previous inspection in May 2018, the provider had introduced a range of audit tools.
- The service had audited whether patients returned a sample for testing post vasectomy to assess post vasectomy sterility. Patients who had not returned a sample within the recommended timeframe were contacted and advised to do so.
- The service had also audit whether histology results had been returned. Searches were undertaken, and patients notified of the results.

- Patients were asked as part of the satisfaction survey whether they developed an infection which needed antibiotic treatment. No patients had developed an infection since our previous inspection.
- The provider continued to share their results on an annual basis with the Association of Surgeons in Primary Care (ASPC).

Effective staffing

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

- All staff were appropriately qualified.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) or Nursing and Midwifery Council and were up to date with revalidation
- 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.
- The provider was looking to expand the service and had undertaken additional training in non-surgical cosmetic procedures.

Coordinating patient care and information sharing

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

- 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. For NHS patients, this information was shared via the e-referral system. For private patients, this was obtained during their consultation appointment.
- Patients were referred to their GP if the service was not suitable to meet their needs.
- All patients were asked for consent to share details of their consultation and surgery with their registered GP when they used the service.
- The electronic records system used by the service has been integrated into the NHS electronic system and enabled the service to share information efficiently with patients GP and access histology results.

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.

Are services effective?

- Where appropriate, staff gave people advice, so they could self-care post-operatively.
- Where patients needs could not be met by the service, staff redirected them back to their own GP for onward referral to a more appropriate service.

Consent to care and treatment

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

- 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.
- Following the last inspection, the service had updated their consent forms. All consent forms included information about the complaints procedure.
- The electronic patient records had a section for recording consent given and if not completed, the clinician was unable to complete and close the record. The service planned to move towards electronic signatures for consent forms, paper copies were maintained at the time of this inspection.

Are services caring?

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.
- We received nine completed CQC cards. Feedback on the care and treatment provided described the care received as being excellent, staff were helpful, friendly and caring, and all information was fully explained.
- 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.
- The service requested feedback from patients who had attended for minor surgery or joint injections. Comments included staff were approachable, kind, helpful and friendly.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Patients were fully informed about their procedure. Written information was provided to them both pre and post operatively. Information leaflets were available and could be accessed in different formats if required, to help patients be involved in decisions about their care.

- 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 had enough time during consultations to make an informed decision about the choice of treatment available to them.
- Feedback from the service's own survey indicated that patients thought the procedure had been explained to them, including what action to take if any issues arose and questions were answered professionally. One hundred percent of patients who responded indicated they had received enough information following their operation.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Two members of staff were always present during procedures. Information about chaperones was clearly on display at the service.
- The service recognised that patients could be anxious about the procedure they would consent for and made efforts to put them at their ease.
- Feedback from the service's own survey indicated that 100% of patients who responded thought their procedure had been carried out in a relaxed and friendly atmosphere.

Are services responsive to people's needs?

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 service provided a range of treatments including excision of clinically benign lumps, joint injections, vasectomy and carpal tunnel decompression services for patients in a community setting close to their home.
- The service was commissioned by NHS Walsall Clinical Commissioning Group through an Any Qualified Provider contract for Walsall CCG's Minor Surgery Service.
- The service operated from a minor surgery suite located on the first floor of a purpose-built building which was leased by NHS Property Services. Access the service was via a lift or the stairs.

Timely access to the service

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

- Patients referred through the NHS e-referral system could contact the service from Monday to Friday to arrange an appointment at time convenient to them. Private patients could contact the service either by telephone or by completing the email contact form on the website.

- The service usually carried out consultations and operations on Tuesdays and Saturdays, although there was flexibility to see patients on other days depending on demand.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

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.

- The service encouraged and sought feedback. Information about how to make a complaint or raise concerns was available to patients and discussed as part of the consent process.
- Patients were informed about any further action that may be available to them should they not be satisfied with the response to their complaint.
- Complaints were a standing agenda item at staff meetings.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service had not received any complaints during the previous 12 months. We have seen previously that the service learned lessons from individual concerns or complaints and had acted as a result to improve the quality of care.

Are services well-led?

At our previous inspection in May 2018 we rated the service as requires improvement for providing safe care and treatment. This was because:

- There were limited processes for managing risks, issues and performance.
- There was little evidence to quality improvement activity.

We found during this inspection that these issues had been addressed.

We rated well-led as Good 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 provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values.
- The ethos of the service was to provide patient centred, compassionate, safe and high-quality care devoted to patient experience and effective outcomes.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision and values and their role in achieving them.

Culture

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

- The two members of staff had worked together for many years and respected, supported and valued each other. They were proud to work for the service.
- The service focused on the needs of patients.
- We saw that openness, honesty and transparency had been demonstrated in the past 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 told us they were able to discuss any issues as they arose, and they would be managed appropriately.
- There were processes for providing all staff with the development they need. This included appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all 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. 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.
- Leaders 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.

- The provider had made improvements to the systems and processes in place to manage risk, issues and performance.
- The provider had introduced an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. Risk assessments for areas of the building used by the provider and the range of emergency medicines had been completed.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. The service had introduced a range of audits, including return rate for samples post vasectomy and histology results, as well as infection rates. The provider continued to share their results on an annual basis with the Association of Surgeons in Primary Care (ASPC).
- The provider had plans in place and had trained staff for major incidents.

Are services well-led?

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The provider had updated their website and literature to reflect the services provided.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Patients continued to complete patient satisfaction surveys and the results were collated, displayed as pie charts and any negative results/comments reviewed and acted upon.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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 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.

- The service encouraged and valued feedback from patients. Patients were encouraged to provide feedback post operatively. Patient satisfaction surveys could be completed electronically via the service website. The system enabled the information to be collated and displayed pictorially. Since the introduction of the system, the provider had realised that several the questions needed to be modified to ensure that accurate and appropriate information was provided.
- As the two members of staff worked alongside each other all of the time, feedback could be provided on an ongoing basis. Formal staff meetings also took place and any discussions recorded.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The medical director had recently completed additional training in non-surgical cosmetic procedures. They also kept themselves updated through affiliation with a range of Royal Colleges and Associations including the Association of Surgeons in Primary Care (ASPC). The medical director and nurse director attended an annual conference and training events as appropriate.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

There were systems to support improvement and innovation work.

- The provider had previously been involved in research into eXroid for electrotherapy treatment of haemorrhoids. However, this treatment was not available on the NHS.
- The electronic records system used by the service had been integrated into the NHS electronic system and has enabled the service to share information more efficiently with GPs.
- The provider had invested in a telephony system that automatically diverts calls to the nurse director's mobile telephone when they were away from the office. The system allowed patients to leave voice mail and calls were answered or returned in a timely manner.
- The service used IT systems to collect and analyse patient satisfaction survey results.
- The medical director also supported overseas projects in Sierra Leone. They had participated in World Vasectomy Day, working with an organisation to start contraception education and also supported the British Society for Hand Surgery (BSHH) programme for hand surgery.