

# Sentinel Healthcare South West CIC

## Inspection report

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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.

# Overall summary

We carried out an announced comprehensive inspection of on 19 September 2018 to ask the service provider 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.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of diagnostics and screening, minor surgery and the treatment of disease, disorder and injury.

The service was accessible to people who were referred to use it. Some services were provided on behalf of NHS services. For example, providing diabetic education,

support services for GP practices and the facilitation of healthcare apps for patients with long term conditions. Some services were private. For example, minor surgery no longer provided on the NHS.

## **Our key findings were:**

- Sentinel Healthcare offered both NHS services and private services no longer available on the NHS. The service worked for local clinical commissioning groups, third sector organisations, private healthcare organisations and other NHS organisations, including NHS Trusts.
- The provider demonstrated to us on the day of inspection they understood the needs of the local health community and had used this understanding to fill healthcare gaps, support additional services and meet patient needs.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The service had systems in place to identify, investigate and learn from incidents relating to the safety of patients and staff members.
- Procedures were safely managed and there were effective levels of patient support and aftercare advice.
- There were systems, processes and practices in place to safeguard patients from abuse.
- Information for patients was comprehensive and accessible.
- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- The service had processes in place to securely share relevant information with others such as the patient's GP, NHS organisations and when required, safeguarding bodies and private healthcare facilities.
- The service encouraged and valued feedback from patients via in-house surveys and the website.

There were areas where the provider should make improvements:

- Review systems for the governance of appraisals, recruitment and training records.
- Clarify the organisations statement and action to be taken regarding the requirements of the duty of candour.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Our inspection team

The inspection team consisted of a CQC inspector and a GP Specialist advisor.

## Background to Sentinel Healthcare South West CIC

We carried out this inspection on 19 September 2018. The inspection team consisted of a lead CQC inspector and a GP Specialist Advisor.

As part of the preparation for the inspection, we reviewed information provided for us by the service. In addition; we reviewed the information we held on our records regarding this provider.

During the inspection we utilised a number of methods to support our judgement of the services provided. For example, we toured the building, spoke with the providers and staff, looked at the clinical systems and reviewed documents relating to the service.

Sentinel Healthcare South West Community interest Company (CIC) is owned by shareholders of General Practitioners and practice managers in Plymouth, West Devon and South Hams. Sentinel Healthcare provides services for patients and medical professionals in Devon and Cornwall.

The organisation is both an NHS funded organisation and private service for patients in Devon, Cornwall and surrounding areas. NHS patients were referred by their GPs and private patients self referred. Some services were provided on behalf of NHS services. For example, providing diabetic education, support services for GP practices and the facilitation of healthcare apps for patients with long term conditions. Some services were private. For example, minor surgery no longer provided on the NHS. The organisation also provides training and development opportunities for health professionals.

The organisation is led by a strategic director and operations director who coordinate a team of up to 80 administration and clinical staff. Clinical staff include GPs with special interest (GPwSI), extended scope practitioners (physiotherapists), podiatrists, occupational therapists, hospital consultants, osteopaths, nurses, practice nurses and health care assistants.

Sentinel Healthcare work with the local clinical commissioning groups, NHS England and other

organisations. In addition to providing private minor surgery services it has a standard NHS contract. This is a contracting route available to enable primary care organisations (PCO) to commission or provide primary medical services within their area.

Sentinel Healthcare are registered with CQC to provide regulated activities: diagnostics and screening, treatment of disease, disorder or injury and surgical procedures. Sentinel Healthcare provides clinical services in 11 locations that are close to the patient population reducing the need to visit large acute hospitals in the locality. The clinical sites include community hospitals, GP practices and Derriford hospital. The organisation also rents other locations for health education and non clinical purposes. These include community centres, libraries, village halls and hotel conference facilities.

The service operates from headquarters at Plymouth Science Park, 6 Research Way, Plymouth, PL6 8BU.

The organisation rent clinical and office space from an external landlord. The premises are a modern office building situated on a business park. There is level access and accessible facilities for any patient with mobility issues and those bringing children to the clinic. For example, it has level floor surfaces. There are waiting areas in the building and a shared reception area.

The clinic operates weekly from 9am to 5pm Monday to Friday and includes Saturday mornings.

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?

## Safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. The service had a safeguarding lead. Policies and protocols had been developed which covered safeguarding, whistleblowing, management of disclosure and referral. The whistleblowing policy was being updated to ensure it contained clinical information. The policies clearly outlined processes to be adhered to.
- We saw evidence that staff were up to date with all professional training requirements but records were incomplete. Some evidence of this training was obtained at the time of and some shortly after the inspection. We saw that clinicians completed the majority of training with their primary employer but also undertook self-directed learning to support their own professional development.
- We looked at the recruitment process and saw that all files contained evidence of interview, proof of identification and two references. One file did not contain details of employment history. This had been obtained at the time of this report being written.
- The provider had a policy of completing a Disclosure and Barring Service (DBS) check for all staff. (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 persons who may be vulnerable). However, not all files contained evidence that this check had been completed and returned. We looked at the DBS website with the provider to see that this check had been completed. We saw that administration staff had regularly reminded staff to provide this evidence, but there was no action taken when this was not provided.
- All staff had received training on safeguarding children and vulnerable people relevant to their role. For example, doctors had been trained to child protection or child safeguarding level three.
- All staff acting as chaperones had received training in chaperoning and had evidence of DBS checks.
- The provider maintained appropriate standards of cleanliness and hygiene. The provider completed annual infection control and safety checks on all sites

used by the organisation. Cleaning schedules were in place in all clinical areas inspected. Protective personal equipment and cleaning equipment was readily available and used.

- Appropriate systems were in place for clinical waste disposal. Records were seen of contracts held for clinical waste and clinical sharps.
- Systems were in place for the prevention and detection of fire. This was managed by the landlord. Risk assessments and equipment was readily available.

## Risks to patients

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

- All staff had received basic life support training.
- The organisation had agreements in place for all sites used to access the host defibrillator, oxygen and emergency equipment on the premises. Emergency alarms and panic buttons were situated throughout the premises. A first aid kit and accident book were also available on-site.
- Emergency medicines were accessible to staff in a secure area of the building. The organisation had their own supply of medicines used for the emergency treatment of allergic reactions or minor surgery.
- All electrical equipment was checked to ensure it was safe to use.
- Clinical equipment owned by the organisation was checked regularly to ensure it was working properly and had been calibrated. Evidence was available to show that the equipment provided by the host had also been checked for safety and calibration.
- Staff from the organisation were aware of evacuation procedures and routes.
- The provider had employer's liability insurance cover and clinicians had medical indemnity insurance in place. All doctors were registered with the GMC and were on the performers list, nurses were all on the NMC register.

The provider used safe surgical checklists and had introduced sign in and sign out checklists for surgical procedures. This included checking the identity of the patient, any allergies, correct site and procedure and medical information. Sign out checks included recording whether any histology samples had been taken and checks to ensure post operative instructions and patient satisfaction survey had been given to the patient.

# Are services safe?

## **Information to deliver safe care and treatment**

The providers and staff worked with other services when this was necessary and appropriate. For example, the provider spoke with patients own GPs, the clinical commissioning group and NHS England.

The service had processes in place to share information with safeguarding bodies when required.

## **Safe and appropriate use of medicines**

The arrangements for managing medicines, including emergency medicines in the service minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

Medicines were checked on a regular basis and expiry dates of all medicines clearly labelled. Expiry dates of medicines and equipment were recorded on a document to show these checks had taken place.

## **Track record on safety**

There was a system in place for reporting and recording significant events. The provider had systems and processes in place to identify, record, analyse and learn from incidents and complaints.

There had been no recent significant events. However, previous records showed the organisation used the Serious Incidents Requiring Investigation (SIRI) system which showed risk assessment, action taken, lessons learnt and review date. Records also demonstrated that the organisation shared learning and investigations with external agencies including NHS England and the local clinical commissioning groups.

## **Lessons learned and improvements made**

Any significant events and complaints received by the clinic were reviewed and investigated promptly.

The provider was aware of the requirements of the Duty of Candour and told us these would be followed. However, there was no policy outlying the responsibilities and action that would be taken by the organisation.

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 provider encouraged a culture of openness and honesty. There were systems in place to deal with notifiable incidents.

# Are services effective?

## **Effective needs assessment, care and treatment**

The service delivered care in line with relevant and current evidence based guidance.

Patients who used the minor surgery service had an initial consultation where a detailed medical history was taken from the patient. Patients and others who used the service were able to access detailed information regarding the procedures which were delivered by the provider. This included advice on the procedures and post-operative care.

After the procedure the staff discussed after care treatment with patients and sought to inform them of what to expect over the recovery period.

