

Cambridgeshire Community Services NHS Trust

RYV

# Community health services for adults

## Quality Report

The Laurels Sexual Health Clinic, 20 Newmarket  
Road, Cambridge, PE27 4LG  
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# Summary of findings

## Locations inspected

<b>Location ID</b>	<b>Name of CQC registered location</b>	<b>Name of service (e.g. ward/unit/team)</b>	<b>Postcode of service (ward/unit/team)</b>
RYP06	Headquarters	The Laurels Sexual Health Clinic	PE27 4LG

This report describes our judgement of the quality of care provided within this core service by Cambridgeshire Community Services NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Cambridgeshire Community Services NHS Trust and these are brought together to inform our overall judgement of Cambridgeshire Community Services NHS Trust

# Summary of findings

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# Summary of findings

## Overall summary

We undertook a responsive inspection because of concerning information we received on the 24 February 2015 to assess the state of the premises at the Laurels sexual health clinic on Newmarket Road in Cambridge.

During the February inspection the premises at the Laurels was found to not be in a suitable state of repair to protect those accessing the premises, including patients and staff, from the risk of preventable harm. We saw that there were a number of unmanaged health and safety risks for example unguarded heaters and cluttered corridors and walkways. The building was also generally poorly maintained. We observed damp and mould in

areas accessed by staff and patients. We saw chipping paint, peeling wall paper, unclean patient seating, broken or damaged fixtures and fittings and stained carpets/flooring throughout this building.

Due to our concerns we took enforcement action against the provider which required them to make improvements.

We undertook a follow up inspection of the service on 18 June 2015 to ensure that these actions had been taken. We found that the provider had completed and implemented an action plan and significant improvements had been made. We judged that the provider was now meeting this regulation and therefore we have removed the warning notice.

# Summary of findings

## Background to the service

Cambridgeshire Community Services NHS Trust provides a range of community health services for adults. The Trust operates in Cambridgeshire, Peterborough, Luton and Suffolk.

Community health services for adults are provided in four community hospitals, numerous clinics and health centres, and also from GP surgeries. Services provided include: District and community nursing; community

matrons; therapies and rehabilitation; outpatient clinics for podiatry, people with diabetes, dietetics, musculoskeletal disorders; sexual health and reproductive health services; drug and alcohol rehabilitation services.

This inspection focused on a clinic location providing sexual health services.

## Our inspection team

This inspection was carried out by two Inspection Managers.

## Why we carried out this inspection

We inspected the Laurels, forming part of this core service, to follow up on concerns identified at our previous inspection carried out on 24 February 2015.

## How we carried out this inspection

During the visit we observed the environment and general state of repair of the premises. We spoke with

four members of staff who worked within the service, such as doctors, managers, and admin staff and also reviewed information provided to us such as the action plan of proposed works.

## Good practice

- The refurbishment work had been carried out whilst the service had continued and activity figures showed that there had been no disruption to service level with monthly attendance figures consistent.
- Staff had received updated infection control and health and safety training.
- Staff within the service were up to date with current information in relation to the running of the service.

# Cambridgeshire Community Services NHS Trust

## Community health services for adults

### Detailed findings from this inspection

## Are services safe?

By safe, we mean that people are protected from abuse

### Summary

Our previous inspection on 24 February 2015 found that the premises at the Laurels were not conducive to protect those accessing the premises, including patients and staff, from the risk of preventable harm. There were a number of unmanaged health and safety risks and the building was also generally poorly maintained. We found that these issues were known to the provider and although an action plan was in place this was not being implemented or monitored effectively to ensure people accessing the premises were safeguarded from the risk of harm. As a result we took enforcement action to ensure patients and staff were protected against the risks associated with unsafe or unsuitable premises.

We re-inspected on 18 June 2015 to follow up on the action plan that had been implemented by the provider to address the issues that had been found during our inspection on 24 February 2015. Significant improvements had been made in all areas and we judged the provider was now meeting the regulation. This service is planned to move to new premises at Brookfield's, Mill Road Cambridge on 17 August 2015.

### Detailed findings

Our previous inspection of The Laurels took place on 24 February 2015 in response to concerns that we had received about the safety and suitability of the premises at this clinic location. These concerns indicated that health and safety risks such as hazardous wiring were not being managed and that patients were at risk because of the unsuitable premises. This inspection resulted in areas of concern with regard to the environment, infection control and medicine management.

