

# Pioneer Health Care Limited

# Claremont Hospital

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection at the above provider on 28 August 2018 to ask the service the following key questions; are services safe, effective, caring, responsive and well-led?

### **Our findings were:**

#### **Are services safe?**

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

#### **Are services effective?**

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

#### **Are services caring?**

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

#### **Are services responsive?**

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

#### **Are services well-led?**

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Pioneer Healthcare Limited is an independent sector healthcare provider that delivers a wide range of adult services to NHS, privately insured and self funding patients. The services are provided in partnership with other independent sector private hospitals. Pioneer Healthcare Limited are registered with the Care Quality Commission and was inspected as a doctors consultation service, and a doctors treatment service. The provider carries out the regulated activities of surgical procedures, diagnostic and screening and the treatment of disease, disorder or injury.

Feedback obtained through comment cards completed and speaking with patients during the inspection was excellent. We received 19 comment cards and spoke with to four patients.

### **Our key findings were:**

- There was an overarching governance framework which supported strategic objectives and the delivery of quality care.
- There was good local leadership and a cohesive clinical and administrative team who were well supported.
- Clinicians were committed to improving the outcomes of patients and delivering quality care.

# Summary of findings

- The organisation encouraged and acted on staff and patient feedback. Patient feedback was consistently positive about the staff and the service they received.
- There was a strong focus on continuous learning and improvement across all levels of the organisation.
- Before patients received any care or treatment they were asked for their consent and the doctors acted in accordance with their wishes. Patients said they were informed of the treatments and associated risks and they were given time to consider these.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

- There were comprehensive policies and systems in place to monitor risk and keep patients and staff safe.
- All staff had received mandatory training in areas such as safeguarding and understood their responsibilities in relation to this.
- There was an effective system for reporting, recording and reviewing incidents, complaints and safety alerts.
- Medicines were stored and prescribed safely on the premises at Claremont Hospital.

### **Are services effective?**

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

- Patient pathways were in place to ensure that a patient focussed service was offered from initial consultation through to patient discharge.
- There were systems and key performance indicators in place to monitor and assess the quality of the service.
- Patients' consent was sought in line with legislation and guidance.
- There was a clear staffing structure in place which included management, clinical and administrative staff to develop and support the service.

### **Are services caring?**

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

- Staff treated patients with kindness, respect and compassion.
- Patient feedback was positive about staff being caring and professional.
- Patients had access to information from the provider's website. Clinical and administrative staff were able to support them in making decisions about their care and treatment options.
- Staff we spoke with demonstrated a patient focussed approach.

### **Are services responsive to people's needs?**

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

- We saw that information was available to patients in order to demonstrate what the service offered and which treatment options were available.
- The premises occupied by Pioneer Health Care Limited at Claremont Hospital were fully accessible and well equipped to meet patients' needs. A number of satellite clinics were available across Sheffield as an option to increase patient choice and flexibility.
- Information about how to complain was available and evidence showed the service responded appropriately to any concerns raised.
- Learning from complaints was shared within the local team, at Pioneer Healthcare Limited and with staff, at Claremont Hospital.

### **Are services well-led?**

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

# Summary of findings

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- The provider had a vision and strategy to deliver high quality care and staff were clear about their responsibilities in relation to this.
  - There were effective governance and risk management systems in place and a proactive approach to identifying and managing issues relating to risk.
  - There was a clear leadership structure and staff told us that they felt supported by management.
  - The provider actively encouraged staff and patient feedback and used this to improve service delivery.
  - Systems were in place to make sure that all patient information was stored securely in order to ensure confidentiality.
  - There was a focus on continuous learning, development and improvement linked to the quality of service delivery.
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# Claremont Hospital

## Detailed findings

### Background to this inspection

Pioneer Healthcare Limited is an independent organisation which provides a doctors consultation and treatment service which is based at Claremont Hospital in Sheffield.

The leadership team consists of five directors, working alongside clinical and administrative staff. Patients are referred to the service by their NHS GP or through self referral through a subcontract arrangement with Claremont Hospital and Sheffield Teaching Hospitals for elective spinal services. Hub and spoke arrangements are in place whereby patients may be seen closer to home for new and follow up outpatients appointments although all surgery is undertaken at Claremont Hospital. During 2017/2018, 1,960 new patients were seen by this service provider..

