

Practice Based Clinical Services Limited

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Inspection report

261 Dagenham Road
Romford
Essex
RM7 0XR
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Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



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. (Previous inspection July 2018 – Unrated inspection).

The key questions are rated as:

Are services safe? – Requires improvement

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 Practice Based Clinical Services Limited as part of our inspection programme.

Our key findings were:

Summary of findings

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved processes.
- Staff involved patients with their procedures and treated them with kindness, dignity and respect.
- Patients found it easy to get an appointment at a time that was convenient to them.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The service was well managed with supportive leadership. Staff reported an open and honest culture.
- The service monitored performance and acted accordingly.
- The service had ineffective systems in place to ensure that the facilities and equipment were safe for patients. We found that aspects of health and safety, including a review of fire safety, portable appliance testing (PAT), legionella testing and COSHH risk assessments had not been considered at either of the clinic sites. Since the inspection, we received evidence that PAT testing had been completed at one of the patient sites.
- We found the system to monitor emergency equipment was ineffective. The practice had not carried out checks to ensure the defibrillators and oxygen cylinders were suitable for use in the event of an emergency.
- There was ineffective systems and process to monitor infection prevention and control at both clinical sites. The service carried out informal reviews of the clinical areas however they had not carried out a formal annual infection control audit.
- Policies and procedures were specific to the service and we found these were reviewed annually and had been implemented.
- The service had reviewed the monitoring and recording of prescriptions. We found prescriptions were stored securely throughout the service.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Practice Based Clinical Services Limited

Detailed findings

Background to this inspection

Practice Based Clinical Services Limited (PBCS) is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of ear, nose or throat (ENT) problems. The service does not have any patients formally registered with it but provides community-based ENT services for NHS patients and works with CCG Commissioners on an “Any Qualified Provider” (AQP) basis.

The contracted services are provided via two NHS Commissioners in Sussex. All services are provided in approved NHS premises and are exclusively for patients who have ENT problems and only after direct referrals from the patient’s General Practitioner (GP). The Provider does not charge patients directly for services provided.

PBCS handles approximately 1,000 new referrals per annum and the services include:

- out-patient consultations after initial referral
- diagnostics activity such as MRI and other scans
- micro-suction of ears and nasal cautery for epistaxis

Conditions seen and treated include, but are not limited to:

- hearing difficulties/hearing tests
- foreign body in ears
- tinnitus
- rhinitis/sinusitis
- blocked nose/nasal polyps
- recurrent nose bleeds
- dizziness/vertigo balance problems
- wax impaction

- mastoid cavity care
- lesions on ears
- recurrent tonsillitis

The service provides follow-up reviews as clinically appropriate and after consultation, they discharge back to referrers with advice on management as appropriate.

They also provide onward referrals to secondary care providers, if clinically necessary, and advice to patients about self-care and rehabilitation.

We inspected Rush Green Medical Centre, 261 Dagenham Road, Romford, Essex, RM7 0XR where a small team of administrative support staff are employed however no patients are seen at this administrative site. The service rents a clinical room twice a month from two separate GP practices; Fitzalan Medical Centre, Fitzalan Road, Littlehampton, BN17 5JR and Saxonbrook Northgate Medical Centre, Cross Keys House, 14 Haslett Avenue West, Crawley, West Sussex, RH10 1HS

The service has two directors, one of whom is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. 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.

The clinical staffing is via the two directors themselves plus sessional input from a small team of associate specialists in ENT who are engaged by PBCS via contracts for service on a self-employed basis. Nurses/Healthcare Assistants (HCAs) are engaged also on sessional basis.

Our inspection team included a GP specialist adviser and was led by a CQC lead inspector.

Detailed findings

On the day of the inspection we received 17 comment cards from patients of the service. All the comments from the patients were positive and most referred to an efficient and friendly service.

How we inspected this 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 Requires improvement because:

- There were ineffective systems to monitor infection control at both clinical sites.
- We found the systems and processes to monitor emergency equipment did not safeguard patients from harm.
- The system to monitor and manage health and safety risks at both clinical sites was ineffective.

