

Longview Primary Surgical Services Limited

Longview Primary Care Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 5 December 2017 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.

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.

CQC have not previously inspected this service.

Longview Primary Care Centre provides minor surgery and Ear, Nose and Throat (ENT) consultations and procedures. They offer diagnosis, treatment and support for people aged 16 years old and over within the Knowsley area of Liverpool.

The hours of operation are: Tuesday: 9am - 1pm, Thursday: 1.30pm - 5pm, Friday: 2pm - 5.30pm (ENT clinic). The service is run by two doctors and a team coordinator, and is supported by two nurses, a theatre assistant and administrative staff.

One of the doctors is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to be responsible for the service. Like

Summary of findings

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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 51 comment cards which were overall very positive about the standard of care received. Comments included; doctors listened to them and treated them with respect. Staff were very helpful, caring and gave good explanations and information that was easy to understand.

Our key findings were:

- There were systems in place to report, analyse and learn from significant events, incidents and near misses.
- Recruitment policies and procedures were in place. These should be improved so that information held on staff employed is obtained prior to employment and is complete.
- Systems and practices were in place for the prevention and control of infection to ensure risks of infection were minimised.
- There were policies and procedures in place for safeguarding patients from the risk of abuse. Staff had received training in safeguarding at an appropriate level to their role and knew who to go to for further advice.
- Patients' needs were assessed and treatment was planned and delivered following best practice guidance.
- Staff felt supported. They had access to training and development opportunities.
- Patients commented that they were treated with compassion, dignity and respect. Patients were given good verbal information regarding their treatment in a way they understood. Written information was available.
- Access to the service was monitored to ensure it met the needs of patients. Contract monitoring meetings with the Clinical Commissioning Group (CCG) were evident.
- There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.
- Patient satisfaction views were obtained and analysed.
- There was a clear vision to provide a safe and high quality service. Staff felt supported by management and worked very well together as a team
- The provider was aware of and complied with the duty of candour.

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

- Review the recruitment procedures so that full information is obtained and held on staff prior to employment.
- Review the frequency of infection prevention and control audits to check that areas identified as needing action had been improved on.
- Review systems to proactively gain patient feedback at intervals following on from treatment.
- Review the communication of the business continuity plan so that all staff are fully aware of it.
- Review the storage of patients' paper records to ensure they are safe from environmental risk damage.
- Review information for patients regarding complaints to include contact details for taking unresolved issues to other bodies.
- Review infection prevention and control training to include updates at regular intervals and when guidelines or legislation changes.

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.

The service had systems, processes and practices in place to keep people safe and safeguarded from abuse. The premises were clean and well maintained.

Staff were aware of procedures and there were policies in place for safeguarding patients from the risk of abuse. Staff had received safeguarding training at a level appropriate to their role.

There was a system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety. 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.

Recruitment policies and procedures were implemented; however the service should review their procedures so that full information in respect of staff employed by the service is obtained prior to employment and held on file.

Infection control practices were suitable in order to minimise and prevent risks occurring, however staff training should be reviewed and updated regularly.

The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

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

The provider assessed and delivered treatments in line with relevant and current evidence based guidance, standards, best practice and current legislation.

There were systems in place to ensure appropriate information was shared with secondary care and the patient's own GP.

Staff had the skills and knowledge to deliver effective care and treatment.

Clinical audits demonstrated quality improvement.

Are services caring?

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

Patients' comments were positive about the care they received from the service. They commented that they were treated with respect and dignity and that staff were caring, compassionate and supportive. They said they were fully involved in decisions about their care and treatment.

There was good verbal information given to patients regarding treatments that was easy to understand, written information was available for some procedures.

Staff displayed caring, kindness and respectful behaviours.

Patient and information confidentiality was maintained.

Summary of findings

Are services responsive to people's needs?

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

The practice understood its population profile and used this understanding to meet the needs of its population. It liaised with its commissioners to provide suitable services in the area for patients of Knowsley CCG.

The practice had good facilities and was well equipped to treat patients and meet their individual needs. Facilities were accessible to those with limited mobility and translation services were available.

Appointments were available on different days and at different locations across the area.

Information about how to complain was available. A complaints process was in place. The service had not received any complaints.

Are services well-led?

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

The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.

Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management.

The service had a number of policies and procedures to govern activity and held regular governance meetings.

The service had systems in place for notifiable safety incidents.

There was a focus on continuous learning and improvement at all levels.

The service proactively sought feedback from staff and patients, which it acted on. The provider requested patient satisfaction feedback at the time of treatment only. There was no system for reviewing satisfaction at intervals following on from treatment and at periods of time post operatively.

The practice had a number of policies and procedures to govern activity.

Longview Primary Care Centre

Detailed findings

Background to this inspection

We undertook a comprehensive inspection of Longview Primary Care Centre on 5 December 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection team was led by a CQC lead inspector and included a GP specialist advisor and a second CQC inspector. The service had branch surgeries which were situated in purpose built medical centres in other areas of the Clinical Commissioning Group (CCG). We saw evidence that these premises were properly maintained. Staff employed by the provider worked across the service and we reviewed their records.

Before visiting, we reviewed a range of information we hold about the practice and asked them to send us some pre inspection information which we reviewed. During our visit we:

- Spoke with a range of staff from the service (doctor, service coordinator and administration staff).

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients had shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 providing safe services in accordance with the relevant regulations.

Safety systems and processes

The service had considered relevant health and safety and fire safety legislation and best practice guidelines and had clear policies and protocols which were regularly reviewed. Any changes in safety procedures were communicated to staff.

The service had systems, processes and practices in place to keep people safe and safeguarded from abuse:

- The service had a recruitment policy and procedures in place that were current. The two most recently employed staff had evidence in their files that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, and the appropriate checks through the Disclosure and Barring Service (DBS) (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 looked at the files of three other members of staff who worked for the service and found at the time of inspection the staff files lacked documentation which should be held by the provider in respect of employed staff. For example there were no application forms, employment histories, professional references, relevant proof of identity and medical indemnity cover. We were told these staff had been employed in similar roles in other services, including the NHS, and deemed suitable for employment as the doctors had previous knowledge and had worked with them in similar roles. They had confirmed verbally the staff had the suitable skills, knowledge and experience to undertake the role, however there was no documented evidence to this effect. Following the inspection the provider produced evidence of identification, qualifications, employment history, C.Vs, references and DBS checks that demonstrated these staff were safe and suitable for working at the service. They told us they would hold this information on staff's personnel files.
- We were told they carried out periodic checks of the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure the professional registration of staff; however this was not fully documented. We saw evidence that clinical staff were up to date with their professional body revalidation and had medical indemnity insurance.
- Following the inspection, the provider told us they had rectified the issues of not holding all the documentation for all staff. We saw evidence to this effect. They told us they would ensure appropriate information was obtained and held for all staff as per the recruitment policy.
- The service had safeguarding policies which referred to the local safeguarding authority's policies and procedures. They were up to date with relevant guidance and legislation including female genital mutilation. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities and had received training relevant to their role. The lead clinical staff had received level three training. The service did not provide care and treatment to children and young people under the age of 16 years.
- The service maintained appropriate standards of cleanliness and hygiene. There were cleaning schedules and monitoring systems in place. There were infection prevention and control policies and protocols and staff had received training in infection control however, this was not updated on a regular basis. Infection prevention and control audits were undertaken. The main location audit had been done this year and was compliant with infection control standards. We saw that the audits carried out for the two branch surgeries had also been done this year. We saw action plans in place to address any areas of concern, however there had been no follow up to demonstrate the identified areas had been actioned. Following the inspection we were shown follow up audits carried out by the service manager in response. Clinical waste was appropriately stored and disposed of.
- The premises were suitable for the service provided. There was an overarching health and safety policy which staff received as part of their induction. The service displayed a health and safety poster with contact details

Are services safe?

of health and safety representatives that staff could contact if they had any concerns. Health and safety risk assessments for the premises and materials and equipment had been carried out including a Legionella and COSHH risk assessments. There had been a fire risk assessment and fire safety equipment was tested. We saw evidence that the premises of the branch surgeries were also maintained to a safe standard. There was a business continuity plan in place that was available to all staff and contained all the relevant contact details and procedures, however not all staff knew of this plan or its location.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Risks to patients

The service had adequate arrangements in place to respond to emergencies and major incidents:-

- Staff received annual basic life support training.
- The service had an oxygen cylinder with adult masks and there were also first aid kits and spillage kits available.
- Emergency medicines were available and suitable for purpose.
- The service had a defibrillator that was checked.
- Clinicians had appropriate professional indemnity cover to carry out their role.

