

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This service is rated as requires improvement overall

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Curo Health Limited on 14 November 2019 as part of our inspection programme.

We concluded that:

- Staff working at the service had access to the information they needed to support consistent and safe management of patients' health needs.
- The provider liaised with partner agencies, commissioners and other key stakeholders to identify local need and plan future initiatives and services.
- Patient feedback about accessing the service was overwhelmingly positive.
- Staff told us they enjoyed working in the service, and felt supported by the leadership team.

However, we also found that:

- Arrangements for dissemination of learning and information from significant events were not fully embedded.

- We identified gaps in relation to oversight of health and safety issues at the three sites where patients were seen, including fire and infection prevention and control safety measures for staff and patients.
- Systems to monitor and maintain oversight of staff training uptake, staff appraisals, professional registration updates and disclosure and barring checks (DBS) were not sufficiently thorough.

The area where the provider **must** make improvements is:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, the provider **should**:

- Improve security measures for patients and staff working at or accessing the service.
- Develop clear processes for blank prescription security at all sites where patients are seen.
- Provide information in relation to making a complaint specifically for the extended hours service available to patients at all sites.
- Carry out risk assessments in relation to the range of emergency medicines held on site.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and two further CQC inspectors.

Background to Curo Health Limited

Curo Health Limited is a GP federation, serving the needs of the population of North Kirklees. The federation is made up of all 27 practices in the North Kirklees Clinical Commissioning Group. Curo Health Limited is responsible for delivering extended access services to patients from all participating GP practices; approximately 195,000 patients. The focus of our inspection was the extended access service.

The governance and administrative centre for the service is located at The Sidings Healthcare Centre, The Sidings, Dewsbury WF12 9QU. Curo Health Limited is led by a Clinical Lead and Board Chair, supported by a governing board comprising GPs and practice managers from within the locality. Additional operational and business leadership is delivered by a senior business development manager and an operational manager, supported by a business support officer.

Patient care is delivered at three locations in the district:

- Dewsbury Health Centre, Dewsbury WF13 1HN
- Liversedge Health Centre, Liversedge WF15 6DF
- Broughton House, Batley WF17 5QT

We visited all three patient facing sites, as well as the administrative site during our inspection.

‘Curo’ is a Latin term translated as ‘of the heart’.

Curo Health Limited is registered with the Care Quality Commission to provide the following regulated activities:

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

The administrative centre is open between 9am and 6pm Monday to Friday, whilst the extended hours service is open between 6.30pm and 9.30 pm Monday to Friday, between 9am and 4pm on Saturdays and between 9am and 1pm on Sundays and bank holidays.

Curo Health’s extended access service has been operational since August 2018. Eight GPs cover the service as well as three advanced nurse practitioners and one nurse who is able to offer ear syringing services, dressings and contraceptive pill checks. In addition, a clinical pharmacist has recently been appointed. At the time of our inspection plans were in place to recruit additional nurses and healthcare assistants to the service. Two non-clinical staff are located at each of the three patient facing sites during operational hours.

All participating practices are allocated a pro-rata allowance for appointments, per 1,000 patients per week.

Availability of parking facilities varies at the three sites, with Dewsbury Health Centre having good access to parking spaces. Liversedge Health Centre and Broughton House have limited, in some cases, on-road parking available to patients. All are accessible by public transport, and can be accessed by wheelchair users, or those patients with limited mobility.

Curo Health registered with the Care Quality Commission in August 2018 and this is the first inspection carried out at the service.

Are services safe?

The service is rated as requires improvement for providing safe services. This was because systems to oversee health and safety issues at all sites were not sufficiently robust. For example, in relation to fire safety, safeguarding and infection prevention and control issues

Safety systems and processes

Systems and processes in the service were not sufficiently thorough to keep people safe and safeguarded from abuse.

