

Sellindge Surgery

Quality Report

The Surgery
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Good 

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

Overall summary

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 23rd March 2017. The service is an NHS funded community ears, nose, and throat (ENT) outpatients clinic and is operated by Sellindge Practice Limited. The service opened in 2011 and sees and treats patients aged two years and over with an ear, nose or

throat problem that are registered with a GP practice within Ashford, Canterbury, South Kent Coast, Thanet or West Kent CCGs. Only NHS patients were seen and treated at this service.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's

Summary of findings

needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

We found the following issues that the service provider needs to improve

- We saw the medical practitioner was not bare below the elbow and did not demonstrate an appropriate hand washing technique in line with 'five moments for hand hygiene' from the World Health Organisation (WHO) guidelines on hand hygiene in health care.
- We found safety tests on a nasendoscope (a flexible telescope is used to look into the back of the nose) were not carried out in line with national recommendations.
- We saw consulting rooms where clinical procedures were carried out were carpeted. This meant the service was non-compliant with the Department of Health (DH) Health Building Note (HBN 00-09) Design for flooring, walls, ceilings, sanitary ware and windows which states carpets should be avoided in clinical areas to avoid contamination.

- We saw posters on hand washing were out of date and not in line with World Health Organisation (WHO) guidelines on hand hygiene in health care.

We found the following areas of good practice:

- The service had direct access to ear, nose and throat (ENT) waiting lists and ENT operating lists. This meant that patients did not have to attend the hospital for a consultation prior to a procedure and were placed on the operating list in a more effective manner.
- The service received positive feedback from patients saying they were treated with a caring attitude and were informed about their treatment.
- The service managed staffing effectively and services always had enough staff with the appropriate skills, experience, and training to keep patients safe and to meet their care needs.
- The service had a small and dedicated team, there was clear leadership and staff felt supported by their managers.

Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with one requirement notice that affected Sellindge Surgery. Details are at the end of the report.

Summary of findings

Our judgements about each of the main services

Service

Outpatients and diagnostic imaging

Rating Summary of each main service

Good



- There was a system for reporting and recording incidents.
- Staff understood the duty of candour and understood the importance of being open and truthful.
- The service had a small dedicated team with regular staff meetings.
- Outcomes for patients were collated via patient feedback forms and patient surveys. These were all very positive.
- Complaints were addressed in a timely manner.
- The service could demonstrate compliance with National Institute for Health and Care Excellence (NICE) guidance.
- There was evidence of staff appraisals and training for the staff.
- The service received consistently high positive feedback from patients about their care. Privacy and dignity were maintained.
- The Friends and Family test showed over 95% of patients would highly recommend their family and friends to the service.
- The service was able to provide a choice of clinic days for patients to access which gave more flexibility for patient choice
- The service provided hearing test facilities for all clinics, which reduced the number of times patients had to attend the service.
- Information on how to complain was available and complaints were acted upon in a timely manner.
- Leadership arrangements were clear.
- Governance arrangements were in place with regular meetings taking place.
- The service had a risk register, which was reviewed and updated regularly.

However:

Summary of findings

- Staff did not always follow the appropriate hand washing technique in line with 'five moments for hand hygiene' from the World Health Organisation (WHO) guidelines on hand hygiene in health care.
 - Safety tests on a nasendoscope were not carried out in line with national recommendations.
 - Consulting rooms used for clinical ENT procedures were carpeted and as such were non-compliant with the department of Health (DH) technical Memorandum (HBN 00-09).
 - Posters on hand washing were out of date and not in line with World Health Organisation (WHO) guidelines on hand hygiene in health care.
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Summary of findings