Information to deliver safe care and treatment

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.

Safe and appropriate use of medicines

The service only kept a supply of one local anaesthetic (lignocaine) along with emergency medicines. The arrangements for managing medicines kept patients safe, they were stored safely and checked to ensure they did not pass their expiry date.

Local anaesthetic use was documented in patients' records.

The service did not hold any prescriptions pads or prescribe medicines, patients would be referred to their own GP if required.

Track record on safety

The service maintained a log of all incidents and complaints.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff. Staff told us they would inform the manager of any incidents and there was a recording form available in the centre.

The service had systems in place for knowing about notifiable safety incidents.

Lessons learned and improvements made

Incidents and complaints were reported, recorded and analysed. We saw examples of where incidents had occurred they had been thoroughly investigated and lessons learnt shared with all the staff. Change of practice had been implemented as a result and the patients had been involved in the process.

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 or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

The service received safety alerts and these were reviewed by the doctors. Actions taken were not documented. Following the inspection the service told us they had implemented a log for documenting action required for relevant safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The provider assessed and delivered treatments in line with relevant and current evidence based guidance, standards, best practice and current legislation. This included National Institute for Health and Care Excellence (NICE) guidelines for minor surgery in primary care.

Clinical staff attended training and educational events and where appropriate had clinical supervision to keep up to date with best practice in their field. The doctor we spoke with was familiar with and used national standards for the referral of patients, for example patients with suspected cancers.

Patients were seen at consultation and assessed. Information regarding the surgery/treatment was given and informed consent recorded.

The service undertook audits of clinical practice including infections, complications, referrals and histology. Contract monitoring took place with the CCG who commissioned the service. These reviews also monitored the quality of service.

Monitoring care and treatment

The clinic monitored that guidelines were followed through audits and random sample checks of patient records. This included an up-to-date medical history, a clinical assessment and recording of consent to treatment.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The service had an induction programme for newly appointed members of staff that covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. The surgical and ENT doctors had clinical supervision with the local hospital specialists. Staff were skilled and had

access to appropriate training to cover the scope of their work, however infection prevention and control training was in need of updating. Staff had received annual appraisals.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to staff through the practice's patient record system and their intranet system which linked in to the NHS GP record systems. This included medical history, assessments, treatment plans and test results.

There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and receipt and information exchange of results. There were failsafe procedures in place to ensure histology reports were received and reviewed.

The patients' own GPs were routinely informed of the treatments and procedures carried out and histology results.

Supporting patients to live healthier lives

The service offered advice and support appropriate to the condition treated, including healthy lifestyle advice where relevant.

There was written information for patients for care of wounds post operatively to help aid recovery and healing.

Consent to care and treatment

We spoke with clinical staff about patients' consent to care and treatment and found this was sought in line with legislation and guidance.

They understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005, and had received training in this.

The practice did not treat patients under the age of 16 years old. When providing care and treatment for children and young people clinical staff told us assessments of capacity to consent were also carried out in line with relevant guidance.

Before treatment, the provider informed the patients of the main elements of the treatment proposed (including investigations and tests) and any further treatment or

Are services effective?

(for example, treatment is effective)

follow up. Written consent was obtained and included discussion around benefits, risks and any possible complications. Consent to communicate with the patient's own GP was obtained and documented.

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 received 51 comment cards which highlighted that patients were treated with kindness and respect. Comment cards we received were very positive about the service experienced overall. Patients said they felt they were offered an excellent service and staff were helpful.

The service carried out its own surveys by asking patients to complete a card after their consultation and treatment. The survey asked questions about the quality of care and access to the service. We looked at results for the year 2016/2017 from 500 questionnaires and found that there was high satisfaction rate with the helpfulness of staff, including the manner of staff and their communication.

Involvement in decisions about care and treatment

There was clear information given to patients both pre operatively and after the operations/treatments. Written, informed consent was obtained which detailed the procedure to be undertaken with risks and benefits explained

CQC comment cards and patient survey information reviewed highlighted that patients felt involved in decision making about the care and treatment they received.