- Systems for maintaining oversight of staff safeguarding training were not sufficiently thorough. We saw records which did not differentiate between adult and child safeguarding training uptake, and we were unable to verify the level of safeguarding training which had been undertaken by staff. The service told us most staff accessed safeguarding training through their day time employment. The safeguarding policy did not provide guidance for staff in relation to key contacts within the organisation and wider locality.
- At the time of recruitment, the provider required staff to provide evidence of qualifications, professional registration, training, appraisal and disclosure and barring service (DBS) checks. However, records kept by the provider were incomplete. We found that not all staff had been DBS checked, including staff undertaking chaperone duties. There were no systems to monitor ongoing professional registration updates. At the time of our visit staff appraisals had not been carried out for any staff.

Risks to patients

Systems to assess, monitor and manage risks to patient safety were not sufficiently thorough.

- There were arrangements for planning and monitoring the number and mix of staff needed. We saw examples of staffing rotas. There was an effective system in place for dealing with unexpected staff absence. Arrangements were in place to adjust staffing levels across the three sites. The business continuity plan had information on how to deal with any risks associated with the rota.
- Staff induction processes were not sufficiently thorough. Not all staff had received induction relevant to the site at which they were based. For example, some staff were not aware of fire safety arrangements at their place of work. Staff were unclear where fire alarm checks and fire drill logs were kept, and not all staff had been made aware of fire evacuation procedures.
- Not all staff had received appropriate induction in relation to infection prevention and control issues. Staff did not always have access to cleaning equipment, and not all staff were aware of the use of spill kits in the event of spillage of blood, vomit or urine. Infection prevention and control audits carried out by the host site were shared with the provider, however staff working at the service were not aware of the audits or required actions in all cases.
- Notices in the service advised patients chaperones were available if required. Staff identified as chaperones wore a badge to that effect. However, not all staff providing chaperone duties had received a DBS check.
- The provider was supplied with information relating to maintenance of equipment from host practices. We saw evidence of calibration and PAT testing stickers on equipment used by the service. During our inspection, we noted a heater at one of the sites which was broken, and had an out of date PAT test sticker. Following our feedback, the provider told us they would proactively request any such information, to keep their records updated.
- We reviewed two personal files and found limited evidence that appropriate recruitment checks had been undertaken prior to employment, for example, evidence of references, qualifications and, DBS checks. The recruitment policy cited that these checks were carried out. Following our feedback, the provider undertook to maintain more comprehensive records relating to recruitment records.

Information to deliver safe care and treatment

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

Are services safe?

- Patient clinical records were written and managed in a way that kept patients safe. The individual 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 allow for continuity of care, and safe handover or care.
- Clinicians at the service were able to make referrals in line with protocols. There were systems in place to notify the patient's own GP of any referrals. Processes were also in place to follow up and check that the patient's own GP had followed up on any actions requested by the extended hours service.

Appropriate and safe use of medicines

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

- There were appropriate systems in place for managing medicines, including medical gases, emergency medicines and equipment. Curo Health Limited had reciprocal arrangements in place with their host sites for obtaining, maintaining and monitoring emergency equipment, including defibrillators and oxygen. Each site had a limited supply of emergency medicines, for use by the extended hours service only, which was checked and overseen by Curo staff. Following our feedback, the provider told us they would review their stock of emergency medicines, and develop risk assessments for medicines not included in their stock.
- Staff demonstrated that medicines prescribed to patients, and advice and information given to patients in relation to medicines, were in line with legal requirements and current national guidance. The service had recently reviewed their antibiotic prescribing for children with upper respiratory tract infections.
- We saw that systems for storing and checking blank prescriptions were not consistently applied across all three sites. Systems for checking and logging serial numbers to monitor use of blank prescriptions were not sufficiently thorough. Checks to ensure the same batch was used and monitored were not in place. This meant that controls to prevent prescriptions going missing were not in place.

Track record on safety

The service did not have fully developed safety systems.

- A risk assessment policy and procedure was available at each site accessible to staff. A lone worker policy was also in place. However, there were gaps in relation to staff and patient safety and security arrangements. The policy did not provide staff with specific guidance in relation to health and safety issues on site. External lighting to two of the sites was limited, as was patient signage and direction. There were no arrangements to enable staff to control access to the building at two of the sites. This meant that the sites were accessible to any member of the public, with staff having limited recourse to safety measures.
- The service had recently employed a clinical pharmacist, to take a lead on receiving, disseminating and acting on relevant patient safety and medicines alerts.

