

Matrix Health Services UK Limited

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Inspection report

Evolve Business centre
Rainton Bridge South Business Park
Houghton Le Spring
DH4 5QY
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Overall summary

We completed a comprehensive inspection of Matrix Health Services UK Limited on 16 and 17 May 2022.

The service was registered in 2012, to be '...the patient's local provider of choice for a range of secondary care specialties through achieving excellence in clinical outcomes and patient experience'.

The service is registered at e.volve Business Centre in Houghton le Spring, Tyne & Wear.

We rated this service as good because the service was safe, caring, effective, responsive and well led.

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating Summary of each main service

Good



- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

However:

- Although deficiencies identified in an audit of the World Health Organisation (WHO) surgical safety checklist had been addressed, a further audit to confirm compliance had not yet been completed.

Summary of findings

Contents

Summary of this inspection

Background to Matrix Health Services UK Limited

Page

5

Information about Matrix Health Services UK Limited

5

Our findings from this inspection

Overview of ratings

6

Our findings by main service

7

Summary of this inspection

Background to Matrix Health Services UK Limited

The service provided pre-operative and post-operative assessment and undertakes minor surgery at the Cleadon Park Primary Care Centre, South Shields. We observed carpal tunnel syndrome procedures at the primary care centre and visited the e.volve Business Centre.

Matrix Health Services UK Limited also provides elective orthopaedic surgery under hosting arrangements with a local NHS foundation trust.

The service is registered for the regulated activities of diagnostic and screening procedures, surgical services, and treatment of disease, disorder or injury.

A registered manager was in place and the main service provided was surgical services.

This service was previously inspected in 2014.

How we carried out this inspection

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






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Surgery

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

Are Surgery safe?

Good 

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. Mandatory training was comprehensive and met the needs of patients and staff.

A 'Staff training and development policy' was in place, outlining the full range of training available. Training records showed clinical staff also received mandatory training at their employing trust.

As a minimum, administrative staff completed modules in data security, equality, diversity and human rights, moving and handling, safeguarding adults and freedom to speak-up.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

All staff received training specific for their role on how to recognise and report abuse.

The service had developed a 'Safeguarding of Adults' policy. This had been reviewed in August 2021 and identified the roles and responsibilities of all staff, the registered manager and oversight by the board through the Quality and Governance Committee.

Although a safeguarding referral had not been made, staff knew how to make a safeguarding referral and who to inform if they had concerns. The registered manager was identified in the service 'Safeguarding Adults' policy as the liaison for safeguarding and provision of advice and guidance.

Surgery

Cleanliness, infection control and hygiene

Staff controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were clean and had suitable and well-maintained furnishings. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff cleaned equipment after patient contact.

Staff followed infection control principles including the use of personal protective equipment (PPE). Soap, hygiene gel and wipes were available. Handwashing guidance was contained in the Infection Control Policy.

Staff worked effectively to prevent, identify and treat surgical site infections.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment followed national guidance. The service had suitable facilities to meet the needs of patients. The environment was clean and tidy, and the operation table and surgical trolley were cleaned between each patient.

The service had enough suitable equipment to help them to safely care for patients. All surgical equipment was disposable and counted before and after each procedure.

Staff disposed of clinical waste safely.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Staff completed risk assessments for each patient at pre-operative assessment and reviewed this at arrival.

Staff knew about and dealt with any specific risk issues.

Although one patient was found to have an elevated blood pressure prior to surgery, it was assessed as safe to proceed. They were advised to take their blood pressure at home and seek medical advice. The patient was also told their GP would be informed of their blood pressure reading.

A resuscitation kit including bag valve mask, airways and oxygen masks were available in the operating room. A tourniquet machine and a diathermy machine were operational throughout the procedure.

A defibrillator was stored on the wall adjacent to the reception office.

The World Health Organisation (WHO) surgical safety checklist was completed effectively in each procedure observed; all staff and patients were involved and engaged. The surgeon completed a count of accountable items at the end of each procedure. An audit of WHO completion (April 2021) had shown some deficiencies and had not yet been repeated.

Surgery

We saw pre-operative and post-operative patient information contained warning of possible infection and what to do in the event of complications, including infection.

Staff shared key information to keep patients safe when handing over their care to others.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

Staff worked well together as a surgical team.