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Good 

Sellindge Surgery

Services we looked at

Outpatients and diagnostic imaging

Summary of this inspection

Background to Sellindge Surgery

- Sellindge Surgery (the service) is an NHS funded community ears, nose, and throat (ENT) outpatients clinic and is operated by Sellindge Practice Limited. The service opened in 2011 and sees and treats patients aged two years and over with an ear, nose or throat problem that are registered with a GP practice within Ashford, Canterbury, South Kent Coast, Thanet or West Kent CCGs.
- The service is delivered from a purpose built premises in the village of Sellindge, Kent. Patients are able to use the public car park next to the practice and patient areas are accessible to patients with mobility issues. Only NHS patients were seen at this service.
- The service primarily serves the communities of Kent and also accepts patient referrals from outside this area.
- There were two general practitioners working at the service under practising privileges.
- Regulated activities include; doctors consultation and treatment service and diagnostic and treatment services.
- The registered manager is Dr George Vattakuzhiyil and has been the nominated individual since March 2013.
- In the reporting period October 2015 to September 2016 there were 1,924 NHS funded outpatient attendances recorded at the service. Of these attendances 229 (12%) were children aged between three and seventeen years of age.
- Due to the increase in referral numbers to the service over the years there were four sessions every week, two sessions on a Thursday afternoon and one session on a Friday morning and Friday afternoon. The service occupies the same two GP Surgery consulting rooms for each clinic. The service shares the reception and waiting area with the GP surgery patients.
- This service had been previously inspected in 2014 for the provision of NHS funded ENT outpatient activities and were advised to improve on areas of staff involvement, record keeping of staff training and discussion from the results of patient surveys.
- There were no never events, no clinical incidents and no incidents of Meticillin –resistant staphylococcus aureus (MRSA) Meticillin-sensitive staphylococcus aureus (MSSA) or Clostridium difficile (C.diff).
- There was one complaint about this service in the reporting period.

Our inspection team

- The service was inspected by a CQC inspector, Lorraine Moore, a CQC bank inspector, a specialist advisor with an expertise in infection prevention and control and was overseen by Alan Thorne, Head of Hospital Inspection.
- We spoke with five staff including; one GP, one registered nurse, one practice manager and two administration staff. We spoke with four patients and one relative.
- There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as requires improvement because:

We found the following issues that the service provider needs to improve:

- We saw the medical practitioner was not bare below the elbow and did not demonstrate an appropriate hand washing technique in line with 'five moments for hand hygiene' from the World Health Organisation (WHO) guidelines on hand hygiene in health care.
- We found safety tests on a nasendoscope were not being carried out in line with national recommendations.
- We saw consulting rooms where clinical procedures were carried out were carpeted. The provider should ensure that all clinical areas do not have carpets. This meant the service was non-compliant with the department of Health (DH) Health Building Note (HBN 00-10) Design for flooring, walls, ceilings, sanitary ware and windows which states carpets should be avoided in clinical areas to avoid contamination.
- We saw posters on hand washing were out of date and not in line with World Health Organisation (WHO) guidelines on hand hygiene in health care,

However we found the following areas of good practice:

- There was a system for reporting and recording incidents.
- Staff understood the duty of candour and understood the importance of being open and truthful.

Requires improvement



Are services effective?

We rated effective as good because:

- The service had a small dedicated team with regular staff meetings.
- Outcomes for patients were collated via patient feedback and patient surveys which were very positive
- The service had received only one complaint, which was addressed in a timely manner.
- An audit of its referrals to the local NHS hospital showed these were compliant with NICE guidance.
- There was evidence of staff appraisals and training for the staff.

Good



Are services caring?

We rated caring as good because:

Good



Summary of this inspection

- The service received consistently high positive feedback from patients about their care.
- The Friends and Family test showed over 95% of patients would highly recommend their family and friends to the service.

We saw patients treated with a caring and kind attitude, doors were closed when patients were being treated and privacy and dignity was maintained.

Are services responsive?

We rated the service as good because:

- The service was able to provide a choice of clinic days for patients to access which gave more flexibility for patient choice
- The service provided hearing test facilities for all clinics, which reduced the number of times patients had to attend the service.