Lessons learned, and improvements made

The service had systems to learn and make improvements when things went wrong.

- Staff told us they would inform the operational manager of any incidents. A written reporting form had recently been introduced. Processes for disseminating learning from incidents were not fully embedded at the time of our visit. The provider had recently acquired a new software tool, which would collate a number of quality monitoring details, including significant events. At the time of our visit some staff were aware of the new tool, whilst others told us

Are services safe?

feedback may be given verbally or by email. The leadership team demonstrated their awareness of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We heard of examples where patients had been informed of incidents, and support had been offered.

- Any significant incidents were discussed at fortnightly operational meetings, and considered at monthly board meetings when appropriate.
- The service had developed a safeguarding policy. However, the policy did not contain details of key contact details of who and how to make contact in the event of a safeguarding concern.

Are services effective?

The service is rated as requires improvement for providing effective services. This was because there was insufficient evidence of clinical audit improving outcomes for patients. In addition, processes in relation to oversight of professional registration and revalidation of staff, staff training, appraisal and disclosure and barring services (DBS) checks were not sufficiently thorough.

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 supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The clinical lead for the extended hours service emailed information and alerts to individual staff members. A recently appointed clinical pharmacist also took a lead role in reviewing, circulating and responding to medicines and patient safety alerts.
- Patients were booked into appointments at the service via their own GP practice. The number of appointments available to each practice was allocated on a pro rata basis, dependant upon their list size.
- There were systems in place to direct patients to other services if their needs could not be met by the service, for example, to accident and emergency, or community services such as the district nursing service.

Monitoring care and treatment

There was evidence of quality improvement including clinical audit.

- The service had recently carried out a clinical audit in relation to the prescribing of antibiotics for children with upper respiratory tract infections including ear and throat infections. The audit reviewed adherence to NICE guidance in relation to children under 10 years old. Findings showed that appropriate prescribing guidelines had not been adhered to in all cases, and a re-audit was planned to evaluate compliance.
- The service was required to report to commissioners on a regular basis in relation to a number of outcome measures, including utilisation of appointments, outcomes of routine appointments and numbers of patients referred to other services.
- A number of quality indicators were also scrutinised by commissioners, including numbers of complaints and compliments received, workforce competence and clinical effectiveness.
- The provider had responded to patient feedback and made changes, for example, in response to patient requests for access to more female staff, the service ensured female GPs or advanced nurse practitioners (ANPs) were available at each site during operational hours.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The provider's recruitment policy required that staff working in the service provided evidence of qualifications, training and registration with appropriate professional bodies. Records of training undertaken by staff in their daytime employment were kept. However, the records did not evidence the level of safeguarding training or type of training undertaken. In addition, systems to maintain oversight of renewal of professional registration were not in place. Following our feedback, the provider told us they would develop such systems.
- The list of required training mirrored that of the practices where staff were employed during daytime hours.
- The provider had begun delivering some training sessions for staff within the locality. They had plans to extend the range of training offered.
- We saw evidence of new employee checklists which were in place for staff employed by the service.

Are services effective?

- The provider had plans to initiate appraisals for staff employed within the service. Other staff, such as clinicians and non-clinical staff working in the services were asked to confirm that an appraisal had been completed as part of their other role within general practice. Following our feedback, the provider told us they would review this approach to include an appraisal specific for their role in Curo Health Limited, for all staff working in the service.

Coordinating care and treatment

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

- Staff working at the service had access to patients' full clinical record. They were able to view correspondence within the record, order further tests or make referrals when appropriate.
- Patients with vulnerability factors were identified via a 'flagging' system on the patient record. All practices whose patients accessed the service shared a common clinical system, as did many community staff.
- Systems for appointment booking were clear. Staff were able to signpost patients to other services, including self-care, community staff or accident and emergency.
- Information was relayed to patients' own GP via the clinical system. There were processes in place ensuring that any actions or required follow up by patients' own GP were checked by Curo staff to ensure the practice had sight of the information and were carrying out recommended action.