The provider was aware of evidence based guidance and had access to written guidance should this be required. For example, NICE (National Institute for Health and Care) guidance. The provider was also aware of identifying the symptoms of the acutely unwell patient. For example, anaphylaxis and sepsis.

Staff received safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) and kept a log. Any action was cascaded to the staff team through team meetings and the email system.

## **Monitoring care and treatment**

The provider kept a record of each procedure conducted in theatre and had processes in place to capture histology results. There were clear guidelines of when surgery was not appropriate and agreed examples where histology samples were not required. Patients were given comprehensive details of what complications may arise and what to look for. Details of out of hours providers were given and instructions to contact the service should any complications arise. The clinicians told us there had not been any reported cancerous lesions from the hospital histology departments. We were informed the clinicians were in the process of 'tightening up the process around chasing up histology by introducing a template and or protocol to enforce this data collection based on coding at the time of surgery.

The clinicians had a rolling audit of infection and post operative problems. Patients were asked to fill in a feedback form should they have any post operative issues and send them back to the service in a pre-paid envelope. Results were collated by the lead nurse. There had been no

reported post-operative infections or unexpected complications for the minor surgical service. The service also analysed data on infection rates broken down by clinician for the dermatology minor operations to monitor any trends.

The clinicians were in the process of setting up a formalised monthly audit to be presented to the board to identify and report on any issues and were in the process of ensuring that clinicians were coding all this data in the patient record to make auditing more efficient.

## **Effective staffing**

The organisation was led by a strategic director and operations director who coordinate a team of up to 80 administration and clinical staff. Clinical staff include GPs with special interest (GPwSI), extended scope practitioners (physiotherapists), podiatrists, occupational therapists, hospital consultants, osteopaths, nurses, practice nurses and health care assistants. The majority of clinicians also had secondary employment as NHS staff in their area of speciality and kept up to date in their specialist fields. All medical staff had medical indemnity cover and were registered on professional registers. For example, Nursing and Midwifery Council and General Medical Council.

There was a training matrix which recorded staff training. We found that staff had completed the provider's mandatory training in subjects including basic life support, safeguarding and fire safety. However, the records had not been kept up to date at the time of inspection. Evidence was provided during and following the inspection of administration staff having to repeatedly chase clinicians to provide evidence of training performed at their primary employment.

Administration staff were supported through one to one sessions and informal support. It had been recently recognised that none of the staff had received an annual appraisal but dates for these sessions had been booked. Staff told us training needs were identified informally throughout the year or more formally at staff meetings.

## **Coordinating patient care and information sharing**

We were given many examples of working with other services and saw that the provider did so when necessary and appropriate. For example, the provider liaised with patients GPs, external healthcare providers, CCGs and NHS departments.

# Are services effective?

All patients were referred by the patients own GP and follow up information was returned to their practice. The organisation were also able to access and use patient electronic records where the GP practice used the same system.

## **Consent to care and treatment**

We found that staff sought patients' consent to care and treatment in line with legislation and guidance.

- The provider had developed protocols and procedures to ensure that consent for procedures and treatment were obtained and documented. Consent forms were bespoke to each treatment and contained benefits and risks associated with the procedure.
- The provider understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.



# Are services caring?

## **Kindness, respect and compassion**

Internal surveys and results from the NHS friends and family test contained comments to demonstrate that the patients were happy with the care, treatment and service received. Patient comments included feedback that the staff were courteous, caring and helpful to patients and treated them with dignity and respect.

## **Involvement in decisions about care and treatment**

Feedback showed that patients had been involved in the decision making process. The medical staff actively discussed the procedure with patients and recorded discussion in the patient record.

The provider made extensive use of patient feedback as a measure to monitor and improve services and did this by monitoring compliments, complaints and results from patient feedback. The only negative feedback was a theme around delay in treatment. The organisation were investigating ways to determine where the perceived delays were arising from as patients were seen promptly (within two weeks) following the initial referral.

## **Privacy and Dignity**

We did not see any patients during the inspection. However, staff gave assurances that doors were closed during consultations and conversations taking place in these rooms could not be overheard. Equipment was available in the clinical and consultation areas to protect the privacy and dignity of patients when surgery was taking place. Signs were displayed within the reception areas to remind patients to stand back to allow other patients privacy at the front desk.

Time was spent with patients both pre- and post procedure carefully explaining the after care, recovery process and options to reduce any anxieties they may have.