Information on how to complain was available and complaints were acted upon in a timely manner.

Good



Are services well-led?

Are services well-led?

We rated well led as good because:

- The service had a small and dedicated team where leadership was clear.
- Governance arrangements were in place with regular meetings taking place.
- The service had a risk register which was reviewed and updated regularly.

Staff felt supported by their managers.

Good








Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Outpatients and diagnostic imaging

Safe	Requires improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are outpatients and diagnostic imaging services safe?

Requires improvement 

We rated safe as requiring improvement

Incidents

- The service had an ENT service incident reporting policy dated September 2016 and staff had a good understanding of how to use the system.
- We were told that if an incident occurred this would be shared with the ENT team via its quarterly staff meetings, or at a special meeting if it was felt that the staff need to be made aware sooner than the next regular meeting.
- Staff told us an incident would be discussed at the meeting and any learning outcomes recorded in the minutes of the meeting. As there were no incidents reported for the reporting period we suggest there may be evidence of under reporting.
- There had been no 'Never events', clinical or non-clinical incidents reported in the community ENT outpatient service in the period October 2015 to September 2016.
- Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death, but neither need have happened for an incident to be a never event.

- Staff were able to describe the basis and process of duty of candour, Regulation 20 of the Health and Social Care Act 2008. This relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.

Cleanliness, infection control and hygiene

- The service had an infection prevention and control policy dated September 2016. The policy noted the practice manager was the responsible person for reviewing the policy and there was a nominated infection prevention and control (IPC) lead in place. Staff knew who was the infection control lead.
- There were no incidences of Escherichia coli (E-coli), methicillin-resistant Staphylococcus aureus (MRSA) and methicillin sensitive Staphylococcus aureus (MSSA) bloodstream infections or cases of Clostridium difficile related diarrhoea reported in the period October 2015 to September 2016 at the service.
- We saw a 2016 annual statement written by the infection prevention and control lead which included a summary of any infection transmission incidents and any action taken.
- All the areas we visited in the surgery were visibly clean and tidy and we saw records of cleaning schedules which were completed and up to date.
- We saw the medical practitioner undertaking clinical activities was not bare below the elbow and did not demonstrate an appropriate hand washing technique in

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line with 'five moments for hand hygiene' from the World Health Organisation (WHO) guidelines on hand hygiene in health care. This was brought to the attention of staff at the time of the inspection.

- There were sufficient numbers of hand washing sinks available, in line with Health Building Note (HBN) 00-09: Infection control in the built environment.
- Soap and disposable hand towels were available next to sinks. Information was displayed demonstrating the 'five moments for hand hygiene' near handwashing sinks. However the information was out of date and did not include washing wrists as well as hands.
- Sanitising hand gel was readily available throughout the service.
- We saw personal protective equipment was available for all staff and staff used it in an appropriate manner.
- The cleaning of the surgery was outsourced to a private cleaning company. The reception area of the surgery had a communication book where staff and cleaners could leave messages for each other.
- Auditing of infection control and hand hygiene was undertaken by the Sellindge surgery Limited. The last audit was undertaken in November 2016 and included the two rooms used by the ENT service which we saw on the inspection.
- Staff used a nationally known three wipe decontamination system which cleans, disinfects and rinses the nasendoscopes. There were two labels attached to the wipes, one of these labels was placed into the record book and the other attached to the clinic notes.
- These procedures were undertaken in the dedicated room for ENT procedures. The scope was kept in a locked cupboard when not in use. We saw staff followed the appropriate clean to dirty processes and used personal proactive equipment such as aprons and gloves.
- However, staff did not follow the Department of Health (DH) Health Technical Memorandum (HTM 01-06) Management and decontamination of flexible endoscopes. We saw staff were not testing the nasendoscope for a leak before and after being used on a patient. Staff told us the endoscope was leak tested at

the beginning and end of the clinic session. This means fluid may enter the endoscope and may be a source of contamination for the patient. We asked the registered manager to review this practice to ensure the endoscope was leak tested after each patient.