Safety systems and processes

The service had some systems in place 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 including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- 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. The service had a locality based safeguarding flow chart to ensure staff knew who to refer concerns to. Safeguarding concerns were reviewed every three months with their clinical commissioning group (CCG).
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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.

- We found systems to monitor infection prevention and control at both patients' sites (two different GP practices) were ineffective. The service carried out informal reviews of the clinical areas they occupied during their clinics however they had not carried out a formal annual infection control audit. Since the inspection, the service had reviewed the infection control audit for both patients' sites however we found the service could only identify and monitor risks at one of these sites.
- The service had ineffective systems in place to ensure that the facilities and equipment were safe for patients to visit. We found that a health and safety risk assessment, including a review of portable appliance testing had not been carried out at either of the clinic sites. Since the inspection, we received evidence that PAT testing had been completed at one of the sites.
- The provider ensured equipment was maintained according to manufacturers' instructions. We saw documentation of specialist equipment that had been serviced and cleaned regularly by an independent company. There were systems for safely managing healthcare waste.
- The provider had not carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. For example, the service had not carried out a variety of risk assessments such as fire safety, legionella and control of substances hazardous to health (COSHH) for either of their patient sites. On the day of the inspection the service contacted both patients' sites to request copies of the environmental risk assessments. The provider was sent the risk assessment cover sheets which included dates but they were unable to assess whether the GP practices had identified any risks to patients.

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. The service had a number of clinicians they could rely on if they required additional staffing.
- There was an effective induction system for staff tailored to their role.

Are services safe?

- 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.
- 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. We found that clinicians had professional indemnity arrangements in place.

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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing emergency equipment was ineffective. The practice carried and monitored their own emergency medicines however they relied on some equipment stored at the patient sites to help them deal with emergencies. For example, the service had access to the defibrillator and oxygen at both patient sites but had not carried out checks or reviewed the monitoring of these devices, therefore they could not assure us that they were appropriately maintained. Since the inspection, the practice had contacted both patient sites to gain assurance that the defibrillator and oxygen equipment were appropriate for use and monitored regularly. However, we found that the documents provided did not effectively outline the checks that had been completed. For example, there was no evidence that the equipment had been checked in line with national guidance.

- The service kept prescription stationery securely and monitored its use.
- Where relevant, the service ensured prescribing was in line with best practice guidelines for safe prescribing. Treatments were in line with national and local guidelines. For example, the service referred to NICE guidance for hearing loss in adults.
- Staff prescribed and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

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. The service produced monthly reviews of their key performance indicators which included a review of their significant events, complaints, referrals to secondary care, did not attend rates and two-week cancer referrals.
- The service conducted clinical audits on misdiagnoses and adverse events following procedures they had carried out. They had found that there were no events that led to incidents or a need for improvement.

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. There was a policy available for staff, staff we spoke with understood how to raise a significant event.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned, shared lessons, identified themes and acted to improve safety in the service. The service had documented one significant event which it had investigated fully and had implemented changes as a result of their review.

Are services safe?

- 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 including sessional staff.

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. On the day of the inspection, the organisation was able to refer to and provide examples of NICE guidance which was pertinent to their service.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. The service had an effective process to ensure test results and scan requested were followed up appropriately. Patients were provided with aftercare information and the referring GP was updated with an outcome of the patients care.
- Staff assessed and managed patients' pain where appropriate.
- The service used technology to improve patient care and support patients' independence by allowing patients to request telephone consultations to receive test results which led to greater flexibility and improved accessibility for patients.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

The service carried out monthly audits on their key performance indicators which included an audit of their waiting times, did not attend rates and two week cancer referrals. The service kept up to date with national and local guidelines relevant to their service.

The service used information about care and treatment to make improvements. For example, they completed regular audits to review misdiagnosis and appropriateness of two week wait referrals. The service made improvements through the use of completed audits. Clinical audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant medical professionals were registered with the General Medical Council (GMC) 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.

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. For example, when patients were referred to secondary care.
- 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. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. Where patients agreed to share their information, we saw evidence of letters and online consultation notes that were sent to their registered GP which were in line with GMC guidance.

Are services effective?

(for example, treatment is effective)

- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, the service liaised with carers and supportive organisations to coordinate patients care.
- 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. There were clear and effective arrangements for following up on people who had been referred to other services.

