Bristol Urology Associates

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	Good
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall. This is the services first inspection since the implementation of the Health and Social Care Action 2014 regulations. The service received an inspection in 2014 under the previous format and deemed to meet the standards of which it was inspected against.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Bristol Urology Associates. We inspected this service as part of our inspection programme.

Bristol Urology Associates provides a comprehensive range of private urology services. They offer specialist assessment and treatment for general urological conditions including cancer and minor investigations, for example, cystoscopy (examination of the bladder and urethra using a cystoscope, tube-like instrument with a lens or a light for viewing), trans-rectal ultrasound, Prostate Specific Antigen (PSA) blood test (a blood test used to screen for prostate cancer) and urinary flow measurement (a diagnostic test assessing how well the urinary track functions).

There was no registered manager in place at the time of the inspection, however, the provider was in the process of registering one of the consultants for this role. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- We could not be assured that the service provided care and treatment in a way that kept people safe and protected them from avoidable harm at all times.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decision about their care.
- Patients could access care and treatment in in a timely way.
- The way the service was led and managed promoted the delivery of high-quality, person-centred care.

However we found no breaches of regulations the areas where the provider **should** make improvements are:

- Continue to ensure staff training is completed in line with the national guidelines.
- Embed processes to assess risks to health and safety for staff and service users.
- Create a fire risk assessment in accordance with the service's fire policy.
- Create a risk assessment for the decision to not store oxygen on the premises.

Overall summary

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Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Bristol Urology Associates

Bristol Urology Associates is located in Bristol at:

85 Alma Road

Bristol

BS8 5DP

The service is registered with CQC to provide the regulated activities of Diagnostic and screening procedures, Surgical procedures and Treatment of disease, disorder or injury. The service is provided for children 13 to 18 years old, younger adults and older people. Bristol Urology Associates offers consultations, diagnostic tests and some minor interventions on-site. Major Surgical procedures are carried out off-site in agreement with other registered hospitals in the local area. The service treats up to 200 patients a month.

The service is open Monday to Friday from 9 am to 5 pm.

How we inspected this service

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:

- Requesting a provider information return (PIR) from the service before the site visit.
- Conducting staff interviews using video conferencing.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- A short site visit.

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.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

We could not be assured that the provider considered and appropriately assessed all the risks to peoples safety:

- There was no fire risk assessment in place at the time of the inspection.
- The decision for not storing the oxygen in the service as part of the emergency equipment was not risk assessed.

Safety systems and processes

The service did not always have clear systems to keep people safe and safeguarded from abuse.

- The provider had assessed the impact of major disruptions to service through a disaster recovery plan. This acted as a business continuity policy and disaster recovery strategy. It included information about preventative measures and actions to take should there be disruptions to the provision of the service. For example, incapacity of staff, loss of water supply, fire or epidemic/pandemic. The policy outlined who staff should go to for further guidance.
- There was no other formal health and safety processes in place tto assess the risk to health and safety for staff and service users on a daily basis. We raised this with the provider and following inspection they sent us evidence of a building risk assessment which had been completed post inspection on the 19 December 2022. This assessed the risk of environmental hazards in and around the practice such as trip hazards, lights working, fire hazards and necessary action had been taken to mitigate risks identified. We could therefore not be assured that if we had not inspected action would have been taken to assess these risks.
- There was a safeguarding procedure and policy in place. Staff knew how to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. They knew how to identify and report concerns. However, we identified two out of six members of staff had not received safeguarding training in line with national guidelines (all registered healthcare staff should be trained to level three, for example, general practitioners and registered nurses). Following inspection, the provider sent evidence demonstrating one member of staff had completed the required training and the other member of staff had since scheduled to start their training imminently.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- There was a chaperone policy in place. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). The provider conducted a regular IPC audit, the most recent one was dated 22 November 2022. The provider presented a recent Legionella Test Certificate dated 2 February 2022. (Legionnaires' disease is a potentially fatal type of pneumonia, contracted by inhaling airborne water droplets containing viable Legionella bacteria. All hot and cold water systems in the premises are a potential source for legionella bacteria growth).
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider had not completed fire risk assessments in line with their fire policy. We saw evidence that processes were followed in line with the policy for completing regular checks of fire equipment (such as fire extinguishers and fire alarms testing, regular maintenance of fire alarm, extinguishers and fire lights, appropriate fire exit signs on each floor and regular evacuation drills). However, the policy also stated that a quarterly fire risk assessment will be carried out by a member of staff. There was no evidence that a fire risk assessment had been completed. As such, the provider could not be assured that action had been taken to mitigate all potential risk.

