

Priderm LLP

Blackburn Road Medical Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection of Priderm LLP 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, Priderm LLP (Blackburn Road Medical Centre), was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

PriDerm LLP Community Dermatology Service (Blackburn Road Medical Centre) provides a medical diagnostic and treatment service for the provision of community based dermatology. The service operates from three sites: Blackburn Road Medical Centre, Birstall, WF17 9PL; Cleckheaton Group Practice, Church Street, Cleckheaton, BD19 3RQ and Calder View Surgery, Wellington Road, Dewsbury, WF13 1HN. We visited the Blackburn Road and Cleckheaton Group Practice sites during our inspection. The Wellington Road site operates a service one day a month only. Services offered include treatments for eczema, psoriasis, alopecia (hair loss) and acne. Patients are referred into the service by their own GP to receive treatment. Care is delivered by two male GP partners with special interest (GPwSI) in dermatology who act as directors of the service. They are supported by three additional GPwSI, two male and one female. The clinical team also includes one female specialist nurse. Additional expertise is provided by two consultant

Summary of findings

dermatologists, one male and one female, who are able to provide advice and support for more complex dermatological conditions. Each consultant delivers an evening clinic once a month in conjunction with the GPs. Non-clinical support is provided by a service manager and a small team of administrative and secretarial staff. The service is open between 8.30am and 4.30pm Monday to Friday, with appointments available up to 7.30pm on some evenings, with Saturday appointments available when required. Patients who have been referred into the service by their own GP are able to opt for a venue and time to suit them via the 'choose and book' service.

There are no restrictions in relation to the age of patients treated by the service.

This service is registered with the CQC under the Health and Social Care Act to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Surgical procedures

One of the directors is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As part of our inspection we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. Twenty-two comment cards were completed, all of which were positive about the service they received. Doctors were described as thorough and listening well. The service was described as excellent, other staff were described as polite and professional. During the inspection we spoke with one patient in person who described their experience of the service as good, and that they had received treatment which had improved their condition.

Our key findings were:

- The service provided community based access to specialist dermatology expertise and treatment in a timely manner, including access to consultant dermatologists when required.
- Clear referral, consultation and discharge summaries were in use which ensured consistent communication and information sharing with patients' own GPs.
- There were effective systems in place for the monitoring of high risk medicines.
- There were systems in place to report and record safety incidents or near misses. Lessons were learned and changes made as a result of incidents. Formal systems for sharing of learning with all staff were not established at the time of our visit, although improvement plans were in place to address this.
- The service made use of a range of clinical and non-clinical governance policies and protocols. Some of these were in need of updating at the time of our visit.
- The service undertook relevant quality improvement activity to review and improve the effectiveness of care provided. Care and treatment was delivered in line with current evidence based guidance.
- Patients remained under the care of the service until their condition was resolved, or alternative care and treatment pathways had been established. Patient feedback in relation to the service received was consistently positive.

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

- Develop clear lines of communication to include all staff.
- Continue to work with practices from where their services are hosted to maintain appropriate infection prevention and control and maintenance standards.
- Review and improve staff immunisation checks in line with the Department of Health recommendations.

Blackburn Road Medical Centre

Detailed findings

Background to this inspection

The inspection was carried out on 29 August 2018. The inspection team comprised a CQC inspector and a GP specialist adviser.

We informed North Kirklees Clinical Commissioning Group that we were inspecting the service. We did not receive any information of concern from them. During the inspection we interviewed staff and reviewed relevant documents and patient records. We spoke with one patient in the waiting area, and reviewed CQC patient comment cards. In addition, we observed some telephone interaction between staff and patients.

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.

Safe systems and processes

The provider managed health and safety effectively, in partnership with their host practices. They had systems to keep people safe and safeguarded from abuse.

