

# Curo Health Limited

## 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.

### Ratings

Overall rating for this location	Inspected but not rated	●
Are services safe?	Inspected but not rated	●
Are services effective?	Inspected but not rated	●
Are services well-led?	Inspected but not rated	●

# Overall summary

We previously carried out an announced comprehensive inspection of Curo Health Limited on 14 November 2019, when the provider was rated requires improvement overall and for the key questions safe, effective and well-led, and good for caring and responsive. We issued a Requirement Notice for a breach of Regulation 17 – Good governance.

We then carried out an announced focused inspection on 25 May 2021, when the provider was rated as inadequate overall (inadequate in safe, effective and well-led). At that inspection the caring and responsive domains were not inspected or rated. A Warning Notice was served on the provider for the breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17 - Good governance.

The full report for the previous inspections in November 2019 and May 2021 can be found by selecting the 'all reports' link for Curo Health Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was an announced focused inspection carried out on 14 September 2021, to check that the provider had responded to the warning notice dated 7 June 2021 and had met the legal requirements in relation to the breach of Regulation 17 – Good governance. The provider was required to be compliant with the matters documented in the Warning Notice by 31 August 2021.

We did not review the ratings awarded to this provider at this inspection.

## How we carried out the inspection

Throughout the pandemic the Care Quality Commission (CQC) has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews during a short on-site visit.
- Requesting and reviewing information from the provider.

## Our findings

We based our judgement of the quality of care at this service on a combination of:

- What we found when we inspected.
- Information from the provider.

We found that:

- The provider had reviewed their systems and processes and had made improvements in the areas of concern identified at our previous inspection.

# Overall summary

- We found that improvements had been made in the systems and processes to ensure safe care in relation to safeguarding, recruitment, oversight of premises and equipment at the operational sites, management of blood results and cervical screening, referral process to the microsuction service, significant events and patient safety alerts.
- We found that improvements had been made in the systems and processes to ensure effective care in relation to staff induction, training, appraisals, systems to distribute and discuss clinical guidance and quality improvement, including clinical audit.
- We found that improvements had been made to the systems and processes to communicate with staff and keep them informed of safety and quality outcomes.

The areas where the provider **should** make improvements are:

- Review the level of safeguarding children training undertaken by all administration staff to ensure this is in line with guidance.
- Continue to review and update the recruitment and immunisation status records for all current staff.
- Continue to review and update the training records for all current staff.

The service was placed into special measures at our previous inspection on 25 May 2021. The provider will remain in special measures until we review this at a follow-up comprehensive inspection in line with our inspection criteria for providers in special measures.

**Dr Rosie Benneyworth** BM BS BMedSci MRCP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection was undertaken by a CQC inspector.

## Background to Curo Health Limited

Curo Health Limited, established in January 2014, is a GP Federation serving the needs of the population of North Kirklees. The Federation is made up of all 27 general practices spanning four Primary Care Networks (PCNs) in the Kirklees Clinical Commissioning Group (CCG).

Curo Health Limited is responsible for delivering extended access services to patients from all participating GP practices; approximately 195,000 patients. The provider also operates a microsuction service to patients referred into the service from the 27 general practices. (Microsuction is a wax-removal technique which uses a binocular operating microscope to look straight into the ear canal, wax is then removed from the ear canal using a suction device at low pressure.)

Patient care for the extended hours service is delivered at three locations in the district (Dewsbury Health Centre, Liversedge Health Centre and Broughton House Surgery). The extended access service is open between 6.30pm and 9.30pm Monday to Friday, between 9am and 4pm on Saturdays, between 9am and 1pm on Sundays and 10am to 2pm on Bank Holidays. We did not visit these locations during this inspection.

Patient care for the microsuction service is delivered from Dewsbury Health Centre.

Curo Health Limited's administrative centre operates from Woodkirk House, Dewsbury and District Hospital, Halifax Road, Dewsbury WF13 4HS, which we visited for this inspection. At the inspection we met with the Medical Director, the Managing Director and the Finance Director who lead on the day-to-day operations and compliance oversight.