- Waste in the clinic rooms was separated in different coloured bags to identify the different categories of waste. This was in accordance with the Department of Health (DH) Health Technical Memorandum (HTM) 07-01, control of substance hazardous to health and Health and Safety at Work regulations.
- We saw sharps bins were available in treatment and clinical areas where sharps may be used. This demonstrated compliance with health and safety sharps regulations 2013, 5(1) d. This requires staff to place secure containers and instructions for safe disposal of medical sharps close to the work area. We saw the labels on sharps bins had been fully completed which ensured traceability of each container.

Environment and equipment

- The two consultation rooms used for ENT clinics were equipped with a treatment couch and trolley for carrying the clinical equipment required. Each room had equipment in to provide physical measurements (blood pressure, weight and height). This was in line with HBN 12 (4.18) standard for out patients, which recommends a space for physical measures be provided so this can be done in privacy.
- We saw the floors were carpeted in the clinic rooms, which meant the service was non-compliant with the department of Health (DH) Health buildingnote (HBN 00-10) Design for flooring, walls, ceilings, sanitary ware and windows which states carpets should be avoided in clinical areas to avoid contamination.
- We saw equipment service records which indicated all ENT equipment had been serviced in the last 12 months. Individual pieces of equipment had stickers to indicate equipment was serviced regularly and ready for use. For example, the audiometer (a machine used to test the quality of a patients hearing) and the audiology booth had both been tested in July 2016.
- Portable appliance testing (PAT) on electrical equipment was compliant and had been completed in January 2017.

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- We saw confidential waste was managed in accordance with national regulations. Confidential waste areas were available in administration areas and we saw the certificates of destruction supplied by the outsourced shredded waste company.
- Fire extinguishers were serviced appropriately and in prominent positions. Fire exits were clearly sign posted and exits were accessible and clear from obstructions.
- Reusable surgical instruments were sent off-site to a corporate hub to ensure compliance with regulatory requirements for decontamination,
- We were told there was a possibility of surgical instruments not coming back from sterilising unit before the next clinic. However, single use instruments were available for use in addition to the multi-use instruments which could be used if necessary. There was no evidence of patients being cancelled due to a lack of instruments.

Medicines

- No controlled drugs (CD's) were kept or administered in the service.
- An audit of prescriptions given to ENT patients was carried out in January 2017, which showed there were 23 different types of medications prescribed over the period November 2016 to December 2016. This audit allowed the medical staff to review the use of its medications.
- The service had a prescription form security policy dated March 01 2017. This included the ordering of prescription pads, checking serial numbers, locking the forms in a secure cupboard and checking after each clinic session in order to ensure prescription pads were used appropriately and kept safe. This is in line with NHS Protect, security of prescription forms guidance 2013.
- Medications, for example eardrops, were checked weekly for expiry dates and stock levels.
- Medicines management regulations state minimum and maximum temperatures of locked medicine refrigerators and ambient room temperatures are to be checked and recorded daily when a department is in use. We saw the record sheet of the checks was displayed in the room. This stated the temperatures

were to be recorded each working day the department was open. Additionally if the temperature was recorded as above 250 centigrade this must be reported to the appointed practitioner in charge. This provided assurances that staff stored refrigerated drugs within the correct temperature range to maintain their function and safety.

Records

- The service used a variety of information technology systems that held patient data. All staff, clinical and non-clinical were required to be compliant with information security and data protection with all services around patients. We saw staff had completed mandatory training in information governance. This meant the practice did have assurance all staff had the necessary up-to-date training to keep patient information safe.
- The provider told us that in the three months before the inspection no patients were seen in outpatients without all relevant medical records being available and all patient medical records remained on site. This meant that staff could easily review patient history and investigations.
- A system was in place whereby follow up appointments were not booked until investigation results were available so patients were not cancelled due to the lack of clinical information.
- All patient records were stored on an electronic management information system (EMIS).
- We looked at six sets of patients records. We saw records were complete, legible and signed. They contained letters, results of diagnostic tests, discharge letters and the record of consultations and nursing treatment.
- We were told care records were not audited. However, patient records were stored on the computer system and were recorded using a standard clinical template which ensured continuity in medical record recording.

