

Balance Street Health Centre

Inspection report

Balance Street Health Centre
Balance Street
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good **overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive at Balance Street Health Centre as part of our inspection programme. 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Community Medical Services Limited (CMS) provide a vasectomy service to patients from the surrounding area and rooms for consultants from secondary care to provide outreach clinics.

The GP lead for CMS 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We gained feedback through ten comment cards completed by service users in the two weeks prior to the inspection. Comments made were universally positive; the service was described as professional, providing timely excellent care and made comments on the friendliness of staff.

Our key findings were:

- There were systems to assess, monitor and manage risks to patient safety.
- The service organised and delivered services to meet patients’ needs.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Effective management oversight of systems to confirm ongoing monitoring, continuous learning and improved processes was evident.

Dr Rosie Benneyworth BM BS BMedSci MRCGP 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 CQC GP specialist advisor.

Background to Balance Street Health Centre

Community Medical Services Limited (CMS) is registered with the Care Quality Commission (CQC) as an independent health provider based at Balance Street Health Centre in Uttoxeter. The organisation was established to continue a vasectomy service in the town providing an alternative to patients who would otherwise need to travel to a hospital.

The service is commissioned by Clinical Commissioning Groups in Staffordshire and South Derbyshire and provides approximately 120 vasectomies per annum. In addition, approximately one vasectomy is conducted per annum through a private referral received by the patient's own GP.

CMS provide rooms to six consultants who offer a combined total of seven outreach clinics per month covering Colorectal, Gastroenterology, Orthopaedics, Urology and ENT (five contracts are direct with the consultants and one, Urology, is with Burton Hospitals NHS Foundation Trust).

Two GP partners from Balance Street Health Centre conduct vasectomies. The majority are NHS funded services contracted with NHS East Staffordshire Clinical Commissioning Group. Operational delivery of the service works seamlessly with the co-located GP practice with four healthcare assistants, two of the GP partners and the practice manager who work for both provider services. The opening times are governed by the Health Centre

opening times and four clinics per month are held on week days, predominately in the afternoon. In the event of out of hours contact vasectomy patients are also provided with the two GP partners telephone and email contact details.

We inspected Balance Street Health Centre on 11 June 2019 as part of our inspection programme. Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor. CMS provided information in advance of the inspection. We sent CQC comment cards two weeks prior to the inspection to gain feedback from patients. We spoke with staff from the service that included the lead GP and the practice manager.

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?

We rated safe as Good because:

- There were systems to assess, monitor and manage risks to patient safety.

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. 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.
- 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 carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- 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.
- When reporting on medical emergencies, the guidance for emergency equipment was in the Resuscitation Council UK guidelines and the guidance on emergency medicines was in the British National Formulary (BNF).
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- The service had professional indemnity arrangements in place for the GPs who conducted vasectomies and had a system in place to check the insurance providers for the consultants who provided outreach clinics.

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.
- 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 ceased trading. All records were electronically held.
- 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.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service received, monitored and managed patient safety alerts. The system in place was to be further developed to ensure all staff were aware of the actions and patient searches completed.

Are services safe?

- 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

The service had a good safety record.

- There were completed risk assessments in relation to safety issues.
- 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 system 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 adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. An example included a sustained needle stick injury in which staff followed their policy and procedures reported as an accident and had started the process of significant event investigation to learn from the incident and mitigate the risk of reoccurrence.
- 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 had systems in place for knowing about notifiable safety incidents.

Are services effective?

We rated effective as Good because:

- The service organised and delivered services to meet patients' needs.

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).

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had 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. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The service had a structured programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The service had carried out annual auditing of vasectomies since 1993 and compared results with published studies. For example, published results from American studies had shown data on complications; a haematoma (solid swelling of clotted blood within the tissues resulting from disease, trauma or surgery) in 1.6% to 4.6% and infection in 2.2% to 6% of vasectomies, and a failure rate of 1.1%. The cumulative performance since CMS started auditing in 1993 (a total of 4,313 vasectomies) had been 1% haematoma rate, less than 1% infection rate and a 0.19% failure rate. Complications resultant of a vasectomy were placed on a tracking sheet to facilitate ongoing monitoring.
- We saw that improvements had been made because of audit; for example: a post-operative instruction sheet

had been implemented to better inform patients and manage their expectations. Very fine needles had been introduced to reduce discomfort for patients. Use of pre-paid postal semen analysis packs had been introduced to increase the percentage of samples sent for analysis.

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 newly appointed healthcare support staff.
- Relevant professionals were registered with the General Medical Council (GMC) 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.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. Patients were seen following the patient's referral via the NHS e-Referral Service. Appointments to attend for procedures were made in advance and the service ensured they were appropriately staffed to meet their needs.
- Before providing treatment, doctors at the service ensured they had been provided with adequate knowledge of the patient's health, any relevant test results and their medicines history.

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.

Are services effective?

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. Staff provided patients with brochures/ literature on their procedure and post procedural advice and support information.

Consent to care and treatment

The service obtained 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.
- 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. An example included feedback from a patient who had noted that the consent form alluded to sutures post vasectomy, which were now used in the current procedure undertaken. The service took immediate action and amended the consent form.

Are services caring?

We rated caring as Good because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- All 10 patient Care Quality Commission comment cards we received were very positive about the service experienced.

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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- Patients told us through comment cards, that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, large font materials could be made 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.
- Room engaged signs were used to inform others that treatment rooms were in use to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

Are services responsive to people's needs?

We rated responsive as Good because:

- Patients could access care and treatment in a timely way.

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, outreach consultant run clinics were provided to reduce the need to attend a hospital.
- The facilities and premises were appropriate for the services delivered. The practice had a lift to provide access to the second floor.
- Routine treatment of patients not registered at the co-located practice would be referred to their referring GP.

Timely access to the service

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

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.
- Positive comments were made by patients in the completed CQC comment cards regarding timely access to the service.

Results from an internal patient survey carried out in year ending March 2019 showed patient feedback was very positive when asked about their satisfaction with the

service. Three hundred and eighty-nine surveys were given out and 252 were returned. Patient satisfaction was consistently very positive across the seven areas covered in the questionnaire. For example:

- 91% of patients said their experience of making their initial appointment was excellent and just under 9% said it was good, three patients described their experience as reasonable.
- Out of 263 patient responses, 82% of patients said the waiting time from seeing their GP to seeing the consultant was excellent and 16% said it was good, with 2% finding the waiting time reasonable.

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 practice manager was the designated lead for managing complaints.
- 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 complaint policy and procedures 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. We saw two complaints had been recorded in the last 12 months. We reviewed the complaints and found that they were satisfactorily handled in a timely manner.

Are services well-led?

We rated well-led as Good because:

- Effective management oversight of systems to confirm ongoing monitoring, continuous learning and improved processes was evident.

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

- 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.

- The Community Medical Services Limited (CMS) management team had a clear strategy to consider additional services that could be provided from the building to further reduce the need for patients to attend a hospital for treatment.

Culture

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

- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- 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 and career development conversations. Staff received regular annual appraisals.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.

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. Staff had clear 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

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage performance.
- Leaders had oversight of 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 and each staff member was provided with a contact information card to contact the provider team should an incident occur.

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.

Are services well-led?

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

- Patient feedback for both the vasectomy service and the outreach clinics was captured and used to shape services and culture.
- The service was transparent, collaborative and proactive in finding data to benchmark performance.