The extended access service at the three locations is currently provided by eight GPs, five advanced nurse practitioners, two practice nurses, three healthcare assistants and 16 receptionists.

The microsuction service is delivered by a trained healthcare assistant, supported by a qualified audiologist.

Curo Health Limited is registered with the Care Quality Commission for the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

# Are services safe?

**At our previous inspection on 25 May 2021 we rated the provider as inadequate for providing safe care, as we found concerns with safeguarding, safe recruitment, oversight of premises and equipment at the operational sites, management of blood results and cervical screening, referral process to the microsuction service, significant events and patient safety alerts.**

**At this inspection carried out on 14 September 2021 we found the provider had reviewed their systems and processes and had made improvements in all the areas of concerns found at our previous inspection.**

## Safety systems and processes

The provider had reviewed and made improvements to their systems, practices and processes to keep people safe and safeguarded from abuse.

- At our previous inspection we found not all staff knew who the safeguarding leads were, and policies did not clearly cite the local safeguarding contact details. In addition, there was a variation in how staff told us they would report a safeguarding concern. At this inspection we found safeguarding policies had been reviewed and now included both the provider's and clinical commissioning group (CCG) safeguarding contact details. The provider told us updated policies were available to staff at the operational sites and through an online repository of operational policies and procedures. We saw that the service had added a safeguarding pop-up message on to their clinical system which alerted staff immediately upon opening a clinical record of any patient with a safeguarding code. We saw that the safeguarding lead had sent out an email to all staff, updating them on safeguarding processes and had included safeguarding information in monthly newsletters, which had been implemented since our last inspection. The provider had undertaken a safeguarding quiz to assure themselves that all staff knew who the safeguarding leads were and how to report a concern.
- At our previous inspection we found there were gaps in the recording of safeguarding training for clinical and non-clinical staff in line with guidance. At this inspection we reviewed the training records for all staff and found that clinical staff had undertaken safeguarding children level three, safeguarding adults and PREVENT (radicalisation of vulnerable people) training relevant to their role. All administration staff had undertaken safeguarding training. However, some staff had only undertaken safeguarding children level one training. Intercollegiate guidance recommends administration staff are trained to safeguarding children level two.
- At our previous inspection there had been no safeguarding meetings, including any partnership meetings with other relevant bodies to contribute to individual risk assessments or review outcomes for people using the service. At this inspection we found the provider had implemented monthly internal safeguarding meetings and we reviewed meeting minutes for June, July and August 2021. In addition, the safeguarding lead planned to meet with the CCG safeguarding leads and attend the quarterly locality safeguarding multidisciplinary meetings.
- At our previous inspection we found the provider could not demonstrate that systems and processes were in place to ensure safe recruitment and we found gaps in recruitment records. At this inspection we saw that the provider had reviewed their recruitment policy and initiated a recruitment check list. We reviewed the employment records of two clinical staff who had been recruited since our last inspection and found evidence of curriculum vitae (CV) to demonstrate full employment history, interview summary, proof of identity, Disclosure and Barring Service (DBS) check and professional registration. In addition, we reviewed the recruitment files of three clinical staff where gaps had been found with the recording of a DBS check at our previous inspection. We found that the provider could now demonstrate a DBS check for two out of the three staff. After the inspection the provider told us that clinical sessions would not be offered to the clinician until an appropriate DBS checked had been provided. The provider told us they were in the process of reviewing the recruitment files for all their current staff. We did not review recruitment documentation for all staff at this inspection.