The provider had access to written information and advice resources for patients that they could take away with them to refer to at a later time.



# Are services responsive to people's needs?

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

## Responding to and meeting people's needs

Sentinel Healthcare offered both NHS services and private services no longer available on the NHS. The service worked for local clinical commissioning groups, third sector organisations, private healthcare organisations and other NHS organisations, including NHS Trusts.

The provider demonstrated to us on the day of inspection they understood the needs of the local health community and had used this understanding to fill health care gaps, support additional services and meet patient needs.

The organisation provided care and treatment from clinical staff across various sites used by the organisation. These included:

- Cardiac care following referral from a GP. General Practitioners with a special interest (GPwSI) offer assessment and diagnostic services.
- A GPwSI and Occupational Therapists offered a chronic fatigue service.
- A multidisciplinary acute and sub acute rehabilitation and exercise class service.
- Regular outpatient clinics at the Mount Gould Local Care Centre offered by General Practitioners with a special interest in dermatology and skin conditions.
- Diabetes Type 2 patient education programmes by nurses and dietitians.
- Outpatient assessment and treatment clinics from a GP with a special interest in ear nose and throat medicine.
- GP run clinics for shoulder, knee, foot and ankle conditions.
- A vasectomy service from a number of community settings.

The organisation also provides, and are involved in, additional services and projects. For example:

- MymHealth- The organisation had a contract to deliver an NHS approved app to collect data and provide advice and rehabilitation exercises and health education advice to patients with diabetes, COPD (Chronic Obstructive Pulmonary Disease).

- Sentinel offered private healthcare for NHS decommissioned services. For example, minor dermatology services. These include minor lumps and bumps, skin tags, mole removal, cyst removal and wart removal.
- Sentinel were instrumental in setting a medical indemnity service with NHS Resolution (NHS Resolution, the operating name of NHS Litigation Authority). The project was set up for the South West which resulted in the organisation being given NHSLA (NHS Litigation Authority) status.
- Interface clinical services including providing pharmacists into primary care and completing a heart failure study and project for which the organisation had received the award for the centre Best Able To Demonstrate Adherence To NICE Quality Standards For Atrial Fibrillation.

The provider also provided support services for GP practices in the area. These included completing disclosure and barring scheme (DBS) checks on staff and the provision of a DPO (Data Protection officer).

Where direct contact was made with patients, the provider used a range of information and support resources for patients.

The website for the service was very clear and easily understood. In addition, it contained valuable information regarding treatment and procedures available, fees payable, procedures and aftercare.

The provider told us the majority of patients used English language but added that telephone interpreting services were available if required.

There was a hearing loop available.

## Timely access to the service

The service operated between Monday and Friday depending on patient demand. Appointments were available between 9am and 5pm. Services were also provided on Saturday mornings. Enquiries could be made by telephone, using the website and appointments made via a dedicated telephone booking line.

The service did not discriminate against any client group.

# Are services responsive to people's needs?

Sentinel Healthcare premises were in a good condition and repair and was accessible via level surfaces to those with mobility difficulties, or those who used a wheelchair. Patients received treatment on the ground floor and first floor which could be accessed by passenger lift.

## **Listening and learning from concerns and complaints**

The provider had a complaints policy and process in place.

The provider had received four complaints in the last year and kept detailed records to monitor any trends and record actions taken. We saw that these complaints had been managed in an open, transparent and reflective way. Patients had been given explanations and external organisations involved in investigations where appropriate. We were told that patients would be given an apology should this be required and involved in any investigation if appropriate.

# Are services well-led?

## Leadership capacity and capability;

Sentinel Healthcare South West Community interest Company (CiC) was owned by shareholders of General Practitioners and practice managers and led by a strategic director and operations director who coordinate a team of up to 80 administration and clinical staff.

There were organisational responsibilities within the organisation and communication was effective across the small staff team.

Staff said the leadership team were good to work with and added that this was due to the approachable nature of the head office senior management.

## Vision and strategy

The provider had a clear vision to deliver sustainable services which had a business focus and were innovative within the health and social care system. In addition, the organisation took part in other projects they described as altruistic to reflect how the service could deliver better care.

Discussions with members of the leadership team and non executive board member showed an aim that the Sentinel business model aligned with the wider strategic objectives of the NHS new models of care programme.