This announced comprehensive inspection took place on Tuesday 28 August 2018 by a lead inspector and a General Practitioner specialist advisor.

Information was gathered and reviewed before the inspection from stakeholders and pre-inspection returns. On the day of inspection we talked to people using the service, interviewed staff, used observation and review of documents.

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 safe services were provided in accordance with the relevant regulations.

### Safety systems and processes

- The provider managed health and safety effectively and had policies and systems in place to keep people safe and safeguarded from abuse.
- There was a range of health and safety related policies which were regularly reviewed. All policies were accessible to staff via the computer system and any changes were communicated to the team.
- Risk assessments and safety checks were carried out at a local level. For example, medications and clinical equipment were regularly checked and records kept by clinical staff at Claremont Hospital.
- There was a range of infection prevention and control (IPC) processes in place. These included an annual IPC audit. Where actions had been identified there was evidence to show they had been addressed. We saw that cleaning schedules were thorough and completed to a high standard.
- There were policies in place regarding safeguarding and information regarding referral to, or contact with, other appropriate agencies. All staff had been trained in safeguarding adults and children and all staff that we spoke with could demonstrate they had a good understanding of safeguarding.
- Staff recruitment procedures were in place to ensure staff were suitable for their role. Appropriate recruitment checks had been undertaken, which included proof of qualifications and registration with the appropriate professional bodies. Disclosure and Barring Services (DBS) checks were also undertaken. (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).

### Risks to patients

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

- Risk assessments had been carried out to identify any areas of risk to patients and there were appropriate control measures and quality assurances in place. For example legionella testing.

- Arrangements were in place to deal with emergencies and incidents. All clinical staff had received annual basic life support training. There was emergency equipment, such as oxygen and a defibrillator, and medicines appropriate to the service, which were easily accessible to staff on the ward and clinical areas. These were checked on a daily basis by clinical staff.
- There were enough staff to meet the demand for the service. Some clinical staff such as surgeons, nurses and theatre staff were employed by another provider and directly by the Claremont Hospital although Pioneer Healthcare Limited monitored their employment, terms and conditions through a Service Level Agreement with the other provider.
- Clinicians had the appropriate indemnity cover to carry out their role.
- Standard Operating Procedures were in place to manage outpatient and inpatient pathways.

### Information to deliver safe care and treatment

- The information needed to plan and deliver care and treatment was available through the service's patient record system and provider intranet. This included information relating to initial health assessment, advice and treatment plans for surgical interventions and diagnostic injections.
- The surgical procedures offered by Pioneer Healthcare Limited included the preoperative, perioperative and postoperative care and follow up for these patients.

### Track record on safety

There was an effective system in place for reporting, recording and investigation of incidents.

- Staff told us they were actively encouraged to report and record issues.
- All incidents and complaints were recorded on a centralised system. These were reviewed and managed at a local level. In addition, they were overseen at an organisational level in conjunction with Claremont Hospital staff to ensure they had quality assurance oversight.
- Where any changes to practice were required these were logged and tracked on a quality improvement plan.
- There was a clear organisational process for the management of safety alerts. These were disseminated to the staff team where they were also reviewed and managed at a local and organisational level.

## Are services safe?

- There were arrangements in place to deal with foreseeable emergencies. These were in line with the main Claremont Hospital's personal emergency evacuation plans. The staff said that they were aware of the emergency plans

### **Lessons learned and improvements made**

- The provider was aware of and complied with the requirements of the Duty of Candour.
- The provider encouraged a culture of openness and honesty. When there were unexpected incidents the

service gave affected people reasonable support, truthful information and either a verbal or written apology as appropriate. All incidents and complaints were recorded so that lessons could be learned and services could improve within Pioneer Healthcare Limited and the Claremont Hospital and shared within the organisation.

- Staff held monthly governance, multi-disciplinary and performance review meetings including mortality and morbidity outcome reporting.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that effective services were provided in accordance with the relevant regulations.