# Are services safe?

- At our previous inspection we found the provider could not demonstrate an effective system to record the immunisation status of staff who were in direct patient contact (in line with guidance). At this inspection we saw that the provider had included immunisation status on their recruitment check list. We reviewed the files of two clinical staff recruited since our last inspection and saw documentary evidence of immunisation status had been obtained at the point of recruitment. We reviewed the recruitment file of one clinician where a gap had been found at our previous inspection. We found that the provider could now demonstrate a record of their immunisation status. The provider told us they were in the process of reviewing the immunisation status for all their current staff. We did not review all staff records at this inspection.
- At our previous inspection there was no formal systems and processes to oversee documentation relating to the premises and equipment safety at the operational sites. At this inspection we found the provider had established access to all maintenance records and risk assessments, through a portal managed by the facilities management company responsible for the host sites. In addition, the provider had undertaken a review of all equipment and consumables used at the operational sites and had initiated a monthly check system, which we reviewed. We did not inspect any of the operational sites at this inspection.

## Information to deliver safe care and treatment

The service had reviewed and made improvements to systems and processes to enable staff to have the information they needed to deliver safe care and treatment.

- At our previous inspection we found there was no formal documented approach to ensure the management of blood test results in a timely manner, particularly when requesting clinicians were absent. At this inspection we found the provider had reviewed and updated their process for dealing with incoming pathology results. We saw that all incoming results were assigned to the GPs on duty each working day and not the requesting doctor. This enabled the service to deal with all results on a daily basis.
- At our previous inspection there was no failsafe system or processes for safety-netting cervical screening undertaken at the service. The provider did not monitor that a result was received for each cervical screening sample undertaken by their sample takers and sent for pathology. At this inspection the service demonstrated that it had implemented a system to log all cervical smears undertaken and record that a result had been received. We saw that the provider had undertaken an audit and reviewed all patients who had had a cervical smear since commencement of the service, to assure themselves that a result had been received for each one.
- At our previous inspection there were no clear referral guidelines into the microsuction service to ensure the referring GPs had assessed their patient for microsuction and screened for contraindications. At this inspection we found the provider had reviewed their referral process and implemented a new referral system. The process required referring clinicians to complete a referral template integrated into the clinical system, to ensure their patient met the referral criteria and that there were no contraindications to microsuction treatment. The referral was then reviewed by the provider and an appointment made if the patient met the criteria. The provider demonstrated how the system worked on the day of the inspection.

## Lessons learned and improvements made

- At our previous inspection the provider could not demonstrate an effective system to report, share, investigate, record and respond to incidents and critical incidents/near misses. We saw that only one incident had been recorded in the past 12 months. At this inspection we saw the provider had reviewed their processes for recording incidents with staff and updated their incident policy. At this inspection we saw that, since our last inspection, 10 incidents had been recorded across the three operational sites. These were reported and discussed at operational meetings and outcomes cascaded to staff through clinical meetings and the monthly newsletter. We reviewed clinical meeting minutes and newsletters where outcomes of incidents had been included.

# Are services safe?

- At our previous inspection the provider could not demonstrate an established system and process to receive, review and act on patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS) relevant to the service. At this inspection we saw that all alerts were received to generic email, which was accessible by several staff to ensure no alerts were missed when staff were absent. Each alert was reviewed for its relevance by a clinician, action taken where relevant and cascaded to staff for information. We saw that alerts were included in the monthly staff newsletter. The provider maintained a log of all alerts received. We saw that a recent alert on blood specimen collection bottle supply disruption from August 2021 had been distributed to staff.

# Are services effective?

**At our previous inspection on 25 May 2021 we rated the provider as inadequate for providing effective services as we found concerns with staff induction, training, appraisals, systems to distribute and discuss clinical guidance and quality improvement, including clinical audit.**

**At this inspection carried out on 14 September 2021 we found the provider had reviewed their systems and processes and had made improvements in the areas of concern found at our previous inspection.**

## Effective needs assessment, care and treatment

- At our previous inspection the provider could not demonstrate an effective system and process to keep clinicians up to date with current evidence-based practice. We found there were no clinical meetings or bulletins in place to cascade information. At this inspection we found the provider had commenced monthly clinical meetings and a monthly staff newsletter. We saw from minutes of clinical meetings and the newsletters that updated clinical guidance was shared.

