

Primary Care Services and Solutions

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 to people's needs?	Good	
Are services well-led?	Good	

Overall summary

This service is rated as Good overall.

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 Primary Care Services and Solutions as part of our inspection programme for newly registered services.

Primary Care Services and Solutions is a stand-alone aural care service which specialises in ear wax removal by microsuction or ear irrigation.

The 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.

Our key findings were:

- The service had been registered with CQC for 12 months but had been operational for only one month at the time of our visit. Systems for operational and clinical governance were in place.
- Staff working at the service were appropriately recruited, trained and mentored to carry out their role effectively.
- The service demonstrated flexibility in type and location of appointment which was offered to best suit patients' needs.
- Feedback from patients following their procedure was overwhelmingly positive.
- Staff told us they enjoyed working at the service and felt supported in their role.

Although we did not identify any breaches of regulations the provider **should:**

- Update their registration details with the Care Quality Commission so that it more accurately reflects their service
- Update their website to ensure it contains up to date information, and provides patients with information on how to make a complaint
- Introduce documentation to evidence that equipment cleaning has taken place between patient consultations.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team included a CQC lead inspector and a CQC second inspector.

Background to Primary Care Services and Solutions

Primary Care Services and Solutions is a stand-alone aural care service which specialises in ear wax removal by microsuction or ear irrigation. Microsuction is a wax-removal technique which uses the binocular operating microscope to look straight into the ear canal and then wax is removed using a suction device at low pressure. Ear irrigation involves inserting liquid into the ear canal to flush out earwax.

Services are paid for through NHS funding under a contract with North Kirklees Clinical Commissioning Group (CCG).

The service operates from three different sites on a rotational basis:

Tuesday: Oaklands Health Centre, Huddersfield Road, Holmfirth HD9 3TP

Thursday: Broughton House Surgery, 20 New Way, Batley WF17 5QT

Saturday: University Health Centre, Sand Street, Huddersfield HD1 3AL

The service opening times are:

Oakland Health Centre: 9am to 2.30pm

Broughton House Surgery: 9am to 2.30pm

University Health Centre: 9am to 12midday

In addition, home visits could be arranged for housebound or very vulnerable patients.

Primary Care Services and Solutions was successful in a tendering process with North Kirklees CCG in acquiring the contract, along with two other providers in the area, to provide ear microsuction and irrigation services to adults over the age of 18 and those registered with GP practices in the local area.

The service is registered with the CQC to provide:

- Treatment of disease, disorder or injury

The service is staffed by a director who maintains overall operational and governance and oversight of the service. An advanced nurse practitioner (ANP) provides clinical oversight of the service. An additional ANP and prescribing nurse complete the team.

During our visit we interviewed staff in person and carried out a site visit to Oaklands Health Centre. We also reviewed questionnaires from staff which we sent out before the site visit.

How we inspected this service

We carried out this inspection as part of our inspection programme of independent health providers.

During our inspection we:

- Spoke with the director and a nurse at the service
- Reviewed a sample of patient care and treatment records
- Reviewed a range of policies, procedures and other evidence provided by the service
- Carried out a visual inspection of the site where services were being delivered.

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?

We rated safe as Good because:

Systems and processes were in place, and risks were assessed and managed to keep patients safe.

Safety systems and processes

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

- The provider conducted safety risk assessments in relation to the premises where services were delivered, including home visits. They had developed safety policies, and staff were able to access them on the shared drive. As part of induction, staff were provided with safety information relevant to their role.
- Staff had completed safeguarding training appropriate for their role. Although children were not treated by the service, staff had completed child safeguarding training. Staff had access to contact details for local safeguarding teams.
- Staff in the service were aware of other local agencies involved in supporting patients, and helping to prevent or support patients at risk of neglect or abuse.
- Staff recruitment processes were appropriate. Disclosure and Barring Service (DBS) checks were undertaken on all staff. (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.)
- Staff demonstrated an understanding of safeguarding, including issues relating to mental capacity. We saw that chaperones were provided if requested. Nursing staff were appropriately qualified to act in a chaperone role.
- There was an effective system to manage infection prevention and control (IPC). The service had access to IPC policies, procedures and audits applicable to the premises from which services were delivered by the provider. In addition, staff made use of disposable equipment when possible, and we saw that non-disposable equipment was appropriately cleaned in between patients. The provider told us they would introduce documentation to evidence when cleaning had taken place.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were systems in place to provide cover in the event of unexpected staff absence or illness.
- Staff had access to emergency equipment and medicines located at the host sites from where services were being delivered. Staff demonstrated a comprehensive understanding of managing patients with urgent need.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate 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.

