

Chiltern Vale Health (2012) LLP

CV Health

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 22 January 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing safe care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The service had not been inspected before.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some services are provided to patients under arrangements made by other health services where CV Health provide staff but do not have responsibility for planning or delivering patients' care. These types of arrangements are exempt by law from CQC regulation. Therefore, at CV Health we were only able to inspect the services which are provided by CV Health in whole or in part.

The services provided which were within CQC's powers to inspect were:

- Intermediate gynaecology clinics at five locations across Buckinghamshire. Each clinic sees adult female patients who may need minor procedures, such as coils which may present complications in fitting, also

Summary of findings

known as an intra-uterine device (IUD). Also the clinics may take samples of tissue from patients for diagnostics or those where their onward referral path is not clear.

- Phlebotomy (taking blood samples) is provided at one location for practices who do not have the capacity to undertake these themselves. CV Health only provides the samples but analysis is undertaken by the local practices.
- Minor surgery for removal of skin lesions. Only those lesions that would not be eligible to be removed under current NHS guidance are treated. Adult patients pay a fee to be assessed and treated. All patients are encouraged to see their own GP first to ensure the lesion is not eligible to be removed under an NHS service.

In addition CV Health provide staff, referral administration and audited services delivered by other providers such as ear, nose and throat clinics, NHS Health checks, vaccination clinics and supporting a local outreach service for homeless people.

There are a mixture of employed and sub-contracted staff who provide care.

The provider managed regulated activities from a main site and provided care at external locations.

There is a registered manager in post. 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 received 72 comment cards from patients who use CV Health services. 71 were entirely positive about staff and the service patients had received.

Our key findings were:

- The provider had systems in place to identify and learn from clinical practice in order to improve services where necessary.
- Risks associated with the provision of services were well managed.
- Medicines and related documentation were appropriately managed.
- The necessary checks required on staff who provided care were in place.
- Patients received full and detailed explanations of treatment including information enabling informed consent.
- The service was caring, person centred and compassionate.
- There were processes for receiving and acting on patient feedback.
- There were appropriate governance arrangements in place. The provider ensured clinicians maintained an up to date knowledge in their specialism and undertook relevant training and revalidation.
- There were systems in place to respond to incidents and complaints.

There were areas where the provider should make improvements:

- Continue the reviewing of care and treatment letters dictated by clinical staff to ensure patient correspondence is always accurate.
- Review the training and support provided to staff on the Gillick Competency (consent rights for patients under 16).

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

We found areas where improvements should be made relating to the safe provision of treatment.

The provider should continue the reviewing of care and treatment letters dictated by clinical staff to ensure patient correspondence is always accurate.

- There was an effective system in place for reporting and recording significant events.
- The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The safeguarding policies were reviewed and contained up to date contact details for the local safeguarding team.
- There was adequate a process for receiving and acting on medicine alerts.
- Procedures were in place for monitoring and managing risks to patient and staff safety. For example, there were arrangements to prevent the spread of infection.
- Information required for providing care to patients was shared and stored securely. However, correspondence was often dictated by clinicians without the final review of a clinician in some cases, prior to sending.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

We found areas where improvements should be made relating to the safe provision of treatment.

The provider should ensure procedures and guidance on the Gillick Competency (consent rights for patients under 16) are understood by all staff.

- The provider ensured patients received assessments to determine appropriate care and treatment.
- Monitoring of patients outcomes took place including audit.
- Staff were supported to provide care and treatment safely and effectively.
- Consent procedures were in place including guidance available to staff.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- The provider was considerate towards the needs of their patients and showed compassion in the delivery of care.
- According to patient feedback, services were delivered in a caring manner and privacy and dignity was respected.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- Patients were satisfied with appointment bookings and time allocated for their needs.
- There was a complaints process in place which contained all the information for patients to ensure they understood their rights.
- There was consideration of the potential additional needs of patients who may require support due to protected characteristics.

Summary of findings

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- There was a clear ethos of patient centred care.
- Governance arrangements were in place to enable the oversight of staff and monitoring of patient satisfaction.
- Patient feedback was encouraged and considered in the running of the service.
- Risks to patients were managed and mitigated.

CV Health

Detailed findings

Background to this inspection

CV Health provides the following services from Unit 4, The Merlin Centre, Lancaster Road, Cressex Business Park, High Wycombe, Bucks, HP12 3QL

The services provided which were within CQC's powers to inspect were:

- Intermediate gynaecology clinics at five locations across Buckinghamshire. Each clinic sees adult female patients who may need minor procedures, such as coils which may present complications in fitting, also known as an intra-uterine device (IUD). Also the clinics may take samples of tissue from patients for diagnostics or those where their onward referral path is not clear.
- Phlebotomy (taking blood samples) is provided at one location for practices who do not have the capacity to undertake these themselves. CV Health only provides the samples but analysis is undertaken by the local practices.
- Minor surgery for removal of skin lesions. Only those lesions that would not be eligible to be removed under current NHS guidance are treated. Adult patients pay a fee to be assessed and treated. All patients are encouraged to see their own GP first to ensure the lesion is not eligible to be removed under an NHS service.

In addition CV Health provided staff, referral administration and audited services delivered by other providers such as ear, nose and throat clinics, NHS Health checks, vaccination clinics and supporting a local outreach service for homeless people.