Helping patients to live healthier lives

Staff supported patients to manage their own health and optimise their independence.

- There were systems in place to identify patients who may be in need of extra support.
- Patients were provided with self-care advice when appropriate.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Staff we spoke with demonstrated their understanding of assessing patients' mental capacity or age when making a decision.

Are services caring?

The service is rated as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff demonstrated an awareness of the need to take into account the personal, cultural, social and religious needs and preferences.
- Of the 142 CQC patient comment cards we received across the three sites, only three contained less positive as well as positive comments. Positive comments alluded to an efficient service, with respectful and professional staff. Less positive comments referred to waiting times or difficulty locating the service.
- We observed interactions between staff and patients and found staff showed a calm, friendly and welcoming manner.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).

- Staff had access to telephone interpreter services.
- All appointments were 15 minutes in length with GPs and ANPs to facilitate effective communication.
- Comments we received on the CQC comment cards demonstrated that patients felt listened to and supported by staff.
- Information could be printed in larger font where patients had visual impairment if required.

Privacy and dignity

The service respected and promoted the privacy and dignity of patients.

- Staff were aware of the need to maintain patient confidentiality.
- Privacy curtains were in use in clinical rooms. Confidentiality was maintained during consultations and conversations could not be overheard.
- Staff acting as chaperones demonstrated their understanding of their responsibilities in relation to maintaining patient dignity and confidentiality.

Are services responsive to people's needs?

The service is rated as good for providing responsive services.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. Patient needs and preferences were taken into consideration.

- The service had been involved in the development of a population health needs matrix which had been taken to Primary Care Networks for further consideration.
- They responded to local need. For example, in response to the below target uptake of cervical screening services across the area, the provider was working with partners to enable cervical screening tests to be offered by the extended access service.
- Care pathways were in use for patients with specific needs, for example those approaching end of life or young children.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs. The service operated during the following times:

- Monday to Friday 6.30pm to 9.30pm.
- Saturday 9am to 4pm.
- Sunday and bank holidays 9am to 1pm.

Patients were booked into the service, usually to a site closest to their own practice, by their own GP practice staff. Patients requiring access to treatment or advice outside these hours were directed to the NHS 111 service for further assessment.

Listening and learning from concerns and complaints

The service had systems in place to respond to complaints to improve the quality of care.

- The provider had developed a complaints form which was to be used when patients wished to make a complaint. The patient facing sites did not display information to guide patients specifically how to make a complaint about the extended hours' service. Following our feedback the provider told us they would review this.
- The operations manager was the lead person for receiving and dealing with complaints.
- Only one complaint had been received since the service began operating in August 2018. This was a complaint relating to multiple providers. We saw that the service had contributed appropriately with information pertaining to the aspect of the complaint relating to the extended hours service.

Are services well-led?

The service is rated as requires improvement for being well-led. This was because systems to oversee health and safety issues at all sites were not sufficiently robust. For example, in relation to fire safety and infection prevention and control issues.

Processes in relation to staff recruitment were not effectively implemented, specifically in relation to oversight of staff training, appraisal, professional registration and disclosure and barring checks.

Policies and procedures were not effectively operating to support staff and patient safety, for example in relation to safeguarding, recruitment, induction and appraisal policies.

Leadership capacity and capability

The leadership team was still in the process of formalising and embedding systems to deliver high-quality sustainable care.

- The leadership team understood issues and priorities relating to the quality and future of services. They were aware of challenges and were working towards addressing them.
- Staff did not have access to managerial support in person during operational hours. They told us they could access support by telephone if needed.
- The provider was reviewing communication methods within the service. A recently acquired internal communications tool was being introduced, which would enable two-way communication in relation to issues such as safety alerts, training and development opportunities and planned new initiatives. At the time of our visit not all staff were aware of this tool, and not all were able to access it.