Requires Improvement

Are services safe?

Risks to patients

There were systems to assess, monitor and manage risks to patient safety, however these were not fully embedded.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role. The service did not use agency or bank staff.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly, this included a defibrillator. The provider made the decision not to keep oxygen on-site. The rationale for this had been documented in their resuscitation policy and procedure, which stated that in the lack of clinical staff on-site, it was risky to have oxygen on the premises in case it had been used inappropriately for a patient. However, the provider had not risk assessed the impact of not holding this equipment on site and could not give assurance that adequate processes were in place to obtain it if required. Provider made a risk-based decision, however, there was no formalised action plan or a risk assessment that documented the risk, therefore we were not assured they took all the actions to minimise the risk for patients.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We saw examples of consultants' letters sent to patient's GP after any treatment received.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- Systems for managing medicines were in place and followed the provider's medicines policy. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw evidence that prescribing audits were conducted for each consultant.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety and incidents

Requires Improvement

Are services safe?

The service had a good safety record.

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a policy and system in place for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. There were no significant events raised in the last 12 months, however we were assured by talking to staff that they understood how to report any concerns and we were told they felt confident any issues would be addressed.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Good

Are services effective?

We rated effective as Good because:

We found evidence and examples of patients receiving care and treatment in an effective way.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed 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) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had have enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. We saw an example of retrospective clinical outcomes of the urolift procedure completed in November 2022 (a National Institute of Clinical Excellence recommended procedure used to treat lower urinary track symptoms). The service looked into the rates of side effects from the procedure and compared them to results from the British Association of Urology Surgeons (BUAS). The rate of side effects was significantly higher in the service compared to BUAS. Following the audit, the service established a pathway to improve the care for patients requiring the procedure.
- The service's consultants were members of the National Prostate Cancer Audit Clinical Reference Group and regularly submitted information about their patients to the group and contributed to the national audit.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

Good

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. We saw examples of consultants communicating with patients' GPs after each treatment, to keep them up to date with the patient's care.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Each patient had a referral letter stored in their file.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate, highlighted to their normal care provider for additional support. For example, before each procedure patients had their blood pressure checked. If the reading was out of normal range the procedure would be rescheduled. The patients regular GP would also be notified and a referral completed to follow up on blood pressure.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained obtain consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making. We saw examples of consent forms in patients' files.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Good

Are services caring?

We rated caring as Good because:

We found examples and evidence of the service providing good quality care and treatment, ensuring respect, privacy and dignity were maintained at all times.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. The provider audited results from patient surveys on a monthly basis. Feedback from patients was positive about consultant and clinical care, administration and overall impression.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgemental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with people in a way that they could understand, for example, communication aids were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

We found examples and evidence of the care and treatment being provided in a way that was responsive to people's needs.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, on request, the service offered extended appointments for those patient who needed it.
- The facilities and premises were appropriate for the services delivered. The premises did not have disabled access, because of steps up to the building. However, those patients were still able to access service provision through an agreement with the local private hospitals where the service provides its more complex surgical procedures from. Information about access needs was collected at the initial telephone appointment in order to make the appropriate arrangements and minimise delays to treatment.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaints policy and procedure in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. The service received two complaints in the last 12 months and we reviewed those. We saw the provider respond to the complaints in a timely manner and offered additional help and explanation to issues raised. For example, a patient who was not happy with their consultation and complained about it was responded to in a timely way and was offered another consultation with a different consultant and the service ensured all patients' concerns and questions were answered in the next appointment.

Good

Are services well-led?

We rated well-led as Good because:

The provider developed a culture of quality and sustainable care for patients. There were systems and processes in place to provider governance and leadership. There was a culture of learning and improvement in response to feedback.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The provider demonstrated openness, honesty and transparency. There was a culture of learning and were receptive to feedback at the inspection making improvements to systems and processes within a few days of inspection.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Good

Are services well-led?

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

The clarity around processes for managing some of the risks, issues and performance was limited.

- There were systems in place to monitor risk and performance however these were not always fully embedded. For example, whilst business continuity and disaster recovery plans were in place there was a lack of a general health and safety risk assessment. The fire safety policy was not always followed such as quarterly risk assessments but drills and evacuations had been undertaken.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved involve patients, the public, staff and external partners to support high-quality sustainable services.

Good

Are services well-led?

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements and discussed at quarterly team meetings.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. For example, a recent audit of remote consultations for patients with prostate cancer during the COVID-19 pandemic.