Privacy and Dignity

The consultation room door was closed during consultations; conversations taking place in this room could not be overheard.

CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The provider worked with the local Clinical Commissioning Group (CCG) and was supported by local NHS specialist services to provide services for patients in the area.

Services were planned and delivered to take into account the needs of patients referred for treatment within the area/CCG. Patients were seen at a pre-operative assessment clinic and options discussed to achieve the most appropriate course of treatment.

The premises and facilities at the service were appropriate for the services delivered. The service was located in a purpose built medical building which was accessible to people with impaired mobility. Translation services (Language Line) were available for people whose first language was not English. The premises had a hearing loop.

Timely access to the service

Appointments were available on different days and at different locations/branches throughout the area.

Monitoring took place of the service provision by the provider and the commissioning CCG. Data showed that timely access to assessments and treatments was achieved.

Referrals to secondary care (where applicable) were made in line with national guidelines (such as suspected cancer referrals). Histology and test results were followed up.

Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns. The complaints policy informed patients that they could go to the Patients Advice and Liaison Service (PALS) if they were not satisfied with the response to their complaint. The information did not inform of other bodies they could go to such as the Ombudsman and NHS England. There was a designated responsible person who handled all complaints at the service.

Information signposting patients to the complaint procedure was available.

The practice would keep a record of written complaints, however there had been no complaints received regarding the service. We saw that verbal complaints were documented and addressed. Staff told us of the procedure that would be undertaken in the event of receiving a complaint. This discussion indicated that all complaints, verbal and written, would be logged and addressed in a timely manner and that complaints would be reviewed to identify and learn from them and any themes or trends arising.

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 providing well led services in accordance with the relevant regulations.

Leadership capacity and capability;

Staff told us that the leaders and management were supportive and approachable. The culture of the service encouraged candour, openness and honesty. There were policies and procedures in place for reporting and staff were aware of their responsibilities.

The service had a whistleblowing policy in place that was available to all staff. A whistle blower is someone who can raise concerns about practice or staff within the organisation. Staff we spoke to said they felt supported and confident in raising any issues with the leadership team.

Vision and strategy

The service had a clear vision and set of values to work together to deliver a high quality service that provides an alternative to hospital based treatments and a timely service to patients

Culture

The service had an open and transparent culture. Staff told us they could raise concerns and would be listened to.

The service actively sought feedback from patients and staff to improve the safety and quality of the service provided.

Governance arrangements

Governance arrangements included:-

Policies and procedures in place that were reviewed regularly and were available to all staff.

A comprehensive understanding of the performance of the service was maintained. Contract monitoring meetings were held with the CCG. Data reports were analysed.

Clinical audit was used to monitor quality and to make improvements.

There were appropriate arrangements for identifying, recording and managing risks.

Staff meetings were held and documented.

Managing risks, issues and performance

There was a variety of daily, weekly and monthly checks in place to monitor the service and manage any risks associated with the premises.

We saw there were effective arrangements in place for identifying, recording and managing risks; which included risk assessments and significant event recording.

There was a comprehensive understanding of performance. Regular meetings were held with commissioners and staff. Staff meetings provided an opportunity for staff to be engaged in the performance of the service.

Business contingency plans were in place for any potential disruption to the service, however not all staff were aware of it.

Appropriate and accurate information

The service was registered with the Information Commissioner's Office and had its own information governance policies and Caldicott guardian to ensure patient information security.

Patient paper records were stored securely in a locked room; however they were not protected from environmental damage risk as they were on open wooden shelves.

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. Patient surveys were carried out at the time of treatment and no further survey or feedback was sought following treatment or at further intervals of their care. It had gathered feedback from complaints received. These were then analysed and appropriate actions implemented.

Continuous improvement and innovation

Staff were involved in discussions about how to run and develop the service, and were encouraged to identify opportunities to improve the service delivered. Staff told us they enjoyed working for the service and felt valued and listened to.

Are services well-led?

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

Staff told us that the team meetings were the place where they could raise concerns and discuss areas of improvement and that management and doctors were approachable.

Audits were undertaken and shared with staff. There was evidence of change in practice and improvements made following audits.