

Health Hub

Health Hub

Inspection report

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Date of inspection visit: 27 February 2018
Date of publication: 08/05/2018

Overall summary

We carried out an announced comprehensive inspection on 27 February 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 not 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 not providing well-led care in accordance with the relevant regulations

Background

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.

Health Hub is an independent provider of medical services. The service provides Ear, Nose and Throat (ENT) consultations, travel vaccinations, management of minor injuries and a number of other services that are not regulated by the CQC. Services are provided at 282 Milkwood Road, Herne Hill, London, SE2 0EZ in the London borough of Lambeth. All of the services provided are private and are therefore fee paying, no NHS services are provided at Health Hub.

The service is open Monday to Friday from 8am to 8pm and Saturday 9am to 1pm. The service does not offer elective care outside of these hours.

The premise is located on the ground floor and is therefore accessible to all. The property is leased by the provider and the premises consist of a patient reception area, and five consulting rooms.

The service is operated by two partners, one of whom is the manager of the service and the other the lead clinician who is an ENT specialist. The service also

Summary of findings

employs a nurse, a service manager and four receptionists. Other staff are employed by the service but they are involved in the provision of services that are not regulated by CQC.

The lead clinician 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. The service is registered with the Care Quality Commission (CQC) to provide the regulated activity of treatment of disease, disorder or injury.

Our key findings were:

- The service had systems in place to manage significant events.
- Medicines were in place to manage some emergencies, but some medicines for use in emergencies were not in place at the time of the inspection.
- Policies and procedures were in place to govern all relevant areas, but the service did not have patient group directives in place for the practice nurse.
- The service had an infection control policy but had carried out an audit. The rooms and all equipment were clean, but there were no spills kits in place and sharps bins were not dated.
- Clinicians assessed patients' needs and delivered care in line with current evidence based guidance.
- The service had limited systems in place for monitoring and auditing the care that had been provided.
- Staff had not been trained in areas relevant to their role.
- Patients were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services was available and easy to understand. The complaints system was clear but was not clearly advertised.
- Patients were provided with information relating to their condition and where relevant how to manage their condition at home.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The clinic sought feedback from patients, which showed that a large majority of patients were satisfied with the service they had received.
- The clinic was aware of and complied with the requirements of the Duty of Candour.

We identified regulations that were not being met and the provider must:

- Ensure that systems and processes are in place to ensure safe care and treatment. This should include systems for delegated actions to nurses, medicines and equipment to manage emergencies and full infection control processes.
- Ensure that systems and processes are in place to ensure good governance. This should include ensuring staff are trained in relevant areas, supervision of the nurse working at the service, advertising the complaints process and monitoring and auditing care.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review how MHRA alerts are processed and records maintained.
- Review how available the Needlestick policy is for staff who might require it in an emergency.
- Ensure that identification is verified for patients, parents and carers attending the service.

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 not providing safe care in accordance with the relevant regulations.

- There was an effective system in place for reporting and recording significant events.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- The service held stocks of some emergency medicines. However, the service did not hold stocks of salbutamol, glucagon or oxygen available for the management of emergencies.
- The premises were clean and the rooms and equipment were suitable for use. However, the service had not audited infection control and there were no spill kits in place on the day of the inspection, although these were sourced following the inspection. Sharps bins were not dated.
- The service did not ask patients or parents of patients for confirmation of identity before services were provided.

Are services effective?

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

- Clinical staff were aware of current evidence based guidance, although there were no formal measures for reviewing incoming notifications.
- There was limited evidence of clinical audit at the service.
- Non-clinical staff were not trained in some areas, but the service addressed this on the week following the inspection.
- The service obtained consent from patients in line with guidance.
- The service referred to other services where required, and all referral information was transferred securely.

Are services caring?

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

- Staff we spoke with were aware of their responsibility to respect people's diversity and rights.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients reported on social media platforms that the provider offered a good service and staff were helpful, caring and treated them with dignity and respect.
- Patients medical records were all stored electronically.

Are services responsive to people's needs?

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

- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service had not received any complaints in the last year.
- Patients were able to request consultations by telephone or via the service website.
- There was timely access to appointments once requested. Appointments were available on a pre-bookable basis only.
- The service provided 15 minute consultations face to face.
- All patients attending the clinic referred themselves for treatment; none were referred from NHS services.

Summary of findings

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

- The service had clear policies and protocols in place. However, there were limited governance structures to ensure that staff had been trained, to monitor the standard of care provided and ensure that safe care could be provided.
- The clinic was aware of the requirements of the duty of candour.
- The clinic encouraged a culture of openness and honesty. The clinic had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The clinic proactively sought and acted on feedback from patients.