- There was a health and safety handbook which was accessible to all staff. Service level agreements were in place with each of the host practices which detailed the responsibility of the facilities providers in relation to health and safety issues within the premises' buildings.
- An infection prevention and control policy was in place. The recently appointed service manager had plans to commence monthly infection control audits within the areas from which the service was provided. Cleaning of the premises was the responsibility of the facilities providers in all cases. We noted that cleaning schedules were in place. The premises we visited were noted to appear clean and tidy.
- The service had policies in relation to safeguarding information, including local safeguarding teams and other appropriate agencies. All staff had received safeguarding training appropriate to their role.
- Staff were recruited in line with relevant legislation. Appropriate checks were in place, including checking of qualifications and registration with appropriate professional bodies where applicable. 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.

1. Risk assessments had been carried out by the host practices to identify any areas of risk to patients. In addition, the service manager was in the process of developing a risk register of issues pertaining specifically to the providers' services within the host facilities.

2. A business continuity plan was in place, which covered major incidents such as power or telephony failure, or interruptions to service provision. A comprehensive list of contact details and telephone numbers was included.
3. Arrangements were in place to deal with emergencies and incidents. All staff had received annual basic life support training. Emergency equipment and medicines, held by the host practices, were available at all three sites and were accessible to staff in secure areas. We saw records which showed that the appropriate checks of these were in place.
4. Clinical staffing levels were appropriate to meet the demands of delivering the service. The non-clinical team was still in the process of completing development. At the time of our visit a vacancy existed for an additional non-clinical member of staff to complete the team. Some staff provided care or services at one site only; whilst others provided sessional cover at more than one site, according to patient need.
5. Clinicians had the appropriate indemnity in place to carry out their role. This was monitored by the service manager to ensure the level of cover was in line with the level of service provided by individual clinicians.

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. The service made use of electronic clinical records which were in line with all referring GPs within the locality. Where full sharing consent had been given by the referring GP, staff had access to the full patient record and clinical system which provided information relating to investigation and test results, advice and treatment plans.

Safe and appropriate use of medicines

The arrangements for managing medicines, including emergency drugs were appropriate (including obtaining, prescribing, recording, handling, storing and keeping secure).

- The service had policies for prescribing medicines used to treat skin conditions. All medicines prescribed were recorded appropriately in the patient record, and patient information leaflets were provided in all cases. Emergency medicines, held by the host practices, were stored securely.

Are services safe?

- There was a clear audit trail for prescribing medicines. We saw there were clear and appropriate systems for managing the prescribing of high risk medicines.

Track record on safety

There was a system in place for reporting, recording and investigating incidents.

- Staff told us they were encouraged to report and record issues.
- All incidents and complaints were recorded in paper format. These were reviewed and analysed by the leadership team, and changes were implemented when appropriate to reduce the incidence of recurrence. We learned that formal dissemination of learning from incidents and complaints had not been established. The service told us they were in the process of reviewing this arrangement.

- Safety alerts were received by individual GPs as part of their role within general practice. Those relevant to dermatology were disseminated to relevant staff and actions taken when required. At the time of our visit the service manager was not in receipt of such alerts. They told us this would be addressed.

Lessons learned and improvements made

The provider was aware, and complied with, the Duty of Candour. The provider encouraged a culture of openness and honesty.

Where there were unexpected or unintended 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 were able to adapt and improve.

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 the National Institute for Health and Care Excellence (NICE).

The service provided specialised medical diagnostic and management of a range of skin conditions. GPs completed a comprehensive referral form before patients were seen by the service, to ensure that referrals were appropriate, and that all relevant information was available to the service in deciding treatment plans for patients.

Monitoring care and treatment

The provider had systems in place to monitor and assess the quality of the service, including the care and treatment provided to patients.

The service undertook regular audits and quality improvement activity. We reviewed three audits, which showed that medicines were being prescribed in line with up to date guidance, and with the appropriate safety measures and patient checks in place. We also saw that regular minor surgery audits were conducted, evaluating the accuracy of clinical diagnosis in line with histological analysis. We saw that results were discussed within the clinical team to drive forward continuous improvement.