Safeguarding

- There had been no safeguarding concerns reported to CQC between October 2015 and September 2016.

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- The service had an adult and child protection (safeguarding children) policy dated 2016, to ensure that appropriate action was taken to protect children from any form of abuse. All staff undertook safeguarding awareness training.
- The service used Sellindge surgery's safeguarding practices and processes. Arrangements for safeguarding were in place and reflected relevant legislation. One GP in the practice was the safeguarding lead and was trained to level three safeguarding.
- Safeguarding training was part of mandatory training. Training records showed 100% of clinical staff had completed safeguarding adults training and 96% had completed safeguarding children. Administrative staff had completed safeguarding children training (89%) and safeguarding adults (81%).
- Staff had a good understanding of what a safeguarding concern might be. They told us they would escalate any concerns to their manager. They knew who the safeguarding lead was. We saw there was safeguarding flow charts displayed in clinical areas to provide advice and prompt staff.
- Staff gave us examples of managing a patient in an emergency. We observed an incident where a patient felt unwell and the administration staff used the call system to alert the staff in the surgery. We saw medical staff responded immediately to this call.
- We were told that if a patients needed to be transferred to the local hospital they would call for an ambulance.
- We saw there was adequate resuscitation equipment and it was easily accessible. Staff knew where they were located. We saw it was checked daily to ensure it was ready for use.
- < >.
We did not see any signs displayed throughout the department with the nominated first aiders or fire wardens. However, staff could tell us who the fire warden was.
- We saw the reception area had a hazard spillage kit readily available. This was for use in the event of spills involving hazardous materials would be contained to prevent spread of the material to other areas. Staff had received training in how to use the kit and we saw records which indicated staff checked the kit weekly to ensure they were compete and ready for use.

Mandatory training

- Staff were required to undertake mandatory training which included health and safety, fire safety, chaperoning, information management, equality and diversity, basic life support.
- We saw the training records for staff for mandatory training. These showed clinical staff mandatory training included information governance (100% attendance), infection control (100%), and manual handling (100%). Administrative staff mandatory training included information governance (93%), working with display screens (93%), and manual handling (89%). The service target for mandatory training for all staff was 85% and this target was exceeded in all topics.
- Staff told us they were given protected time to complete mandatory courses. They were also given the option to access the courses from their home computers and awarded time off in lieu for hours worked.

Assessing and responding to patient risk

Medical and Nursing staffing

- There were two doctors with practising privileges. Practising privileges is a term used when doctors have been granted the right to practise in an independent hospital. The majority of these also worked at other NHS trusts in the area.
- The service employed two health care assistants (HCA), an audiologist, an ENT services manager and ENT secretary. The Sellindge practice reception staff would welcome and book ENT patients for their appointments.
- There was sufficient consultant staff to cover the ENT clinics.
- No medical staff members were subject to fitness to practice hearings at the time of inspection.

Emergency awareness and training

The service had a disaster recovery plan dated November 2016. The plan was designed to enable the service to overcome any unexpected disaster to its premises, key personnel or to any important systems relied upon in day

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to day operations. The plan contained information of contacts and checklists for specific situations. Staff told us they were aware of the plan and showed us they could access this on the computer.

Are outpatients and diagnostic imaging services effective?

Good 

We rated effective as good.