### Effective needs assessment, care and treatment

- Clinicians assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE).
- The service provided an initial appointment to each patient in order to offer and discuss a range of services to meet their needs in relation to elective spinal surgical services. Most patients were seen and treated within 18 weeks. Any patients outside this time period had delayed their treatment or were on a complex pathway requiring multiple diagnostics or second opinions.
- Recent audits showed that over 90% of patients had significant improvement in pain following treatment. The remaining 10% had improved symptoms but none of the patients had experienced a deterioration in their symptoms.

### Monitoring care and treatment

- Decisions about care and treatment were made by the appropriate staff at the appropriate level. Patients were seen by specialist doctors who maintained their registration and were also employed in the NHS environment.
- The provider had systems and key performance indicators in place to monitor and assess the quality of the service, including the care and treatment provided to patients at Claremont Hospital.
- The quality of consultations with patients was monitored through patient feedback. This feedback was used to inform and develop the service.
- Clinical staff participated in regular audits and quality improvement activity. We reviewed a number of audits carried out during 2017 relating to coding, consent, record keeping and complaints. We saw that outcomes were discussed with the wider clinical team.

### Effective staffing

There were systems in place to support effective staffing.

- Clinical staff working for Pioneer Healthcare Limited were appropriately qualified and registered with a professional body.

- Pioneer Healthcare Limited offered staff induction training, which consisted of topics such as basic life support, fire safety, IPC, safeguarding, health and safety, whistleblowing, information governance, equality and diversity and mental capacity.
- Staff were required to ensure their training was updated as necessary. We saw staff records to evidence that all staff were up to date.
- The learning needs of staff were identified through one to one support and appraisals.
- The provider supported the wellbeing of staff and staff told us that they enjoyed working at Pioneer Healthcare Limited.

### Coordinating patient care and information sharing

- Patients were referred to the service by their NHS GP or through self referral. We discussed the various consents which were sought from the patients such as consent to obtain information from the GP, getting agreement for treatment and sharing information with other professionals in the best interest of the patient to ensure they received appropriate diagnosis and treatment.
- Before patients received any care or treatment they were asked for their consent and the doctors acted in accordance with their wishes. Patients said they were informed of the treatments and associated risks and they were given time to consider these.

### Supporting patients to live healthier lives

- The aims and objectives of the service were to provide patients with elective surgical services, mainly spinal surgery through a process of initial assessment and then surgery or injection treatment options. A range of patient information and treatment booklets were also supplied.
- A number of satellite clinics were available across West Yorkshire to support patients to have consultations closer to their home.

### Consent to care and treatment

- This service was inspected as a patient consultation and treatment service. Patients received an initial consultation and were given treatment options by a consultant who would see the patient throughout their treatment.
- Staff understood and sought patients' consent to care and treatment in line with legislation and guidance.



# Are services effective?

(for example, treatment is effective)

- All staff had received training on the Mental Capacity Act 2005. The process for seeking consent was monitored through audits of patient records.
- The organisation was aware of the new General Data Protection Regulation (GDPR) and were handling patients' personal data in line with the regulation.

# Are services caring?

## Our findings

We found that caring services were provided in accordance with the relevant regulations.

### **Kindness, respect and compassion**

- We observed that members of staff were courteous and treated people with dignity and respect. All the staff we spoke with demonstrated a patient centred and caring approach to their work.
- Comments we received from patients, via CQC comment cards, were positive, citing staff as being polite and professional. They also said they received an excellent and professional service.
- Patients views of the service were obtained through questionnaires and surveys such as the Friends and Family test. Patient satisfaction about staff and the service they received was very positive.

### Involvement in decisions about care and treatment

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

- Referral to the service was made in consultation between the patient and their NHS GP. At the initial consultation with Pioneer Healthcare Limited, patients told us that they were encouraged to be involved in decisions about their care and treatment.
- Outpatient clinics were held at times suitable for patients in order to allow equitable access for example, at weekends and during the evening.

### **Privacy and Dignity**

The service respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Consultation room doors in clinical areas and outpatients were closed to avoid conversations with patients being overheard.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examination, investigation or treatment.
- Chaperones, Interpreters and Translators were provided to assist patients during their consultation.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that responsive services were provided in accordance with the relevant regulations.