Effective staffing

There were systems in place to support effective staffing.

- There was a clear staffing structure. Staff were clear about roles and responsibilities, and lead areas.
- Clinical staff were appropriately qualified and registered with the required professional body.
- A new induction process had been developed by the recently appointed service manager which included general training and more role specific training.
- We saw records which showed that staff training records were maintained and updated to monitor uptake of mandatory and other appropriate training and development activity.

- Learning needs of staff were identified through one to one support and appraisals.
- The well-being of staff was supported through access to occupational health when appropriate. We saw that staff immunisation status was not reviewed in line with Department of Health guidance. The service told us they would review this.

Coordinating patient care and information sharing

Patients were referred to the service from GPs within the catchment area for the service. Referral information was detailed, including full medical history, with details of previous and current treatments and medications.

Following consultation and treatment by the service, the patient's referring GP received full and detailed information, including diagnosis, management plan, any medications which had been prescribed and what, if any, additional appointments the service would provide.

Supporting patients to live healthier lives

- Clinicians made use of their general practice expertise to provide opportunistic healthy lifestyle advice where appropriate in the course of consultations with the service.
- Patients were provided with detailed information relating to their treatment plans, including self-help guidance when applicable.
- When clinically indicated, referrals were made to other healthcare providers, and these were completed in a timely manner.

Consent to care and treatment

Staff understood the need to seek patient consent to care and treatment in line with legislation and guidance. Written consent was sought and recorded appropriately in the patient record. Staff we spoke with demonstrated their understanding of the Mental Capacity Act 2005. The services monitored processes for seeking and recording consent appropriately. The service was aware of the General Data Protection Regulation (GDPR) requirements and handled 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

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. Staff were cited as being polite, understanding and professional.

Patient feedback was sought following treatment through patient questionnaires. We saw that in the period 2016 – 2017, of 89 completed questionnaires, 94% of patients rated the understanding and care provided by staff as 'good' or 'very good'.

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).

During consultations patients were involved in decisions about treatment options available to them. All screening tests and procedures were carried out in consultation with the patient. Comprehensive after care plans were developed in conjunction with patients' own GP.

Privacy and dignity

The service respected the privacy and dignity of patients.

- Staff demonstrated their understanding of the importance of maintaining dignity and respect for patients.
- Consultation room doors were closed to avoid conversations being overheard by others.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examination, investigation or treatment.

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 patients' needs

- Equipment and materials needed for consultation, assessment and treatment were available at the time of patients attending for their consultations.
- Comprehensive information about the services delivered by the provider and the specific skills and expertise of clinicians was available on the provider website. Detailed patient information leaflets were provided to assist patients' full understanding of treatments provided to them.
- All patients, referred into the service by GP practices in the locality, were seen. The service had no restrictions in relation to patients' age or other demographic details. Services provided included treatment for eczema, psoriasis, drug rashes and alopecia (hair loss).
- The service had rapid access to more specialised advice and treatment from two consultant dermatologists for more complex dermatological problems.
- Referring GPs received a letter including a detailed discharge/management plan within five days of consultations.

Timely access to the service

- Services were provided at three sites spread throughout the North Kirklees area. Patients could opt to attend the site of their choice.
- Appointments were available between 8am and 6pm Monday to Friday. In addition, patients were able to

attend evening appointments with a consultant dermatologist, delivered in conjunction with the GPwSPl. Weekend appointments were also available when required. Appointments were available with male or female clinicians.

- The provider told us that the average wait time from initial referral to first appointment was between two and four weeks.
- Consultations were 20 minutes long for initial appointments, with subsequent appointments ten minutes long, although individual patient needs were accommodated whenever possible. The provider gave examples where appointments had been offered more urgently when it was felt to be clinically or socially appropriate.

