

InHealth Limited

Royal South Hants Hospital

Inspection report

InHealth
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Overall summary

We carried out an announced comprehensive inspection on 23 August 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

InHealth Limited provides an Ear Nose and Throat (ENT) and Audiology Hearing Aid Service at the Royal South Hants Hospital under an NHS contract for people aged 16 years and older. Services are accessed via the NHS Choose and Book system and referrals triaged by Inhealth patient referral centre.

The service is registered with CQC to provide the regulated activities: diagnostic and screening procedures; and treatment of disease, disorder. The types of services provided are doctors consultation service and doctors treatment service.

At the time of our inspection a registered manager was in place. 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.

Summary of findings

We received nine completed CQC comment cards from patients who used the service. Feedback was very positive about the service delivered at the service.

Our key findings were:

- Care and treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare.
- All treatment rooms were well-organised and well-equipped.
- Staff told us the service was for people over 16 years of age only.
- Clinicians assessed patients according to appropriate guidance and standards, such as those issued by the National Institute for Health and Care Excellence.
- Staff were up to date with current guidelines and were led by a proactive management team.
- Staff maintained the necessary skills and competence to support the needs of patients.
- There were effective systems in place to check all equipment had been serviced regularly.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.
- The provider had an effective system for ensuring the identity of patients who attended the service.
- Risks to patients were well-managed. For example, there were effective systems in place to reduce the risk and spread of infection.
- Patients were provided with information about their health and received advice and guidance to support them to live healthier lives.
- Information about how to complain was available and easy to understand.
- The provider had appropriate governance systems in place to promote safe, effective and well led service provision.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.
- All consultation rooms were well-organised and well-equipped.
- There were effective systems in place to check all equipment had been serviced regularly.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.
- The provider had an effective system for ensuring the identity of patients who attended the service.
- Risks to patients were well-managed. For example, there were effective systems in place to reduce the risk and spread of infection.

Are services effective?

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment and maintained the necessary skills and competence to support the needs of patients.
- Staff used current guidelines such as National Institute for Health and Care Excellence, to assess health needs.
- Patients received an assessment of their health needs which included their medical history.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff were up to date with current guidelines and were led by a proactive management team. Patients were provided with information about their health and received advice and guidance to support them to live healthier lives.

Are services caring?

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

- We observed interactions between patients and staff and saw that patients were treated in a caring and inclusive manner.
- We received nine comment cards. Comments showed that patients were pleased with the care they had received at the service.
- The service treated patients courteously and ensured that their dignity was respected.
- The service involved patients fully in decisions about their care and provided reports detailing the outcome of their treatment.
- We found the staff we spoke to were knowledgeable and enthusiastic about their work.

Are services responsive to people's needs?

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

- The service responded to patient feedback and identified and resolved any concerns that were identified.
- There was an accessible complaints system. Information was available in the waiting area of the service.
- The service had good facilities and was well-equipped to meet the needs of patients.
- The service could accommodate patients with a disability or impaired mobility. All patients were seen on the ground floor of the premises.

Summary of findings

Are services well-led?

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

- The provider had a clear vision and strategy for the service and the service leaders had the knowledge, experience and skills to deliver high quality care and treatment.
- The service had access to numerous policies, and systems and processes were in place to identify and manage risks and to support good governance.
- The service actively engaged with staff and patients to support and promote improvement.
- There were a range of regular staff meetings to share best service and discuss concerns or incidents when needed.
- There was a management structure in place and staff understood their responsibilities.
- The culture within the service was open and transparent.
- Staff told us they felt well supported and could raise any concerns with the management team.

Royal South Hants Hospital

Detailed findings

Background to this inspection

InHealth Limited provides an Ear Nose and Throat (ENT) and Audiology Hearing Aid Service at the Royal South Hants Hospital under an NHS contract. Other diagnostic and screening services take place at the location via a mobile unit on an adhoc basis.

Services are accessed via the NHS Choose and Book system and referrals triaged by Inhealth patient referral centre. During our visit we spent time in the Ear Nose and Throat (ENT) and Audiology department. There were ENT and audiology appointments on the day of our visit, but none for Magnetic Resonance Imaging (MRI) Scans. MRI scans were only performed at the location on an adhoc basis when required.