The mission statement of the organisation, “aims to put patients first, offer more choice of services that patients can access, represent value for money, work openly with other organisations and develop and manage services”.

## Culture

The providers were aware of, and complied with, the requirements of the Duty of Candour but did not have a clear policy in place for staff to access for guidance. When unexpected or unintended safety incidents occurred, the provider gave affected patients reasonable support.

## Governance arrangements

The service had a governance framework in place. Effective systems showed that processes were followed and recorded to show systems were being completed. For example, checks on medicines, safe surgical check lists, cleaning schedules, use of consent, patient feedback and management of complaints and serious incidents.

Service specific policies and protocols had been developed, implemented and reviewed and were accessible in electronic and paper formats. These included policies and protocols regarding:

- Safeguarding
- Consent
- Infection prevention and control
- Complaints
- Whistleblowing
- Business continuity plans

However, other governance systems were less effective. For example:

- Recruitment and staffing records did not always demonstrate the pre employment checks and training staff had completed. This information was found during the inspection and shortly afterwards but relied on staff chasing employees for the information.
- Not all staff had received an employment appraisal in the last year, although dates were booked at the time of inspection.

The organisation and board members had identified a need to invite a non-executive director to the organisation. The aim of the appointment was to introduce an independent oversight and constructive challenge to leadership team and offer independent judgement on issues of strategy, performance and resources. A report of audit findings had been presented to the board and leadership team and suggested improvement plan was in the process of being discussed at the time of writing the report.

## Managing risks, issues and performance

Arrangements were in place for identifying, recording and managing risks and issues. We saw evidence of these processes and systems in place. The service had processes in place to record and act on significant events or incidents.

The providers rented the premises and had assurances from the landlord for the safe management of the premises. These included systems, processes and contracts for annual portable electrical equipment testing, equipment calibration, fire safety procedures, waste management and laser equipment and legionella risk assessments for the premises. (Legionella is a bacterium which can contaminate water systems in buildings).

# Are services well-led?

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance.
- The centre manager had oversight of incidents, and complaints.
- The service had plans in place and had trained staff for major incidents.
- The provider implemented service developments. Changes were made with input from clinicians to understand their impact on the quality of care.

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

The provider encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Online feedback, compliments and complaints.
- Verbal feedback post procedure and at reviews.

The service had received many letters of thanks and numerous verbal thanks. The service had received four letters of complaint. For example,

- Between April and August 2018 the total number of patients seen was 3887. 724 Survey Monkey responses had been received. Over 98% of the feedback was good or excellent. Any negative feedback was focussed on parking difficulties (outside of the service control) and waiting times into the services. The service had scheduled additional clinics to reduce waiting times and had ongoing recruitment for additional GPs to increase capacity. A very small number of feedback comments highlighted administrative errors. There were routinely discussed with the team and appropriate action taken. For example, process change or further internal training.
- Between April 2018 and September 2018, 231 patients were seen and asked to complete an evaluation. 201 responses were received which were all positive.

The service encouraged staff to give feedback and offer suggestions for improvement. Staff we spoke with said they felt able to share new ideas and offer suggestions which were usually implemented.

## **Continuous improvement and innovation**

The organisation started in 2008 as a local referral management system but now aimed to be anchored in primary care whilst developing relationships with the voluntary and other secondary and third sectors. The organisation provided sustainable services to maintain viability, provided innovative systems for health and social care systems and took part in altruistic projects reflecting their work.

The organisation were currently providing services to patients within the area matched by the local acute hospitals trust but as the service was growing patients were coming from further afield.

Representatives from Sentinel sat on the National Association of Primary care council (NAPC) to seek ways of meeting the needs of the local health and social care community.

The organisation delivered the Devon CEPN (community education provider network) service. Sentinel support and deliver the recruitment of new staff into General Practice and retain existing staff through development and up skilling and development of new roles within the health community. Sentinel also support and direct the Devon CEPN which provides training, education and workforce support across the county of Devon. The service also extends to other healthcare providers such as pharmacies, care homes, hospices, dental practices and community based services.

Sentinel had undertaken a number of research projects and worked with the South West Academic Health Science Network (SW AHSN) which is dedicated to improving health and care, and spreading innovation across the region. Sentinel were also looking to collaborate with UK CFS/ME Research Collaborative (CMRC). Research Studies included: MOCAM (Mechanisms in Orthodox and Complementary Alternative Medicine Management of Back Pain), Dementia Case finding in Care Homes.