Patients arrived at the building reception before their appointment and reception staff directed patients to the minor operations suite.

We saw evidence staff had the required educational and professional qualifications for their clinical role.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily.

Records were transferred securely from the business centre to the primary care centre for patients seen on that day. Patient records were returned to the business centre following procedure.

Records were stored securely in a combination of paper and electronic formats.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to administer medicines safely.

The service used only a local anaesthetic and adrenaline. The local anaesthetic was stored securely in the business centre and staff accessed supplies for the required number of patients that day, complying with the 'Medicines Handling Procedure'.

Staff completed medicines records accurately and kept them up-to-date.

Staff stored and managed all medicines and prescribing documents safely.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses.

Staff knew what incidents to report and how to report them. The service had processes and policies in place for the service to report incidents.

Surgery

Staff understood the duty of candour.

Are Surgery effective?

Good 

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

We saw patient information which explained what the procedure was and what it entailed. There was also information about expectations when attending for procedures.

This information was provided to patients at pre-operative assessment.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain.

Staff assessed patients' pain and gave pain relief in line with individual needs and best practice.

Patients received pain relief soon after requesting it.

The service had an emergency process in place. In the event of an emergency, staff would contact emergency services, reporting details of the emergency, location and symptoms.

Patient outcomes

Staff monitored the effectiveness of care and treatment.

Outcomes for patients were positive, consistent and met expectations, such as national standards.

Patient severity of carpal tunnel syndrome was measured pre-operatively and post-operatively based on the measurement of pain, numbness, tingling, and nocturnal symptoms. Audits showed a mean improvement in the patient's condition following procedure (23/50 to 46/50).

Competent staff

The service made sure staff were competent for their roles.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All practitioners providing patient care had been granted practising privileges through an appropriate process.

The service made sure staff received specialist training for their role.

The service ensured staff developed through yearly appraisals of their work at their employing authority.

Surgery

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.

Staff worked across health care disciplines and with other agencies when required to care for patients.

Seven-day services

Key services were available to support timely patient care.

Patients were reviewed by consultants depending on the care pathway.

Staff could call for support from doctors and other disciplines pre-operatively and post-operatively.

Health promotion

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

The primary care centre had relevant information promoting healthy lifestyles and support in patient areas.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The service supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

The service only carried out elective procedures, consent was obtained and recorded in patient records at pre-operative assessment. Staff gained consent from patients for their care and treatment in line with legislation and guidance.

All patient records reviewed had consent recorded taken at pre-assessment and confirmed on the day of procedure.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. The service had a 'Mental Capacity Act' policy in place.

Are Surgery caring?

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

A chaperone met patients within the primary care centre, escorted them to the minor operations suite and were discreet and responsive when caring for patients.

Surgery

The service had developed the role of chaperone to support the patient. They ensure the patient had the opportunity to ask questions and express concerns, the environment provided a safe and private space; the chaperone remained in the room throughout the procedure.

Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Emotional support

Staff provided emotional support to patients to minimise their distress.

Staff gave patients and those close to them help, emotional support and advice when they needed it.

We saw staff interacted well with patients during and throughout their procedure. They established good rapport with patients, answered questions, and gave initial advice. We saw staff communicate with the patient, informing them of all procedures, for example taking their blood pressure and applying the tourniquet. Staff also communicated with the patient to reduce their anxiety.

Staff discussed and explained the procedure, answered questions and were supportive throughout.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing.

Understanding and involvement of patients and those close to them

Staff supported patients to understand their condition and make decisions about their care and treatment.

Staff made sure patients understood their care and treatment at pre-operative assessment and on the day of procedure.

All patients were given post-operative instructions, including how long the dressing should be left in place and stitches used (disposable) and confirmation their GP would receive a letter informing them of the procedure and care provided.

Staff talked with patients in a way they could understand.

Patients could give feedback on the service and their treatment and staff supported them to do this.

Staff supported patients to make informed decisions about their care.

Patients gave positive feedback about the service.

Surgery

Are Surgery responsive?

Good 

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services with the local clinical commissioning group, so they met the needs of the local population.

Facilities and premises were appropriate for the services being delivered. The environment was appropriate, and patient centred. There was a suitable waiting area with seating and facilities accessible for people with disabilities. Private conversations were held in the minor operations suite where procedures were carried out.

