

Lincoln Leg Clinic Limited

Lincoln Leg Clinic Ltd

Inspection report

509 Newark Road
Lincoln
LN6 8RT
Tel: 07876050217

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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?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

This service had not previously been inspected. We rated it as good because:

- While the service only had one practitioner, who was also the manager, this was enough staff to care for patients and keep them safe. The practitioner had training in key skills, understood how to protect patients from abuse, and managed safety well. The practitioner controlled infection risk well. The practitioner assessed risks to patients, acted on them and kept good care records. The practitioner managed safety incidents well, learned lessons from them and collected safety information to improve the service.
- The practitioner provided good care, treatment and advice to help patients manage their health conditions themselves. The practitioner provided good aftercare advice and support to help patients remain well after discharge. The practitioner monitored the effectiveness of the service and made sure the practitioner remained competent to deliver care in line with relevant National Institute for Health and Care Excellence. The practitioner ensured patients had access to a wide range of related information and how to access other services as and when needed.
- The practitioner treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their health conditions. The practitioner provided emotional support to patients, families and carers.
- The practitioner planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it so they did not have to wait for treatment. Appointments were scheduled quickly at mutually convenient times.
- The management team, consisting of the practitioner and a nominated individual ran the service well using reliable information systems. They had a clear vision and values for the service and applied this in their day to day running of the clinic. The management team were focused on the needs of the patients receiving care and were clear about their roles and accountabilities. The practitioner engaged well with patients and worked flexibly with the wider care community to plan and manage services, they were committed to continual improvement of the service.

Summary of findings

Our judgements about each of the main services

Service

Community
health
services for
adults

Rating

Good



Summary of each main service

Summary of findings

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Summary of this inspection

Background to Lincoln Leg Clinic Ltd

Lincoln Leg Clinic is a small standalone independent community health service. It is located in Lincoln and operates from a single clinic base two days per week. The service has a registered manager who is a specialist nurse practitioner and who is the only person working at the clinic. There is a separate nominated individual.

The service offers wound care, treatment and management advice for specific leg problems primarily leg ulcers and Lymphoedema. Most patients who use the clinic come from the Lincolnshire area though there are patients who travel from further afield.

Data provided by the manager shows that since January 2021 the service has seen 56 patients, some are one off assessment patients and other patients are on the treatment pathway. The service currently sees 6 patients per week. There is no waiting list. The service does not offer home treatment.

Lincoln Leg Clinic registered with Care Quality Commission in September 2013 but has not previously been inspected. There has been no enforcement action taken against the clinic, and it has not flagged as a risk in any Care Quality Commission monitoring activity, except that it has not been inspected since registration.

What people who use the service say

We spoke with seven patients and two external professionals who knew the registered manager and the service.

All the patients we spoke with were complimentary of the service and the care they received there. All patients we spoke with had seen massive improvement in their health condition compared to previous mainstream treatments they had received. Everyone commented on how clean the clinic and the equipment were and how efficient, knowledgeable, approachable and organised the practitioner was.

Comments people made included:

“Exemplary practice in a scrupulously clean environment”.

“The practitioner saved my leg, when a consultant I had seen at the hospital told me I would need amputation”.

“The treatment was fantastic, the clinician was excellent, and the practitioner has enabled to return to work, and live life to the full again, well worth the 85-mile round trip.

How we carried out this inspection

This was a comprehensive, planned inspection with a two-day announcement period. We looked at all the key lines of enquiry for the safe, effective, caring, responsive and well led. We rated the service on these findings. Our team included two CQC inspectors on site and an inspection manager off site. Before the inspection visit, we reviewed information that we held about the location and reviewed the feedback about the service from another organisations. During the inspection visit, the inspection team:

Summary of this inspection

- looked at the quality of the environment, and saw how staff were caring for people
- carried out an inspection of the clinic room and equipment used
- spoke with seven people who were using the service
- spoke with two professionals who knew the service
- spoke with the registered manager of the service
- reviewed six care and treatment records of people using the service, and
- looked at a range of policies, procedures, records and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Outstanding practice

We found the following outstanding practice:

- Through her national networks, the practitioner invested time and resource to research the most up to date and effective ulcer care treatments and achieved outstanding results for patients. We saw evidence showing that ulcers treated in mainstream practice, over a year or more with little or no improvement, responded well to treatment at Lincoln Leg Clinic and healed or became manageable within a few months.
- The practitioner treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. One patient told us that due to their multiple physical health problems they could not put traditional compression stockings on. The practitioner recognising this and knowing that the patient wanted to keep independence researched and sourced alternative wrappings for the patient. The practitioner encouraged the patient to try the different versions before choosing the one which enabled them to keep most independence when dressing. This was at no extra cost to the patient or the GP practice.

Our findings






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good	Good	 Outstanding	Good	Good	Good
Overall	Good	Good	 Outstanding	Good	Good	Good

Community health services for adults

Good 

Safe	Good 
Effective	Good 
Caring	Outstanding 
Responsive	Good 
Well-led	Good 

Are Community health services for adults safe?

Good 

This service had not previously been inspected. We rated it as good.