Listening and learning from concerns and complaints

- The provider had a complaints policy in place. They had received one anonymous complaint in the preceding 12 months.
- We reviewed the detail of this complaint, and saw that the provider investigated the nature of the complaint in detail, and made changes and adjustments to services in accordance with the issue raised. Learning from complaints and other concerns was shared amongst the clinicians and service manager. The provider told us they were developing new systems to establish more formal communication with all members of staff, including non-clinical staff.
- Information was available on how to make a complaint on the provider's website and in leaflet form within the service premises.

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

During the planning of the inspection, and during the site visit, the leadership team at Priderm LLP (Blackburn Road Medical Centre) demonstrated they had the experience, capacity and capability to run the service. They told us they prioritised safe, high quality specialised individualised care.

Staff told us they felt supported by the leadership team. They were aware of their roles and responsibilities.

Vision and strategy

The provider had a clear vision to provide a high-quality patient centred community dermatology service. Staff we spoke with shared this view and told us they enjoyed working as part of a friendly supportive team.

There was a clear strategy in place. Performance outcome measures were submitted to the commissioners on a regular basis, detailing numbers of patients seen for first or subsequent appointments as well as numbers of patients failing to attend for their appointment. Funding for the service was based on these performance figures.

Culture

The provider was aware of, and had systems in place to ensure compliance with the requirements of the Duty of Candour. There was an open and transparent culture and this was apparent when speaking with staff. There was an incident reporting policy in place and staff told us they felt comfortable reporting any incidents. Staff were aware how to raise concerns formally or informally. They told us senior members of staff were approachable.

At the time of our visit staff viewpoints were gathered through informal discussion or during appraisals. The provider showed us an improvement plan which detailed the introduction of monthly staff meetings, to include all staff, across all three sites. Other ways of communicating were also being looked at, for instance email information cascades.

Governance arrangements

Priderm LLP Community Dermatology Service (Blackburn Road Medical Centre) had an overarching governance

framework which supported strategic objectives, performance and management and the delivery of high quality care. This encompassed all three sites from which the provider delivered services.

There was a clear organisational structure and staff were aware of their roles and responsibilities. A range of policies and procedures had been developed. At the time of our visit a number of these had passed their review date. The provider told us this was due to a recent change of service manager. We were shown an improvement plan which detailed the updating of all policies to be completed by the end of November 2018. This process had already begun when we visited. Staff had access to policies in paper form. The service told us they were exploring the utilisation of a comprehensive computer based database in which all policies and other service information, such as staff training and appraisal records, would be stored.

Systems were in place for monitoring the quality of the service and making improvements. The service directors had oversight of these, and they were discussed and shared with all clinicians working at the service.

Managing risks, issues and performance

We saw there were arrangements in place for identifying and managing risks. At the time of our visit the service manager was reviewing current and potential future risks, including risks attributed to sharing premises with host practices. We were informed that a risk register was being developed, which would help identify priority of risk and required actions to mitigate or reduce the risk. All premises risk assessments were the responsibility of the facilities provider, as detailed in the service level agreement.

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 usage of all patient information. Business contingency plans were in place. These included minimising any risk to not being able to access, or losing patient data.
- All staff had signed confidentiality agreements as part of their contractual arrangements.

Are services well-led?

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

- Information was routinely shared with the patients' referring GP, and with patient consent, with other services such as secondary care.

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 service could be improved.

The service maintained close liaison with the patient's referring GP in order to support continuity of care for patients.

Staff opinion was sought through informal contact, one to one meetings and appraisals. Plans were in place to organise staff away days and other team events to facilitate the building of 'one team' approach across all three sites from where services were delivered.

Continuous improvement and innovation

There was strong ethos on teaching and learning in the service. The directors of the service provided educational events for local GPs relating to their area of expertise in dermatology, as well as acting as a resource for advice over the telephone. They were involved in the development of local pathways relating to their area of expertise. Going forward they were looking to develop a service providing remote (skype) consultations with a consultant dermatologist to further improve timely access to specialised advice for more complex dermatological conditions. The organisation participated in regional dermatology networks and 'good skin days' where good practice and innovation was shared.