Evidence-based care and treatment

- Audits were undertaken to ensure that consultations and treatment plans were effective and improved the patient's quality of life. For example, hearing aid provision should enable a patient to hear better, so improving quality of life.
- Between September 2016 and February 2017, the service audited the management of patients with chronic tonsillitis which showed these patients were managed within National Institute for Clinical Excellence (NICE) guidance.
- Up-to-date evidence based medical / surgical treatment options were discussed with the patient to help the patient make treatment decisions.
- Local and national good practice was used and adhered to for example NICE guidelines on the referral of patients for tonsillectomy.

Pain relief

- During our inspection we did not find any patients who were in pain, and required pain relief.
- Medical staff prescribed pain relieving medicines if required.

Patient outcomes

- Outcomes for patients were collated via patient feedback and patient surveys which were very positive.
- Audits showed patients were being added to the local hospitals operating lists appropriately such as tonsillectomies.

Competent staff

- All staff had an induction programme. This included a tour of the facilities and teams, supervised work sessions and protected time for reading the relevant policies and protocols. The induction course was written using a standard template, signed off on completion by the responsible manager and filed in the employee's personnel record.
- Clinical staff were required to complete a series of clinical competencies relevant to their role. We saw the individual records for staff which showed their completed competencies. We saw staff competency documents for nurses, all of whom had the relevant qualifications and memberships appropriate to their position. Staff were trained to use the naso-endoscope.
- Educational activities were undertaken by clinicians and all staff Continuous Professional development (CPD's) were discussed at annual appraisals. All staff had had an annual appraisal.

Multidisciplinary working

- There was good multi-disciplinary working with other staff in the practice such as regular attendance at practice meetings.
- There was integrated working with secondary care as the medical practitioner attended the ENT audit meetings at the local hospital. These sessions were both educational, where treatment modalities, evidenced based care and mortality and morbidity was discussed.

Access to information

- All staff read the surgery confidentiality policy and signed a statement to confirm the policy had been read. This policy was circulated to all staff on an annual basis as a refresher. All staff had to undertake Information governance training to understand how patient data was to be stored and how it could be used.
- All staff had passwords to the clinical system and these were never shared. Staff were taught to not leave their computer unlocked when they left it. During our inspection we did not see any unlocked computers left unattended.

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- We saw that in places where conversations may be overheard by other patients, the patient number was used rather than the patient name. Patients with mobile telephones received appointment reminders by text message

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The service had a consent to examination or treatment policy dated November 2016 stating
verbal consent must be given by the patient for any physical examination. This included procedures such as micro suction, nasendoscopy and cauterisation.
- Micro suction is used to removal earwax.
Naso-endoscopy is a procedure whereby a thin flexible telescope is passed through the nose, throat and voice box and cauterisation is a procedure used to seal blood vessels in the nose.
- The policy demonstrated the process for consent, documentation, responsibilities for the consent process and use of information leaflets to describe the risks and benefits.
- We saw medical staff explaining what they were going to do prior to the patient giving their consent to their procedure
- The policy also incorporated the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The policy had clear guidance that included the Mental Capacity Act (MCA) 2005 legislation and set out procedures that staff should follow if a person lacked capacity.

Are outpatients and diagnostic imaging services caring?

Good 

We rated caring as good.

Compassionate care

- The ENT patient survey carried out in March 2016 showed 79% of patients who responded to the survey felt the quality of the care they received was excellent with the remaining 21% rating their care as good.

- Friends & Family cards were being handed to patients and showed that between December 2016 and March 2017, 91 cards had been returned with 76 patients commenting they would be highly likely to recommend a friend or family to this service. We read comments such as: 'all staff were polite and very friendly' and 'very attentive and caring'.
- We saw patients in the consulting room with the GP and audiologist. Both were very caring, speaking with their patients in a professional manner.
- We saw consulting room doors were closed during conversations and conversations could not be overheard.
- The service had a chaperone policy dated January 2017 with clear procedures for when chaperones were needed. Privacy and dignity was maintained at all times. There were chaperone arrangements available for patients who felt they require a chaperone for any consultations. We saw posters in the clinic to remind patients there was a chaperone serviced if they require done.