Vision and strategy

Staff told us their vision was to support primary care, and their values were to work proactively and productively with partners.

- An external company had been engaged to work with the service on formalising their vision and values.
- The strategy of the service was in line with health and social priorities across the region. They worked closely with key stakeholders including clinical commissioning groups, primary care networks and community and secondary care providers to evaluate need and plan ongoing service development.

Culture

The service was working towards establishing a culture of high-quality sustainable care

- Staff told us they enjoyed working in the service.
- The service was at the point of developing and implementing processes to support staff more formally, through health and well-being surveys. At the time of our visit these initiatives were still in the planning stage.
- Staff told us they would not hesitate to report any untoward incidents or near misses. They told us they felt they would be supported if they did so.
- Staff described positive relationships between GPs, management staff and colleagues.
- A staff survey had been carried out in November 2018 which showed a high level of staff satisfaction with their role and the provider.

Governance arrangements

Are services well-led?

Systems detailing clear responsibilities, roles and systems of accountability to support good governance and management were not fully implemented.

- The provider had recently developed a number of policies and procedures to support good governance, for example in the form of an appraisal policy, recruitment and induction policy. At the time of our visit these policies were not fully implemented or embedded.
- The service held fortnightly operational meetings and monthly board meetings. Communication with staff was via email or verbal feedback.
- Not all staff were clear on their roles and responsibilities, for example, in relation to infection prevention and control and fire safety arrangements.

Managing risks, issues and performance

There were incomplete processes for managing risks, issues and performance.

- The provider had developed a corporate risk log, which had been rated as red, amber or green to monitor and review identified risks. Risks included risks to quality and safety, finance, compliance with regulation and workforce issues. However, we identified risks in relation to lack of oversight of patient facing sites from a health and safety perspective, including incomplete fire safety arrangements and incomplete infection prevention and control information and guidance.
- The provider had a business continuity plan in place which was accessible to staff in paper form.
- We identified risks in relation to security for staff at two of the sites operated by the service. Staff did not have access to systems to control or restrict entrance to the site if needed.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service collated performance information which was discussed at the operational meeting and reviewed at board meetings.
- Quality and operational information was used to improve performance. The views of patients were taken into account when evaluating the quality of the service provided.
- The service made use of information technology systems to monitor and improve the quality of care. A newly acquired system was being implemented which would provide the service with a clear and accurate oversight of quality and performance information.
- The service submitted data or notifications to external organisations as necessary.
- Arrangements for data security, patient confidentiality and data management systems were appropriate.

Engagement with patients, the public, staff and external partners

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

- Patient feedback was sought following each consultation, based on a simple pictorial form, indicating happy or sad faces. We saw evidence that feedback and patient satisfaction was overwhelmingly positive in relation to the service provided.
- A staff survey had been carried out in November 2018 which showed a high level of satisfaction in relation to working at the service amongst staff of all grades.

Are services well-led?

- The provider was looking into raising the patient voice further within the service. There were plans to involve Healthwatch to help them capture patients' thoughts and experiences.

Continuous improvement and innovation

The provider had plans to continue to develop and enhance the services they offered. Plans were in place to introduce access to early morning appointments for practices within the federation. In addition, plans to introduce cervical screening services were at an advanced stage of planning. Other ideas included setting up a paediatric clinic to run outside school hours staffed by advanced nurse practitioners and nurses, to deal with minor ailments in children.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that were not operating effectively in that they failed to enable the registered person to assess, monitor and mitigate the risks to the health, safety and welfare of service users and others who may be at risk.</p> <p>In particular:</p> <ul style="list-style-type: none">• Systems to oversee health and safety issues at all sites were not sufficiently robust. For example, in relation to fire safety and infection prevention and control issues.• Processes in relation to staff recruitment were not effectively implemented, specifically in relation to oversight of staff training, appraisal, professional registration and disclosure and barring checks.• Policies and procedures were not effectively operating to support staff and patient safety, for example in relation to safeguarding,, recruitment, induction and appraisal policies. <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>