We observed extensive damp and mould present which included an odour which did not make for suitable working conditions. General maintenance was poor and included faulty window systems, stains and holes in ceilings from previous episodes of water leaks, chipping paint, uneven floor surfaces and dirty or stained flooring. The staircase leading from the lower ground floor to the ground floor had no infill panel or spindles creating a health and safety risk and there was a general lack of storage space with corridors and walkways used to store equipment and resources. There were a number of fire and electrical hazards such as loose wiring and poor maintenance of fixed radiators with

# Are services safe?

no safety guards in situ. No evidence could be provided that urgent remedial works identified following an electrical safety testing certificate in 2011 had been carried out. The building did not meet current building regulation standards with the tread of the staircase being too shallow and the riser too high.

There was a sense of acceptance from staff with the conditions of the building as there were plans to move locations however at that time no date had been finalised. Many of the issues highlighted had been identified in a previous Health and Safety Report dated 24 November 2014, however the subsequent action plan had not been completed four months later.

Infection control risks surrounded the use of a dumbwaiter to transport specimens and skin biopsy sets which had passed their sterilisation use by dates. Out of date and unsecure medications were found in the second floor staff room and the two main storage cupboards for medicines were unlocked and keys left in situ.

## Environment

During this inspection carried out on 18 June 2015 there was significant improvement with the environment at the Laurels. A full action plan had been compiled following the last report and there was evidence that actions had been completed with the exception of one. This was in relation to a window in the staff room on the top floor which was in need of repair but required scaffolding to be erected for access which was in the process of being arranged.

There was new carpeting throughout the building and new flooring in clinic room one. The missing spindles from the lower staircase bannister had been in-filled and there were laminated warning signs regarding the stair depth on each floor.

There were new wash basin surrounds installed in the first floor patient toilet, clinic room and staff toilets and each had clinical waste bins. The lock on the staff toilet door had been replaced. There was a new work surface in the staff kitchen area and all food within the staff fridge was labelled and dated.

All areas of damp had been treated and walls re-plastered and repainted throughout. The holes in the ceiling in the lower administration office had been repaired and plastered. All radiators had been examined throughout; they had been fixed securely to walls, replaced where required and there were laminated warning signs beside

the radiators where close proximity to patients could potentially cause harm. The radiator in the main waiting area had been fitted with a guard to reduce the risk of injury to patients and relatives.

Trailing cables had been either secured with cable ties or enclosed with trunking. There had been a general de-cluttering of all areas. Storage had improved with new shelving in office areas. The clinical store room now had plastic boxes in use for storage and a trolley for supplies. There were no boxes or items stored within the corridor areas which meant escape access was improved and risk of fire was reduced.

All stores had been removed from the room which housed the electrical boxes. It was now locked at all times and an appropriate warning sign identifying high voltage was displayed on the door. This room still had an extensive damp odour however staff no longer accessed this regularly. The fuse box behind the door at main reception had been disconnected.

There was now an escalation policy in place to ensure repairs were carried out in a timely manner. We saw evidence that this worked well as the staff had reported a fault the morning of our inspection involving a heater. This was responded to the same day and an engineer came out whilst we were on site and rectified the problem.

## Infection control

There were daily cleaning rotas in place in each clinic room which were completed and signed to ensure regular cleaning and reduce the risk of infection. All signage throughout was clear, appropriate for purpose and laminated to enable cleaning. The seating in all waiting areas had new covers which could be wiped to aid easy cleaning. The dumb waiter that had previously been used for specimens had been taken out of use. Specimens were carried from the clinic rooms to the lab area in suitable, solid red containers. We noted that all sterile sets, including skin biopsy sets, were stored on suitable shelving and were in date for sterilisation. Staff had received updated infection control and health and safety training.

## Medicines management

All medicine store cupboards were locked and keys secured appropriately. There was a system of weekly checks in place to ensure medication stored was within its expiry date and staff signed a checklist when this had been completed.

## Are services safe?

Staff were recording the ambient room temperature daily in the three clinic rooms where medications were stored. This ensured that any medications provided to patients had been maintained at the appropriate temperature as required by the manufacturer.