- Staff had access to the full patient record where the patients' own GP used SystmOne. For practices using EMIS, staff had access to the NHS spine where key medical and demographic information was available. SystmOne and EMIS are examples of clinical record software used by general practice.

Are services safe?

- Once a procedure had been carried out with a patient, a task was sent to their own GP detailing the intervention which had been undertaken. The service audited tasks to ensure that the information had been received and acted upon if applicable.
- The service inputted onto patients' own medical records. Hence their system was in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians had access to a range of standard operating procedures which allowed for appropriate and timely referrals in line with up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- No medicines were prescribed or stored by the service. If prescriptions were required, the task sent to patients' own GPs provided details of the recommended medicines, for example, antibiotics. These were monitored to assure the service that the patient had received the medicines they needed.
- Staff had access to emergency medicines and equipment in the event of an emergency. We saw that staff assured themselves that these were appropriately checked and monitored to ensure medicines were in date and equipment was appropriately serviced.

Track record on safety and incidents

The service had plans in place to monitor their safety record.

- The provider had taken account of all relevant safety issues pertinent to the site from where services were delivered.
- At the time of our inspection the service had been operational for one month only; and no significant events had been recorded at that time.
- The provider told us that weekly informal staff 'huddles' were due to begin in the month of our inspection; and that more formal, minuted meetings were planned to be held monthly. We were told that standard agenda items, including patient safety updates, complaints and significant events were to be included.

Lessons learned and improvements made

The service had plans in place to learn and make 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. They told us they were confident they would be supported in doing so.
- The provider demonstrated an awareness of the requirements of the Duty of Candour. The provider understood their duties in relation to notifiable safety incidents.
- The service had systems in place to act on and learn 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:

Staff were supported to maintain professional competencies, and arrangements were in place to effectively share information with key partners.

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)

- Clinical staff had access to a local 'microsuction forum' where up to date processes, procedures and safety considerations were shared. Staff had access to the most up to date National Institute for Health and Clinical Excellence (NICE) guidance relevant to their service, and demonstrated an awareness of relevant evidence based guidance.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had access to details of a clinical assessment carried out by the patients' own GP prior to referral into the service. Clinical staff within the service carried out their own assessment before decisions relating to the best form of treatment were offered. If it was not felt to be appropriate, treatment was not carried out and the patient and their own GP were provided with full reasoning why this decision had been made.
- We could find no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service had plans to carry out quality improvement activity.

- The service had plans for future quality improvement activity in place. These included auditing the optimum number of days of using softening oil before a procedure was carried out. Another planned audit was to review the impact of the build-up of ear wax in more vulnerable patients, for example, meaning they experienced hearing loss which could increase their risk of, for example, not being aware of an intruder, or at increased risk of falling due to disorientation caused by hearing impairment.

Effective staffing

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

- All staff were appropriately qualified. All staff received an induction before starting work at the service.
- We checked the registration status of the nurses and advanced nurse practitioners employed by the service. We saw that they were registered with the Nursing and Midwifery Council (NMC) to the appropriate level; and that they had completed the appropriate validation processes.
- 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

Are services effective?

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

- Staff had access to the full patient record with appropriate sharing arrangements in place. All journal entries and consultations were logged and were visible to patients' own GP.
- Before providing treatment, staff at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We heard of examples where treatments were not carried out if it was felt not to be in the patient's own interests at that time. A full rationale was provided to both the patient and their GP.
- Consent was obtained, and documented on the treatment template before any procedure was carried out.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, home visits were carried out to complete treatment for housebound patients, and their record was updated to reflect this.
- The treatment template required the recording of consent in all cases prior to treatments being carried out.

Supporting patients to live healthier lives

Staff sought to empower patients and support 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 their normal care provider was notified of the need for additional support. For example, if, during a home visit, vulnerability factors were identified, the information was shared with relevant agencies, for example district nurses, patients' own GP or local authority safeguarding services.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

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. Staff demonstrated a good understanding of mental capacity and best interest decision-making.

Are services caring?

We rated caring as Good because:

Staff demonstrated a commitment to caring for patients, and patient comments confirmed they were provided with an informative and caring service.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Patient satisfaction surveys were sent out to all patients following their appointment. In addition, the service website enabled validated patients to submit any comments about the care and treatment they had received.
- We saw that feedback from patients was positive in all cases about the treatment they had received, and the way in which staff had interacted with them throughout the process.
- Patients were provided with an aftercare leaflet, providing contact numbers if advice or information was required post-procedure.