Understanding and involvement of patients and those close to them

- The ENT patient survey carried out in March 2016 showed 96% of patients who responded to the survey felt everything was fully explained to them with the remaining 4% stating they would have liked a little more information.
- Patients we spoke with told us they had been treated very well and their treatment and examinations had been explained to them.
- The ENT patient survey carried out in March 2016 showed 98% of patients who responded to the survey stated they were able to ask questions throughout their appointment.
- The Friends and Family cards comments included: 'very quick service, helpful, everything was explained to me'.
- Patients attending the service from outside of the Sellindge Surgery area were given an appointment confirmation letter detailing how to find the surgery and if a conversation was held with a patient, whoever spoke with the patient would make sure the patient knew where the surgery was located.

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- We saw when patients arrived at reception, reception staff explained where the ENT rooms were located and that their name would appear on the patient call in board.

Emotional support

- Patients told us staff were respectful, and considerate. They spent time with them supporting through the consultation processes and put them at their ease.

Are outpatients and diagnostic imaging services responsive?

Good 

We rated responsive as good

Service planning and delivery to meet the needs of local people

- An audit of did not attend (DNA) rates for patients attending the ENT clinic was carried out in February 2017 which showed there was a 5% DNA rate.
- The secretary monitored waiting times when new referrals were received. If the waiting time was in excess of six weeks, an extra clinic will be created (usually on a Wednesday) to ensure that the extra patients were seen in a timely manner
- We were told the location of the GP practice was not ideally served by public transport; the bus journey took a long time and was not very regular from some areas that the service will see patients from. This problem was outside the control of the service.
- We were told there was sometimes a delay in informing the patient's registered GP of the outcome of the ENT appointment when the ENT secretary had annual leave or was ill. However, cover was provided by the GP practice where practical.

Access and flow

- Patients could access the service either by word of mouth, email or GP referral. The service was able to offer a choice of clinic days and at times that suited patients.

- < >he service aimed to see patients for their first appointment within six weeks of being referred whereby patients could be assessed, examined and treatment plans could be formulated. The service had a co-located hearing test facility for all clinics which reduced the amount of times patients would have to attend clinics.
- The two GPs could directly list patients for surgery to the local NHS hospital when appropriate and directly add patients to the ENT surgical waiting list. This meant patients did not have to wait for another ENT outpatient appointment at the hospital and would be directly listed for a procedure.
- The service accepted all ENT referrals with the exception of any suspected cancer cases and any children under the age of two years.
- The number of referrals into the service had increased but capacity for increasing the number of ENT clinics was restricted because of the usage of the GP practice rooms. We were told that high demand for the service could be solved with a Saturday morning clinic which was being discussed at the next staff meeting.
- Staff felt the service was reducing the need for patients to go into hospital and brought specialist care closer to home for a vast number of patients. There was data to support the increase in referrals due to the increase in ENT sessions needed.
- < >he ENT patient survey carried out in March 2016 showed for those patients who responded to the survey 81% were able to change their appointment time to suit their needs.
 - The service used two consultation/treatment rooms. The waiting area in the main reception was shared with Sellindge Practice Limited. We saw adequate seating available at a variety of heights and space available for patients to wait in wheelchairs.
 - We saw that some of the patients attending the service were hard of hearing and reception staff would ensure that patients were made aware that their name would appear on the patient callboard, rather than assume that they would hear the audible sound.