Health Hub

Detailed findings

Background to this inspection

Health Hub was inspected on the 27 February 2018. The inspection team comprised a lead CQC inspector and a GP Specialist Advisor.

Health Hub is a service which provides management of ear, nose and throat conditions, nursing services, and also other care not regulated by the CQC. Services are provided from 282 Milkwood Road, Herne Hill, London, SE2 0EZ in the London borough of Lambeth. All patients attending the service referred themselves for treatment; none are referred from NHS services. The patients seen at the service are not often seen on more than one occasion and as such the service does not maintain a formal patient list. The service is open Monday to Friday from 8am to 8pm and Saturday 9am to 1pm. The service does not offer elective care outside of these hours.

The service is registered with the CQC to provide treatment of disease, disorder or injury and diagnostic and screening procedures.

During the inspection we used a number of methods to support our judgement of the services provided. For example we interviewed staff, and reviewed documents relating to the service/clinic.

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

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

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

Are services safe?

Our findings

We found that this service was not providing safe care in accordance with the relevant regulations.

Safety systems and processes and track record on safety

The service had some systems, processes and practices in place to minimise risks to patient safety.

- The service had defined policies and procedures which were understood by staff. The service had not experienced any significant events that related specifically to clinical care provided. There was a system in place for reporting and recording significant events and complaints.
- The service was aware of and complied with the requirements of the Duty of Candour. This means that people who used services were told when they were affected by something which had gone wrong; were given an apology, and informed of any actions taken to prevent any recurrence. The service encouraged a culture of openness and honesty. There were systems in place to deal with notifiable incidents.
- Where there were unexpected or unintended safety incidents there were processes and policies in place which showed the service would give affected people reasonable support, truthful information and a verbal or written apology.
- There were notices advising patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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).
- We reviewed three personnel files which demonstrated checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body, and the appropriate checks through the DBS.

Safe and appropriate use of medicines

The service had some arrangements in place to respond to emergencies and major incidents.

- The service held stocks of some emergency medicines. However, the service did not hold stocks of salbutamol or glucagon which would be expected in a service of this type and had not risk assessed not having them in place. All medicines were in date, and were regularly checked. The service did not have oxygen available for the management of emergencies. The service sourced medications and oxygen following the inspection.
- The service had not adopted Patient Group Directions to allow nurses to administer medicines in line with legislation. (PGDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient, after the prescriber had assessed the patients on an individual basis).
- The service had a business continuity plan in place for major incidents such as power failure or building damage.

Risks to patients

The service had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies and protocols had been developed which covered safeguarding, whistleblowing, and consent. The policies clearly outlined processes to be adhered to, and detailed whom the lead clinician should contact in the event of a safeguarding concern.
- The service did not formally undertake identification checks for patients, or parents or carers of children using the service. The service manager stated that they would do so in the future.
- The lead clinician had received training on safeguarding children and vulnerable people relevant to their role (level 3). All other staff at the service had a basic awareness of safeguarding but had not been formally trained. The service provided evidence that all staff had undertaken required safeguarding training the week following the inspection.

Infection control and premises

Are services safe?

- The service maintained appropriate standards of cleanliness and hygiene, the clinical rooms and the waiting area were seen to be clean and well maintained. The cleaning staff had a checklist detailing what should be cleaned.
- The clinic had an infection control policy and procedures in place to reduce the risk and spread of infection, but the service had not audited its infection control compliance.
- Only the lead clinician of the service had been trained in infection control.
- There was a sharps injury policy of which the lead clinician was aware, but this was not advertised on posters by wash basins.
- The clinic had clinical waste disposal processes in place. However, Sharps bins were not labelled and there were no spill kits in place on the day of the inspection. However, the service sourced spill kits following the inspection.

Lessons learned and improvements made

We reviewed significant event and incident policies and procedures and saw that there were appropriate systems in place to identify, investigate, monitor and learn from significant events and incident analysis.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The service was aware of relevant and current evidence based guidance and standards, best practice and current legislation, including National Institute for Health and Care Excellence (NICE) best practice guidelines which the provider reviewed and utilised.

- We were told that guidelines were reviewed by the lead clinician and disseminated to all other clinical staff, but there was no formal record that this was taking place.
- The service assessed needs and delivered care in line with relevant and current evidence based guidance.
- The service did not have formal meetings between the lead clinician and the nurse who worked at the service.
- After care plans were provided to patients where required.

Monitoring care and treatment

- The service did not have evidence of clinical audit in the last year, although future audits were planned.