## Monitoring care and treatment

- At our previous inspection the provider did not have a comprehensive programme of quality improvement activity, including clinical audit to monitor and improve outcomes of care and treatment. At this inspection we found the provider had implemented a clinical and non-clinical audit schedule for July to October 2021. We saw that an hypnotics audit had been undertaken in July 2021 and outcomes shared in a clinical meeting. The provider planned to re-audit this in six months' time. We saw that additional audits for urgent two-week wait referrals and the microsuction service had been planned for September and October 2021. We will review the outcomes of these audits at our follow-up inspection.

## Effective staffing

- At our previous inspection the provider could not demonstrate a consistent formal induction programme for new staff, which prepared them for their role. We saw that the provider had reviewed their induction processes, including role-specific induction documentation. We reviewed induction documentation for a healthcare assistant and saw that this now included the Care Certificate Standards for Healthcare Assistants. We reviewed the employment records of two clinical staff, who had been recruited since our last inspection, and saw that induction processes had taken place. We did not speak with any staff about their induction at this inspection.
- At our previous inspection the provider could not demonstrate an effective system to record the training of individual staff members at the commencement of their employment, or had a system in place to ensure that training remained up-to-date in line with guidance. At this inspection we found that the provider had implemented a training matrix, which defined all core training it had identified as mandatory and the frequency of updates. We saw that the provider had made improvements to the training records held for all current staff, for example, safeguarding children training for all clinical staff. The provider told us that training records would be obtained when new staff commenced as part of the recruitment and induction process. We reviewed the employment records of two clinical staff who had been recruited since our last inspection and saw that evidence of mandatory training had been recorded.
- At our previous inspection the provider could not demonstrate an effective system of regular appraisal for staff. At this inspection the provider had implemented an appraisal schedule for clinical and non-clinical staff. At the time of our inspection we found the clinical lead GP had undertaken an appraisal for the GPs and the majority of the advanced nurse practitioners and advanced care practitioners. The lead nurse had undertaken an appraisal for the practice nurses and the healthcare assistants. We did not speak with any staff about their appraisal at this inspection.



# Are services well-led?

**At our previous inspection on 25 May 2021 we rated the provider as inadequate for providing well-led care. A Warning Notice was issued as the provider could not demonstrate that systems and processes were established and operated effectively to ensure compliance with the requirements to demonstrate good governance. In particular:**

- **We found systems and processes for safeguarding, safe recruitment, oversight of premises and equipment at the operational sites, management of blood results and cervical screening, referral process to the microsuction service, significant events, patient safety alerts were not sufficiently established and operated to ensure safe care.**
- **We found systems and processes for staff induction, training, appraisals, clinical guidance updates and quality improvement, including clinical audit were not sufficiently established and operated to ensure effective care.**

**At this inspection carried out on 14 September 2021, we found the provider had reviewed their systems and processes and had made improvements in the areas of concerns found at our previous inspection.**

## **Governance arrangements**

The provider had reviewed their governance systems and processes and had made improvements.

- At our previous inspection we found that there was a lack of systems and processes established and operated effectively, to ensure compliance with the requirements to demonstrate good governance. At this inspection we reviewed the provider's systems and processes and found improvements had been made. We will review these systems and processes at our follow-up inspection to ensure sustainability of these improvements.
- We found that improvements had been made in systems and processes to ensure safe care in relation to safeguarding, recruitment, oversight of premises and equipment at the operational sites, management of blood results and cervical screening, referral process to the microsuction service, significant events and patient safety alerts.
- We found that improvements had been made in systems and processes to ensure effective care in relation to staff induction, training, appraisals, systems to distribute and discuss clinical guidance and quality improvement, including clinical audit.
- At our previous inspection the provider was unable to demonstrate an effective communication system to keep staff informed and to discuss safety and quality outcomes, for example, incidents, alerts, clinical guidance. At this inspection we found the provider had commenced monthly clinical meetings and introduced a monthly staff newsletter.