The service had developed a pre-operative patient information leaflet which explained the procedure to alleviate the symptoms of carpal tunnel syndrome.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences.

Staff understood and applied policies on meeting the information and communication needs of patients with a disability and sensory loss. These were identified at pre-operative assessment.

Access and flow

People could access the service when they needed it and received the right care promptly.

Patients were able to receive an appointment without delay. The service made sure patients could access services when needed and received treatment within agreed timeframes.

Patients were given a choice of appointment times. For example, they were offered evening appointments if more convenient.

Following referral and pre-operative assessment, procedures were carried out within a six-week timeframe. Post-operative assessment was then carried out six weeks later.

Staff made sure patients did not stay longer than they needed.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

Patients knew how to complain or raise concerns.

Information how to complain was included in patient information and the 'Raising your concerns' leaflet and the 'Complaints Policy and Procedure'. Staff understood the policy on complaints and knew how to handle them.

Surgery

No complaints had been received.

Are Surgery well-led?

Good 

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

The service was managed by a board of directors including the registered manager and the medical director.

We were provided minutes of meetings held in July and December 2021. These showed the board considered contractual matters, business development and terms and conditions of employment.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

The service' statement of purpose identified 'The Matrix vision is to be the patient's local provider of choice for a range of secondary care specialties ... through achieving excellence in clinical outcomes and patient experience'.

Although, we were not provided with a written strategy, during interview the registered manager clearly identified the aim to develop business development opportunities which contributed to the effective care and treatment of patients within the local area.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Patients, their families and staff could raise concerns.

We saw staff worked together well. There was clear and positive teamworking between the clinical team undertaking procedures and also the administrative team at the business centre premises.

The service had a positive, friendly and supportive culture. This had resulted in a focused team that had produced good service and care to patients despite a challenging period.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations.

The board had responsibility for ensuring that practitioners providing patient care had been granted practising privileges and we saw that all appropriate employment checks and documentation had been obtained and recorded.

A Quality and Governance Committee reported to the board and we reviewed minutes from March and August 2021 and from January 2022. The registered manager, medical director and business development manager attended and reviewed risks, complaints (none), safeguarding (none), facilities at the primary care centre, company policies and patient feedback.

Surgery

The service provided surgical teams to deliver additional elective orthopaedic theatre lists for a local NHS foundation trust under 'hosting' arrangements. The trust retained an overarching duty of care for patients and the surgeon nominated by the service had 'technical responsibility' for the surgical conduct of the procedure.

The trust confirmed theatre lists requiring cover six weeks in advance of the planned date; the care pathway from referral to discharge remained the responsibility of the trust consultant orthopaedic surgeon.

All equipment and facilities were provided by the trust, for example, the day of surgery admissions unit, theatre recovery and discharge.

The service had responsibility to notify the trust immediately of any incident; it was the trust responsibility to investigate, disseminate outcomes of the investigation and any corrective action or learning. The service will be forwarded any concerns on the practice of individual clinicians. None had been reported.

Management of risk, issues and performance

Leaders and teams used systems to manage performance. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

We reviewed the risk register for the service. Previously identified risks included equipment issues, General Data Protection Regulations changes and risks to patients, staff and finances from Covid-19.

All risks had been identified and escalated, discussed and managed through the Quality and Governance Committee. Although receding, risks relating to Covid-19 remained 'ongoing' on the risk register.

Risks were recorded and reviewed, consistent with the service 'Risk Management Policy'.

Information Management

The service collected reliable data. Information systems were integrated and secure.

We viewed pre-operative assessments, procedure records, post-operative assessments, consent records in a combination of paper and electronic formats.

All records were stored securely in line with the 'Data Protection', 'Information Governance' and 'Record Keeping' policies.

Engagement

The service actively and openly engaged with patients and referrers to plan and manage services.

The service requested feedback from patients. An audit of responses to patient questionnaires did not show adverse comments about the service.

Comments were consistently positive – '...the whole experience was stressless', '...felt relaxed with the staff and my...surgeon', and '...I was looked after very well and at all times'.

Patients told us at inspection, the service was '... good' and '...everything explained, reassuring, put at ease' and '...perfect, no concerns'.