For ENT patients, the service was run by a GP with Specialist Interest (GPwSI) with the support of ENT specialists. A nurse practitioner ran Aural Care Services which included micro suctioning of ear wax.

The service is registered with CQC to provide the regulated activities: diagnostic and screening procedures; and treatment of disease, disorder. The types of services provided are doctors consultation service and doctors treatment service. This location was one of three in the Southampton area which are managed by the same provider and staff work across all three sites. For this inspection we visited the location at:

InHealth

Royal South Hants Hospital

Brinton's Terrace, Graham Road, Southampton,

SO14 0YG

The ENT service is provided six days a week across three locations Mondays to Saturdays. Patients are able to be seen at any of the three locations. All staff employed by the service work across all locations. All locations are open on weekdays to see patients who have audiology appointments.

The Royal South Hants Hospital location is open from 8am to 6pm Monday to Saturdays. Appointments for ENT services are available during these opening hours.

We carried out an announced inspection on 23 August 2018. The inspection team consisted of a CQC inspector and a GP specialist advisor.

Prior to the inspection, we reviewed a range of information provided from the pre-inspection information request and any notifications we had received from the service.

During our visit:

- We spoke with the registered manager and staff.
- We looked at equipment and rooms used for providing treatment.
- We reviewed records and documents.
- We reviewed comment cards
- Observed patient and staff interactions whilst patients were waiting for appointments

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

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

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

Are services safe?

Our findings

Safety systems and processes

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

- The service had safety policies including adult safeguarding policies which were regularly reviewed and communicated to staff. Although the service did not provide treatments to patients under the age of 16 years, the service had access to a child safeguarding policy to safeguard any child that might attend the premises. Staff received safeguarding information for the service as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All audiologists, administrative staff, healthcare assistants and nursing staff received level two safeguarding children training and adult safeguarding training. They knew how to identify and report concerns.
- There was a safeguarding lead for the service who had received adult training and children's safeguarding training to level four. There was also support from the safeguarding lead of the provider's governance team.
- Information in the service waiting area and treatment rooms advised patients that staff were available to act as chaperones. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The provider carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken 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).
- There was an effective system to manage infection prevention and control.
- Daily checks were completed in each consultation room for cleanliness which included equipment.

- An infection prevention compliance audit was undertaken by the operations manager to ensure compliance with infection prevention and control standards.
- There were clear processes in place to ensure equipment that was not for single use was decontaminated after each use. This was recorded and included a system for identifying which patient the equipment had been used for.
- There were systems for safely managing healthcare waste.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and sickness, holidays and busy periods. Locum and agency staff were not used by the service.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- There were arrangements in place to deal with foreseeable emergencies. Staff were suitably trained in emergency procedures. The service had a defibrillator and oxygen available for use. The service was situated in a community hospital and was able to contact their 'crash team' in the event of a suspected cardiac arrest.
- The training matrix held by the registered manager documented when staff had last completed resuscitation and emergency training which meant staff were prepared and able to respond to any emergency should it arise.
- On the day of the inspection visit, we noted that there was no information on sepsis available for staff to refer to. Staff were able to describe what actions they would take if they suspected a patient was unwell. The

Are services safe?

operations manager immediately organised for posters to be displayed in treatment rooms. In addition, staff were provided with guidance and information on how to manage suspected sepsis.

- The service showed us documentation which confirmed there were up to date fire risk assessments and regular fire drills were carried out.
- All electrical equipment was checked to ensure that equipment was safe to use and checked to ensure it was working properly.

Information to deliver safe care and treatment

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

- Patients had a health assessment before receiving their treatment.
- Assessments were recorded on the service's electronic system. We found the electronic patient record system was only accessible for staff with delegated authority which protected patient confidentiality.

Safe and appropriate use of medicines

- The service held medicines for use in the treatments they provided, such as ear wax softening lotions and drops. They had patient group directives (PGD) in place for staff to be able to administer the medicines when required. We found all PGDs were in date and appropriately signed and authorised.
- No emergency medicines were kept by the service. The service had performed a risk assessment which identified arrangements with the community hospital were adequate. (The service could access a 'crash team' from the hospital they were situated in, who held emergency medicines).