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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

- Where patients needs could not be met by the organisation, staff redirected them to the appropriate service for their needs. Each referral was reviewed by the lead clinician to ensure it was appropriate, any referrals that required additional information were followed up and redirected if needed. For example, some referrals were redirected to secondary care or two week wait procedure.

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. We found all staff members had carried out Mental Capacity Act training.

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. For example, the service would offer telephone consultation for follow up if appropriate to ensure patients had timely information.
- Staff we spoke with were encouraged to ensure patients were seen in a timely manner. A number of comment cards we received stated how the service provided them with a friendly and professional service. Urgent referrals were prioritised and clinic lists were often extended to accommodate these referrals.

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 were also told about multi-lingual staff who might be able to support them.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved. The service was often informed of patients that required additional needs and aimed to accommodate them as best they could.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available. Leaflets for tinnitus were available for patients without access to the internet.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. The service had a specific policy and staff had carried out training to ensure patients privacy and dignity were maintained.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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 and improved services in response to those needs. For example, additional clinics were arranged to accommodate patient waiting times. Patients received a reminder call a day before their appointment which also aimed to reduce patients missing their appointments.
- The facilities and premises were appropriate for the services delivered as they were GP practices within the area that referrals originated from.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, patients were offered longer appointments if required.
- The service carried out an annual patient's satisfaction survey. We reviewed the results and found that the service had received 55 responses where 100% of patients rated the service they received as good or excellent and 100% of patients said that they would recommend the service to family and friends.

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, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. The directors and manager reviewed waiting times on a regular basis.

- Patients with the most urgent needs had their care and treatment prioritised. All referrals were vetted and if there were any urgent referrals the service fast tracked them to the next clinic date.
- Patients reported that the appointment system was easy to use. The practice carried out an annual review of patients' satisfaction which reported patients were happy with the appointment system and access to the service.
- Referrals and transfers to other services were undertaken in a timely way. Urgent referrals were monitored appropriately and communication with the patient was maintained during all stages of their care and treatment.

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. Staff treated patients who made complaints compassionately. Although the service had not received any written complaints, they had a proactive approach to dealing with verbal complaints they received during their clinics. The service found the nature of these complaints were usually regarding waiting times after their appointment times. Staff ensured they communicated any delays with their patients and tried to improve their satisfaction.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. The service had an organisation specific complaints policy which outlined contact information for the CQC and the NHS ombudsman if patients requested to take their complaint further.

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 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.
- 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 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 service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- 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 felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The service had been proactive when dealing with the one formal incident they had, the patient was offered another appointment, concerns

were discussed and overcome during that appointment. 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 all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. 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.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- There were positive relationships between 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 some arrangements around processes for managing risks, issues and performance.

- There were ineffective processes to identify, understand, monitor and address all current and future risks including risks to patient safety. For example, environmental risk assessments had not been carried out and emergency equipment had not been monitored at either of the patient sites.
- The service had carried out an informal review and found that each premises was suitable for use, they had

Are services well-led?

Good 

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

not considered all aspects such as infection control, fire safety, COSHH or the appropriateness of the site's emergency medicines. Since the inspection, the service had gained the evidence that risk assessments had been carried out by each individual practice however they were unable to determine whether the practices had identified any specific areas of concerns.

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was monitored and managed. Staff were held to account when performance varied.
- 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 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 heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, they had carried out annual patient survey's, learnt from complaints and engaged with their CCG to ensure the service was tailored to their patients' needs.
- Staff could describe to us the systems in place to give feedback. Staff we spoke with during the inspection told us their views were always listened to by the leaders and improvements were made as a result.
- The service was transparent, collaborative and open with stakeholders about performance. The service produced a monthly audit which reviewed key aspects of the service and reported back to the CCG.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. Both clinicians were focused on keeping up to date with local and national guidelines and continued to update their appraisal documents.
- 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <p>Regulations 2014: Safe care and Treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• There were ineffective systems to monitor infection control at both clinical sites.• We found the systems and processes to monitor emergency equipment did not safeguard patients from harm.• We found the system to monitor and manage health and safety at both clinical sites was ineffective.