### Responding to and meeting people's needs

- The provider made it clear to patients what services were being offered and further information was available on the Pioneer Health website.
- Patients were referred to the service through their NHS GP. Consultations were offered to anyone who was referred.
- The waiting areas for patients at the Claremont Hospital were spacious with on-site toilet facilities. The consulting rooms were clean, tidy and well equipped. The ward area was clean and tidy and provided individual rooms and four bedded bays. A lift was available for patients to use. The responsibility for the repair and renovation of clinical areas was undertaken by the landlord. Claremont Hospital.
- Staff informed us that the service was person centred and flexible to accommodate patients' needs.

### Timely access to the service

- Patient consultations were booked through a central appointments administrator. Feedback we received was that the service was timely and prompt.

### Listening and learning from concerns and complaints

- The provider had a complaints policy and procedure. There was patient information about how to make a complaint. This informed patients how they could refer their complaint to the Independent Health Care Advisory Service if they were not happy with the outcome or how their complaint had been managed by the provider.
- The Director of Operations was the lead for managing complaints. All complaints were reported through the provider's quality assurance system. This enabled identification of any themes or trends which could be shared across the organisation Pioneer Healthcare Limited team and the Claremont Hospital staff.
- We saw there had been four complaints in the preceding 12 months, relating to the poor attitude of some members of medical staff at the initial consultation. We found these complaints had been responded to satisfactorily and changes had been made to the service as a result.
- Concerns and complaints were discussed amongst the Pioneer Healthcare Limited team and at a wider organisational level with the Claremont Hospital staff to monitor the quality of investigation, outcome and identified learning.

# 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 well-led services were provided in accordance with the relevant regulations.

### Leadership capacity and capability

- On the day of inspection the directors demonstrated they had the experience, capacity and capability to run the service. They told us they prioritised safe, high quality, individualised care.
- Staff were aware of their roles and responsibilities. Pioneer Healthcare Limited is a small team although we saw that they were supportive of one another and there was a cohesive approach.

### Vision and strategy

- The provider had a clear vision to provide a high quality service. All staff shared this view and spoke enthusiastically about the work they undertook to achieve the vision. They told us that they always 'put patients needs first.'

### Culture

- The provider was aware of, and had systems in place, to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There was an open and transparent culture and this was apparent when speaking with staff. They told us they felt confident and supported to report any concerns or incidents
- There was a whistleblowing policy in place and staff had received training relevant to this. (A whistleblower is someone who can raise concerns about the service or staff within the organisation.)
- Staff told us that their views were regularly sought and were collated and analysed to action improvements. Regular multi-disciplinary team, administrative staff and governance meetings were held where staff could suggest improvements to service delivery.

### Governance arrangements

- Pioneer Healthcare Limited, as the provider, had an overarching governance framework which supported strategic objectives, performance management and the delivery of quality care.

- There was a clear organisational structure and staff were aware of their roles and responsibilities. There was a range of policies and procedures which were developed and reviewed at organisational level. These were cascaded and implemented at a local level. Staff had access to these and used them to support service delivery.
- Systems were in place for monitoring the quality of the service and making improvements.

### Managing risks, issues and performance

- We saw there were effective arrangements in place for identifying, recording and managing risks; which included risk assessment and incident reporting. Risk assessments we reviewed were comprehensive. There were a number of daily, weekly, monthly, quarterly and annual checks in place to monitor the performance and safety of the service.

### Appropriate and accurate information

The provider acted on appropriate and accurate information.

- Quality and operational information was used to monitor and improve service performance.
- Information technology systems were used to protect the storage and use of all patient information.
- All staff had signed confidentiality agreements as part of their contractual arrangements.

### Engagement with patients, the public, staff and external partners

- Patients were actively encouraged to provide feedback on the service they received. This was constantly monitored and action was taken if feedback indicated that the quality of the service could be improved.
- The provider's system of analysing feedback could provide a breakdown of patient experiences.

### Continuous improvement and innovation

- There was a focus on continuous learning and improvement. Staff were encouraged to identify opportunities to improve service delivery. There was a range of staff and governance meetings where they were able to provide feedback or suggestions.

We saw evidence of innovative practice across the organisation. This related to the development of a new

# Are services well-led?

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

prototype to enhance informed consent and a collaborative working network is in place with Sheffield Hallam University to develop a funded PhD student fellowship.