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity on a regular basis. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. We saw these were discussed at meetings.
- There was a system for receiving, reviewing and actioning safety alerts from external organisations such as the Medicines and Healthcare Products Regulatory Agency (MHRA).

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was an effective system and policy for recording and acting on significant events and incidents. Significant events were recorded on the service's computer system which all staff had received training to use. There was evidence that learning from incidents took place and appropriate changes were implemented. The service had an automated system for reporting and recording of any incidents accidents and near misses. Once an incident was reported there was a structure as to how it was dealt with and by whom. The registered manager would view each incident and report all actions taken and submit for closure.
- During the previous year, one serious incident occurred within the service whereby a referral was sent to an incorrect provider resulting in delay to the patient pathway. The service conducted a thorough 'Root Cause Analysis' investigation. Following investigation, the service made and implemented recommendations to prevent recurrence of this incident in the future.
- Staff understood their duty to raise concerns and report incidents, managers supported them when they did so.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

- The service had systems to keep clinicians up to date with current evidence-based service. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear service pathways and protocols.
- Patients' safety assessments and consent forms were scanned onto their computerised records where they were kept along with their referral forms and any other relevant information. We were shown examples of consent and assessment forms on the service's computerised system. They were comprehensive and detailed patients' medical histories and other relevant information such as medicines being taken by the patient.
- Patients were given comprehensive information prior to their appointment about what treatment consisted of. Comments received showed that patients considered they had sufficient information provided about care and treatment.
- We saw no evidence of discrimination when making care and treatment decisions.
- Assessments and screening were monitored using information from a range of sources, in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best service guidelines.
- The service had systems in place to keep all clinical staff up to date with new guidance.
- Staff had access to best service guidelines and used this information to deliver care and treatment that met patients' needs.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- All staff were actively involved in monitoring and improving quality and outcomes. We were shown examples of audits, such as those related to ensuring

nasoendoscopes were correctly cleaned in accordance with infection control processes. This work fed into the providers governance framework and the registered manager was required to complete a quarterly report, which contained details of audits carried out.

- Audits were carried to demonstrate quality improvement and all relevant staff were involved to improve care and patients' outcomes.
- GPs with a special interest (GPwSIs) had completed relevant training prior to working at the service. GPwSIs received an induction training and ongoing training and were granted practising privileges. Their work was monitored by consultants who worked in the service and they were involved in auditing of practice.

Effective staffing

- Staff received appropriate professional development. Staff told us they had received training in the procedures they carried out in the clinic. We were shown the training matrix which confirmed staff had received training relevant to their role. Training which was considered to be mandatory by the service included: fire safety; equality and diversity; infection prevention and control; and health and safety. There was a structured induction programme which included safeguarding training for adults and children.
- Staff had regular appraisals and one to one supervision sessions.
- Arrangements were in place to ensure GPs who worked in the service were on the performers list and had undertaken revalidation as required.

Coordinating patient care and information sharing

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

- The service shared relevant information with the patient's permission with other services. For example, when referring patients to secondary health care or informing the patient's own GP of any concerns.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- The service did not provide services for children and young people below the age of 16 years.
- We saw evidence of consent forms used to obtain written consent before undertaking procedures and specifically for sharing information with outside agencies, such as the patient's GP.
- The service monitored the process for seeking consent appropriately. The process of seeking consent was demonstrated through records. We saw consent was recorded in the patient's electronic record, in line with legislation and relevant national guidance.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. Staff gave us examples of how they respected patients' religious needs. The example they gave related to patients who were Sikh and wore turbans. They explained that they always sought permission prior to moving material of the turban away from the patient's ear and explained the reasons why this was needed.
- The service gave patients timely support and information.
- All the nine comments cards we received showed that patients considered they were treated with kindness, compassion and respect.