Involvement in decisions about care and treatment

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

- Staff had access to hearing loops in the host practices from where services were delivered. Telephone interpreter services were also available. Staff also told us that information could be provided in larger font for patients for whom visual impairment presented a barrier to communication.
- We saw, from patient feedback on the website, that that they felt listened to and supported by staff, had sufficient time during consultations and were given full information about the best decision choice for them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Discussions with staff demonstrated that they recognised the importance of people's dignity and respect.
- Staff told us they would respond if patients became upset and ensured that they were provided with a private room to discuss any issues in more detail if required.

Are services responsive to people's needs?

We rated responsive as Good because:

The service demonstrated flexibility in relation to venue of appointments offered, and understood the importance of learning from patient complaints.

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, patients were able to indicate their preferred location for their appointment to be carried out. Home visits were also available for housebound or very vulnerable patients.
- The facilities and premises in which the service carried out the procedures were appropriate for the services delivered.

Timely access to the service

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

- Once referrals were made via the internal 'choose and book' system, appointments were usually available within one week at a venue and time most convenient to the patient.
- Comments from patients confirmed that they were seen promptly, and the procedure was carried out in a painless and comfortable way.
- Liaison with the patients' own GP was completed via use of internal tasks which indicated where additional treatments or referrals were needed. The service monitored their tasks to ensure they had been received, seen and acted upon.

Listening and learning from concerns and complaints

The service had a complaints process in place.

- Staff were aware of the complaints process and demonstrated an understanding of how to deal with complaints, both informal and formal, appropriately. The website did not contain information for patients on how to make a complaint. Following our feedback, the provider undertook to update their website to ensure this information was included, and to update staff details.
- The service had a complaint policy and procedure in place. There were plans to include a review and analysis of complaints as a standing agenda item in monthly staff meetings. These were planned to begin within the month of our inspection.

Are services well-led?

We rated well-led as Good because:

Systems and processes for operational and clinical governance were in place.

Leadership capacity and capability

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

- The director of the service was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Staff told us the director was visible and approachable. They worked closely with staff to listen to staff concerns and ideas and staff told us they felt involved and part of a caring team.
- The provider had plans to employ a manager for the service to facilitate effective sharing of roles and responsibilities. Clinical staff undertook leadership roles within their sphere of expertise.

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.
- We saw that the registration details contained within CQC records did not accurately reflect the service in relation to locations from where the service was delivered, and the operating name of the service. Following our feedback, the provider undertook to update their registration details to rectify this.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against the contractual requirements of the service, and liaised with commissioners to develop and enhance the service.

Culture

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

- Staff told us they felt respected, supported and valued. They were proud to work for the service.
- The service put patient need at the forefront of their business.
- The director was able to describe how staff performance which proved to be inconsistent with the values of the service would be dealt with, which was appropriate.
- Staff confirmed their understanding of openness, honesty and transparency when reporting on or responding to incidents and complaints. The provider was aware of the requirements of the Duty of Candour.
- Staff told us they would be confident to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Staff told us they were encouraged and supported to access development opportunities relevant to their role. The service had only been operational for one month at the time of our visit. Appraisals had been scheduled for staff for later in the year.
- Staff safety and well-being was seen as crucial for the success and continual development of the service.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- We observed positive relationships amongst staff members.

Are services well-led?

Governance arrangements

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

- A range of standard operating procedures and policies were in place to support good governance and management. Staff had access to these via the shared computer system.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.
- Documentation of consultations provided assurance that the delivery of care was appropriate and accurate for the needs of the patient.
- The service submitted data or notifications to external organisations as required; for example, in relation to key performance indicators required by the commissioning service.
- Arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems were in place and were appropriate.

Managing risks, issues and performance

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

- A risk register was in place which supported the provider to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service was communicating with the commissioner to establish timelines for the continuation of their contract to deliver the service. Clinical staff peer-reviewed one another's consultations to ensure that all parts of the bespoke template had been appropriately completed, and that liaison with patient's own GPs had been carried out.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Planned staff meetings aspired to include a discussion of the sustainability and quality of the service being delivered to patients and partner agencies.

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture. There were plans in place to develop community engagement activities to help combat loneliness and isolation amongst older vulnerable people in the community.
- Staff told us they had opportunity to provide informal feedback. They were aware of the planned staff 'huddles' and formal staff meetings which were planned. Staff told us they were given opportunities to suggest new developments or initiatives within the service, for example in relation to planned audit activity.

Continuous improvement and innovation

Are services well-led?

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

- The provider demonstrated a desire to continually develop and evolve the service within the local health economy.
- The service had plans in place to formally review incidents and complaints, including identifying 'themes' from these. There were plans in place to ensure that learning was shared with all staff.