Mandatory Training

The practitioner ensured all her mandatory training in key skills were completed and in date. As well as running the Lincoln Leg Clinic the practitioner was also a registered nurse on the local NHS bank and working on the local vaccination program.

Safeguarding

The practitioner understood how to protect patients from abuse and the service worked well with other agencies to do so. The practitioner had received training level 3 adults and level 1 children. She knew how to recognise abuse and apply the training in practice.

Cleanliness, infection control and hygiene

The service-controlled infection risk well. The practitioner used equipment and control measures to protect patients, themselves and others from infection. The practitioner kept equipment and the work area visibly clean.

Environment and Equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. The practitioner managed clinical waste well.

Assessing and responding to risk

We reviewed six care records including the associated risk assessments. The practitioner completed and updated risk assessments for each patient and removed or minimised risks. The practitioner identified and quickly acted upon patients at risk of deterioration.

Community health services for adults

Staffing

While the service only had one practitioner, who was also the manager, this was enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. If the practitioner could not run the clinic for a period, arrangements were in place to telephone contact all clients due for appointment. In addition, all clients would receive advice that if they experienced any problems or concerns to attend their GP surgery or walk in clinic as soon as possible.

Medical staffing

The service was a standalone nurse practitioner led service. For any medical needs identified during treatment consultations patients were advised and supported to seek medical help from their own general practitioner or consultant.

Records

The practitioner kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available. The practitioner always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Care records were handwritten notes completed at the end of every treatment session.

Medicines

The service did not use prescription only medicines. The consumables including bandages, wound cleansers, dressings and topical over the counter creams were well organised and stored safely in a clean cupboard in the locked clinic.

Incidents

The service had not reported any incidents, and evidence suggested patient safety was managed well. There was policy and processes in place to report incidents should this be necessary. The practitioner was aware of the types of incidents that could occur and ensured that actions from patient safety alerts were implemented and monitored. The practitioner understood Duty of candour and had a policy relating to this.

Safety performance

The service used monitoring results well to maintain safety. The practitioner collected safety information and shared it with patients using the service, commissioners, GP's and members of the public when appropriate.

Are Community health services for adults effective?

Good 

This service had not previously been inspected. We rated it as good.

Evidence Based care and treatment

Community health services for adults

The service provided care and treatment based on evidence-based practice and the National Institute for Health and Care Excellence Venous Leg Ulcers. The practitioner was a member of the national Leg Ulcer Forum and visiting lecturer on a local university graduate nursing programme. The practitioner protected the rights of patients in their care.

The practitioner used an evidence-based care pathway assessment. The pathway followed the best practice statement “Holistic management of venous leg ulceration, (wounds UK 2016/2018/19) and the Scottish intercollegiate guidelines network, management of chronic venous leg ulcers (SIGN 2010).

Care planning

We reviewed six patient care records. All care plans were personalised, holistic and goal orientated. They included wound care management strategies and a range of information for the patient to help them manage their own wound care, diet, nutrition, pain levels and general mental wellbeing.

Nutrition and Hydration

The practitioner regularly checked to see if patients were eating and drinking enough to stay healthy and help with their recovery. The practitioner advised patients of how to access additional support if they could not cook or feed themselves.

Pain Relief

The care pathway assessment included a detailed physical and psychological history of the patient, their pain levels, written and photographic wound descriptions, body map, nutritional assessment, social circumstances, doppler assessment and the patient’s goals for treatment and consent forms.

The practitioner assessed and monitored patients regularly to see if they were in pain, and gave general advice on pain, such as using massage and compresses, in a timely way. For more severe cases of pain the practitioner alerted the patients general practitioner to offer the patient pain relieving medicine.

Patient outcomes

The practitioner monitored the effectiveness of treatment at every appointment and made changes to the care plan according to progress. The practitioner used a range of tools including a self-administered pain level chart to help patients communicate their symptoms or concerns. The practitioner used these findings to make improvements and achieved good outcomes for patients. We saw evidence showing that ulcers treated in mainstream practice, over a year or more with little or no improvement, responded well to treatment at Lincoln Leg Clinic and healed or became manageable within a few months.

Competent staff

The practitioner completed reflective practice sessions and sought out feedback from other professionals and the leg ulcer forum to ensure the practitioner remained competent for her role.

A colleague said that they were keen to place student nurses with this service so that the practitioner’s specialist skills, knowledge and passion for the specialism could be shared with the future generation of practice nurses.

Community health services for adults

Multidisciplinary working and coordinated care pathways

The practitioner worked with general practitioners and practice nurses offering wound management advice and recommending appropriate dressings that could be used to ensure continuity of care and treatment for the patient.

Health promotion

The practitioner gave patients practical support and advice to lead healthier lives.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The practitioner supported patients to make informed decisions about their care and treatment. The practitioner knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. The provider had a Mental Capacity Act Policy and was aware of Deprivation of Liberty Safeguards and the Mental Health Act.

Are Community health services for adults caring?

Outstanding



This service had not previously been inspected. We rated it as outstanding.