Involvement in decisions about care and treatment

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

- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- The service could arrange for an interpreter to be on-site if a patient indicated the need for one at point of booking.
- Comment cards showed that patients were involved in decisions about their care and treatment; and given sufficient information to make a decision.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect, and the service complied with the General Data Protection Regulations (GDPR, 2018).
- All confidential information was stored securely on computers.
- Doors to the rooms used for consultations with the doctor were closed and we noted that conversations taking place could not be overheard.
- We were told patients identified themselves to front of house staff by name only. Full confirmation of patient identification was completed within the treatment room.
- Chaperones could be arranged if needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The facilities and premises were appropriate for the services delivered. Treatment rooms were all on the ground floor. There were adequate toilet facilities.
- The service operated six days a week from Monday to Saturday. All appointments were pre-booked.
- Staff said that appropriate time was scheduled for patient consultations. Appointments were arranged at a time to suit patients when possible.

Timely access to the service

- Services are accessed via the NHS Choose and Book system and referrals triaged by Inhealth patient referral centre. Treatment was by appointment only.
- Delays and cancellations were minimal and managed appropriately.
- Having been assessed, most patients were managed within the service where possible, without the need to be referred to other providers. We saw on the day of our visit that appointments were arranged to accommodate patients who needed to see the nurse practitioner and then attend the audiology service.

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.

- There was a patient information leaflet available to patients at the reception desk which detailed how patients could complain if they wished. There was a comments box available along with a questionnaire for patients to complete at the reception area to the Ear Nose and Throat (ENT) and Audiology department. The registered manager was responsible for managing all complaints received either verbally or written. We reviewed the provider's complaints record which showed complaints were thoroughly investigated, a detailed response was sent as quickly as possible and action was taken to prevent a recurrence of the causes of upheld complaints.
- The complaints policy and procedures were in line with recognised guidance. Staff were aware of how to handle formal and informal complaints from patients.
- The service learned lessons from individual concerns and complaints, and from analysis of trends. They acted as a result to improve the quality of care. The service told us that they had not had any complaints in the last 12 months.
- We reviewed the complaints system and noted there was an effective system in place which ensured there was a clear response with learning disseminated to staff about the complaint.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Are services well-led?

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

Our findings

Leadership capacity and capability;

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

- Leaders at the service had the experience, capability and integrity to deliver the service's strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Staff told us they felt well supported by management and that management were approachable and always took the time to listen to them.

Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The provider had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider planned its services to meet the needs of their patients.
- The provider monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were systems and processes in place to ensure that staff had received appropriate training and development to carry out their roles.
- The provider had evidence which demonstrated that professional revalidation and supervision had been carried out.
- 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 service had a number of policies and procedures in place to govern activity and these were available to all staff. All the policies and procedures we saw had been reviewed and were relevant to the service provided.
- Staff were clear on their roles and accountabilities including in respect of safeguarding, mental capacity and infection prevention and control.
- Service leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- A comprehensive range of meetings were held to monitor standards and ensure accountability. For example, quarterly clinical governance meetings with senior clinicians, including the ENT consultants and GP with Specialist Interest GPwSIs, to review key performance indicators and other significant operational issues. Audits and clinical scorecards were undertaken and used to measure the services performance against internal and external standards and to highlight any areas requiring action.

Managing risks, issues and performance

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

Are services well-led?

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Risk assessments we saw were comprehensive and had been reviewed.
- The most serious incidents were investigated by a detailed root cause analysis and action plans were put in place to address any concerns identified by the investigation. Incident data was also analysed for trends and regularly reviewed by the provider's clinical governance committee. The provider's system allowed for the director to comment on actions to ensure they were complete and effective.
- There was a business continuity plan in place which detailed actions required if there was an interruption to service provision.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- 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.
- 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. Meetings were held where issues such as safeguarding, significant events and complaints were discussed as required.
- The service used performance information which was reported and monitored and management and staff were held to account.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

Engagement with patients, the public, staff and external partners

- People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.
- Staff we spoke with told us people's views were sought regarding their care and services provided in the form of a questionnaire after each visit. These were collated on a quarterly basis and the registered manager sent the results to the governance team. It was the manager's responsibility to produce an action plan and report on its progress at the provider's governance meeting. The information was also reviewed and reported on at the services contract monitoring meeting with the Clinical Commissioning Group (CCG). We were told the manager would read through the comments made on the questionnaires and followed up on any concerns if needed. The service encouraged and valued feedback from patients, the public and staff. The most recent quarterly report showed that all patients were satisfied with the treatment provided.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service.
- The organisation made use of internal reviews of audits, incidents and complaints, and consistently sought ways to improve the service.