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- Interpreters were being booked where a communication problem was communicated to the service in the GP referral.
- We saw a variety of health-education literature and leaflets in the reception area. Some of this information was general in nature while some was specific to certain conditions.
- We saw information in the ENT clinical rooms was given to patients after their consultation about different types of surgery and conditions; such as tonsillectomy, nosebleeds and glue ear and grommets.
- Staff told us how they accessed translation services for people who needed them. However, we were told these were rarely needed. We did not see any leaflets in any other languages apart from English. However, staff told us these were rarely needed and they could access leaflets in other languages if required, from a central database.
- We saw the signs advertising the hearing loop in reception which enabled those who used hearing aids to communicate more easily.
- Access was suitable for wheelchair users and the unit provided wheelchairs for use in the department if required.
- Staff identified patients who were living with a learning disability or dementia when the referral was triaged. Staff told us if applicable, the appropriate individualised care and support was provided.
- The waiting area in the main reception for the ENT service had seating areas with refreshments, a television and magazines available for waiting patients and their supporters.
- The service took referrals for patients under the age of 18. There was a small selection of toys for children in the waiting room. Reception staff told us they cleaned the toys daily although there was no record kept to demonstrate this.
- The ENT service was run from a purpose built GP surgery which also had free ample parking for patients.

- ENT complaints policy dated November 2016 with a review date of November 2016. The ENT manager is responsible for this review and the Sellindge Complaints manager is responsible for investigation all complaints.
- Complaints received by the ENT Clinic were reviewed at the quarterly staff meetings to ensure that learning points were shared. There had been one complaint in January 2016, which was reviewed and related to a communication problem. We saw this complaint was discussed at the quarterly meeting held in April 2016.

Leaflets stating how to make a complaint were displayed in the surgery waiting area.

Are outpatients and diagnostic imaging services well-led?

Good 

We rated well-led as good

Vision and strategy for this this core service

- The vision for the service was to provide patients with consultant-led care in a suitable environment with high standards of care as near to home as possible.
- The aim was to deliver services by seeing referred patients for a first appointment within six weeks.

Governance, risk management and quality measurement

- There was a system of governance in place. The service met quarterly and discussed clinical governance, incidents, complaints and the risk register. We saw the meetings agreed actions to improve the service where necessary.
- The service had an ENT risk management policy dated September 2016 and had five items on its risk register. Each risk had been reviewed regularly and actions put in place to mitigate the risk. For example, there were concerns that patients may get lost to follow up. A system had been put in place to ensure this was addressed and was to be reviewed in March 2017 to ensure this new procedure was effective.

Learning from complaints and concerns

Leadership and culture of service

Outpatients and diagnostic imaging

- There were clear lines of leadership and accountability. Staff had a good understanding of their responsibilities in all areas of the service. Staff told us they could approach immediate managers and senior managers with any concerns or queries.
- Staff told us the unit was a good place to work, everyone was friendly, they had sufficient time to spend with their patients and they were proud of the work they did.
- There was no staff turnover for staff working in the service in the reporting period October 2015 to September 2016 and no staff sickness for the same period.

Public and staff engagement

- All seven members of staff were involved in any discussions about the running of the service to ensure that everyone involved was proactive in minimising any risks within the service, and ensuring that the performance of the service was as good as it could be.

The medical practitioner ensured all staff participated in and received the minutes of the formal quarterly staff meetings. Informal discussions concerning the service happen as necessary.

Outstanding practice and areas for improvement

Outstanding practice

- The service had direct access to ENT waiting lists and ENT operating lists. This meant that patients did not have to attend the hospital for a consultation prior to a procedure and were placed on the operating list in a more effective manner.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that staff were bare below the elbow and demonstrate an appropriate hand washing technique in line with 'five moments for hand hygiene' from the World Health Organisation (WHO) guidelines on hand hygiene in health care.
- The provider must take prompt action to carry out leak tests on the nasendoscope before and after each procedure.

Action the provider **SHOULD** take to improve

- The provider should ensure that all clinical areas do not have carpets. We saw the floors were carpeted in

the clinic rooms, which meant the service was non-compliant with the department of Health (DH) technical Memorandum (HBN 00-10) Design for flooring, walls, ceilings, sanitary ware and windows which states carpets should be avoided in clinical areas to avoid contamination.

- The provider should ensure up to date posters on hand washing are displayed in line with World Health Organisation (WHO) guidelines on hand hygiene in health care.