Compassionate Care

The practitioner treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual personal, cultural and religious needs. One patient told us that due to their multiple physical health problems they could not put traditional compression stockings on. The practitioner recognising this and knowing that the patient wanted to keep as independent as possible researched and sourced alternative wrappings for the patient. The patient was encouraged to try the different versions before choosing the one which enabled them to keep most independence when dressing. This was at no extra cost to the patient or the GP practice.

Patients were introduced to the service so they could understand the roles and responsibilities of the practitioner who would be treating them, what they could expect from treatment and how they would be supported through treatment to care for themselves.

Emotional support

Patients had their psychological needs regularly assessed including worrying concerns and anxiety. Where any concerns arose, the practitioner was able to offer appropriate support and advice and when necessary made referrals to other specialist healthcare services. An example of this came from a patient who told us that because of their painful, embarrassing and chronic lymphoedema condition over several years they had become very depressed. The patient told us they had given up work, become withdrawn, pushed family members away and had become suicidal at times. They said the practitioner fully understood how the depression had affected their life and during the first appointments spent time encouraging him to see hope again. With his permission the practitioner wrote to his GP, explaining the

Community health services for adults

situation and recommending a course of psychological treatment to compliment her physical treatment. Within six months the patient said he had started work again, contacted family members and was hopeful for the future. Furthermore, the practitioner had also agreed to offer telephone support to himself or his wife anytime they wanted reassurance or support at no added cost.

Understanding and involvement of patients and those close to them.

The practitioner recognised that for any treatment to be successful the care plan needed to be practical and have the support of the patient's family and friends. The practitioner supported and involved patients and their families and carers to understand the health condition and treatment advice and when necessary worked with patients and carers to problem solve how care plans could easily be implemented between appointments and after care had finished, to remain healthy. We heard several reports where with patient permission spouses, partners and carers had been offered telephone support and advice. This support had included outside of regular working hours where required and in formats suitable to their needs such as large print.

Are Community health services for adults responsive?

Good 

This service had not previously been inspected. We rated it as good.

Planning and Delivering services which meet people's needs.

The service had seen 56 patients since January 2021, there were six active patients on the books each one was seen once weekly, there was no waiting list for the service. The average time from referral to first appointment was two weeks. The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. We saw examples of where the practitioner had entered shared care arrangements with some GP's and offered practice nurses specialist advice on wound management.

Meeting the needs of people in vulnerable circumstances

The service was inclusive and took account of patients' individual needs and preferences. The practitioner made reasonable adjustments to help patients access services. This included ramps and level access to the clinic, good parking close to the entrance, bariatric rise and fall treatment chair, information leaflets in different formats and large print. The practitioner coordinated care with other services and providers as required, often initiating this where general practitioner had not recognised the need in the past.

Access to right care at the right time

People could access the service when they needed it and received the right care in a timely way. Access to the service was quick and easy. Appointments were always arranged to suit the patient including some out of hours where necessary. Initial assessment was free at the point of contact and the practitioner always allowed enough appointment time to complete any assessment or treatment in full.

Community health services for adults

All the patients we spoke with said the practitioner had an excellent work ethic and high standards for care. The practitioner was very well organised and ready to start treatment as soon as they arrived. All patients said they never felt rushed but the practitioner always started and ended on time so there was very rarely a delay with appointments. Patients told us appointments were very rarely cancelled and on these occasions the practitioner had explained why and made a suitable alternative appointment as soon as possible thereafter.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. There were feedback forms for patients and carers and family to complete both during and after treatment. All treatment sessions included a discussion between the practitioner and patient about how things were going and what was working or not. A lot of people had left thank you cards and some patients we spoke with told us how they had supplied testimonials for the service. Everyone said they had recommended the service to friends, family and some to their own GP or hospital consultant. The service had not received any complaints, but we saw a policy and process for how complaints would be dealt with if they were received.

Are Community health services for adults well-led?

Good 

This service had not previously been inspected. We rated it as good.

Leadership

The service was managed and led by one clinician, who was a nurse practitioner. There was also a nominated individual whose role it was to ensure the systems and processes were fit for purpose. Together they made up the management team. Managers had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. The practitioner was always visible in the service and approachable for patients and staff.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to ensure it remained a sustainable service. The vision and strategy were focused on sustainability of services and provision of high-quality chronic leg care treatments. However, we heard the providers attempts to get local commissioners and some GP practices to commission the service or work out shared care agreements and protocols had not always been successful. This had stalled further growth within the service as the providers vision was for the service to be aligned to local plans within the wider health economy.

Culture

The management team were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work. The service had an open culture where patients, their families and carers could raise concerns without fear.

Governance

Community health services for adults

The management team operated basic but effective governance processes, throughout the service and with partner organisations as required. Both the practitioner and the nominated individual were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Management of risk, issues and performance

The management team used systems to manage performance effectively. They accepted feedback and identified relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events such as the restrictions placed on them by the covid pandemic. The management team focussed their decision-making to help avoid financial pressures compromising the quality of care.

Information management

The managers could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were secure. Although the service had not had any notifications to report the practitioner had been able to supply data about the service to the Care Quality Commission and other stakeholders when necessary and in a timely way.

Engagement

Managers had actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Learning, continuous improvement and innovation

The management team were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.