Effective staffing

- The service had an induction programme in place for newly appointed staff.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. The service did not have systems in place to ensure that all staff had completed relevant training but they were appraised on an annual basis. We found that non-clinical staff had not been trained in fire safety, child or adult safeguarding or infection control. However, the service addressed these issues the week following the inspection.

- Staff received training that included basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training, and following the inspection the service provided evidence that all staff had completed the training modules that were missing from training records on the day of the inspection.
- Staff involved in handling medicines received training appropriate to their role.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way

- The service referred patients to secondary services or informed patients that they should contact their NHS GP if they were not able to manage a specific condition.
- The service requested details of patients' NHS GPs in order that they could inform them of any care that they had provided. If a patient had refused to provide these details and the service found a medical condition that would require further care, the patient was told that the GP would have to be told and information was provided to GPs securely.

Consent to care and treatment

- The service sought patients' consent to care and treatment in line with legislation and guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance. However the lead clinician had not been trained in the Mental Capacity Act and was not able to detail relevant provisions of the Act.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

Are services caring?

Our findings

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

Kindness, respect and compassion

We saw that the service treated patients with dignity and respect.

- Clinical appointments were 15 minutes long so all elements of care could be explained and there was sufficient time to answer patients' questions.
- The service had access to a range of information and advice resources for parents that they could take away with them to refer to at a later time.
- Staff we spoke with were aware of their responsibility to respect people's diversity and rights.

The service did not secure any Care Quality Commission comment cards prior to the inspection. We saw comments from patients on social media platforms and these were positive regarding the care delivered by the clinic and the caring attitude of staff.

Involvement in decisions about care and treatment

We saw evidence that the service gave patients clear information to help them make informed choices about the services offered. The clinical lead showed us that details of any costs were clearly discussed (and discussions recorded) before treatment commenced.

Privacy and Dignity

- Doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Staff receiving patients knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients' medical records were securely stored electronically.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

- The service was on the ground floor and was therefore accessible to all patients.
- The website for the service was very clear and easy to understand. In addition it contained clear information about the procedures offered.
- The waiting area was large enough to accommodate the number of patients who attended on the day of the inspection.
- Toilet and baby changing facilities were available for patients attending the service.

Timely access to the service

The service was offered on a private, fee-paying basis only, and as such was accessible to people who chose to use it.

The service was open Monday to Friday from 8am to 8pm and Saturday 9am to 1pm. The service did not offer elective care outside of these hours.

Standard appointments at the service were 15 minutes long to allow time for all elements of potential treatments to be discussed.

Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns.

- There was a designated responsible person who handled all complaints.
- We were told that a complaints leaflet was available to help patients understand the complaints system, but this was not available on the day of the inspection.
- There were no posters advertising the complaints process in reception or clinical rooms.
- Patients could leave feedback on several social media platforms and the service analysed this feedback.

The service had not received any complaints in the past year.

Are services well-led?

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

Our findings

We found that this service was not providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability;

- There was clinical leadership and oversight.
- Staff told us that there was an open culture within the service and felt they could raise any issues with the Directors of the service.

Vision and strategy

- The service had a vision to deliver high quality care and promote good outcomes for patients.
- There was a mission statement for the service and staff were aware of it.

Governance arrangements

The service had a limited governance framework in place. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, staff had not undertaken all requisite training to carry out their roles.
- Service specific policies were implemented and were available to all staff. All staff that we spoke to were aware of how to access policies.
- In some areas the service did not have equipment or processes in place to ensure safe care.

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.
- The service focused on the needs of patients.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were positive relationships between all staff at the service.

Managing risks, issues and performance

There were limited processes for managing risks, issues and performance.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although they had not identified potential risks of not holding oxygen and medicines to respond to a full range of medical emergencies and of not having Patient Group Directions to enable the nurse to give medicines or injections.
- The service had limited systems of quality review in place.

Engagement with patients, the public, staff and external partners

- The service used social media to monitor its service, and the majority of feedback provided was positive.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>The service did not have patient group directions in place to ensure that vaccinations were provided safely.</p> <p>The service did not have spill kits or dated sharps boxes, and infection control had not been audited.</p> <p>The services did not have oxygen or full stocks of medicines to manage emergencies.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p>

Requirement notices

The registered persons had systems or processes in place that were operating ineffectively in that they failed to enable the registered persons to assess, monitor and improve the quality and safety of the services being provided. In particular:

The service did not have systems in place to quality review performance.

The service's complaints process was not clearly advertised to patients.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.