The provider managed regulated activities from a main site and provided care at external locations.

The registered provider is Chiltern Vale Health (2012) LLP.

The regulated activities registered for are:

Diagnostic and screening procedures

Family planning

Treatment of disease, disorder or injury

Date of inspection, 22 January 2018.

The inspection team included a GP specialist adviser and a lead inspector.

We requested information from the provider before the inspection. During the inspection we spoke with clinical and management staff, reviewed clinical and non-clinical documentation and reviewed patient feedback. We also looked at management of emergency medicines, equipment and prescription security.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

We found areas where improvements should be made relating to the safe provision of treatment.

The provider should continue the reviewing of care and treatment letters dictated by clinical staff to ensure patient correspondence is always accurate.

Safety systems and processes

The service had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- There was consideration of safeguarding procedures and requirements. Safeguarding policies were accessible to staff. Staff had completed safeguarding vulnerable adults and children training. There was additional supporting guidance on shared drives available to staff.
- The provider had a chaperone policy in place. This was to support staff with defining the role of a chaperone and requesting support where needed. All staff who provided the role had training and a Disclosure and Barring Service (DBS) check (DBS checks provide background information on whether a person has committed a crime or is barred from caring for vulnerable adults or children).
- There were appropriate recruitment and staff checks undertaken by the provider to assure themselves that all staff were safe and of good character in order to work with patients. This included proof of conduct in previous healthcare roles and DBS checks. This included appropriate checks of sub-contracted staff.

Risks to patients

Risks to patients were assessed and managed.

- There was a plan for emergencies which may occur and affect the running of the service.
- Staff received resuscitation training (CPR) training. Emergency medicines and equipment were available to staff and monitored to ensure they were ready if required.

- The various services provided by CV Health were risk assessed and any mitigating actions as a result were undertaken.
- There was an infection control policy and monitoring processes. Staff were provided with training relevant to their role. Staff were supported with any occupational healthcare needs.

Information to deliver safe care and treatment

Staff were able to access medical records belonging to patients when delivering care. Any data supplied to CV health was stored and transported securely.

Correspondence was shared with external professionals in a way that ensured data was protected.

There was a system of dictating correspondence letters to external providers regarding patients' care. These were then typed up by support staff but not always routinely checked by clinical staff prior to sending. We asked the provider if they had identified this risk. The registered manager explained the support staff always query any non-routine requests or confusion with clinical staff prior to sending letters and the system itself was under review.

Staff had access to the relevant information they needed in order to support patients with the specific medicines for which they were being supported and monitored.

Safe and appropriate use of medicines

The provider did prescribe a small number of medicines for patients where needed after specific treatments. This may be anti-biotics following minor surgery. The service shared information on any prescribed medicines with patients' GPs.

The provider had a process for receiving medicine alerts from the MHRA.

Track record on safety

There were systems to identify, assess and mitigate risks. For example:

- There were risk assessments for every location where services were provided to patients and related actions noted. For example, where CV Health identified maintenance issues needed to be undertaken by the providers who owned premises these were requested and the actions were followed up.
- Any related risk assessments undertaken by providers of their own premises were reviewed by CV Health.

Are services safe?

Lessons learned and improvements made

There was a formal process for recording and investigating incidents and events which may indicate required changes to practice and procedure. Staff could report incidents and investigations subsequently took place. The quality of clinical work was monitored through audit to identify any

instances where patients may encounter problems with clinical work as a means to improve quality. For example, when emergency medicines brought out to a clinic from the main location were misplaced, a new protocol for transporting these medicines and training was provided to staff.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

We found areas where improvements should be made relating to the safe provision of treatment.

The provider should ensure procedures and guidance on the Gillick Competency (consent rights for patients under 16) are understood by all staff.

Effective needs assessment, care and treatment

The provider was received referrals from GP practices and either referred these patients onto other services or provided care themselves to these patients via one of their clinics. CV Health staff undertook appropriate assessments prior to planning and delivering care.

- National Institute for Health and Care Excellence (NICE) guidance was reviewed quarterly by the clinical governance lead and staff during meetings to identify any changes to best practice.
- Assessment forms were used to identify patients care needs and we found these to be comprehensive and appropriate to the services delivered.

Monitoring care and treatment

The provider monitored the care provided via clinical audits, patient feedback and audits of procedures to ensure these were followed during the delivery of care took place at all the external sites.

For example, a gynaecological audit was undertaken and this showed high patient satisfaction with the clinics. A minor surgery audit was used to identify whether any complications such as infections had occurred. This was undertaken periodically and showed very low levels of follow up care were required.

Patient feedback was sought via questionnaires and surveys on the support and care provided. This was highly positive about the quality of service patients received. This was shared with commissioners quarterly as part of the provider's monitoring processes.

Effective staffing

The provider had a system to continually assess their staff's skills and knowledge and identify what training was

needed on an ongoing basis. A training programme was in place which included a broad range of clinical and non-clinical training including, safeguarding, infection control and equality and diversity.

There were clinical procedures in place for all of the various care and treatments provided. These were tested and monitored.

Staff received an induction from the provider prior to starting work. Annual appraisals were provided to staff to ensure they could identify any additional development and training needs.

Coordinating patient care and information sharing

There were processes for sharing information about patients' care and treatment, including communication with GPs where necessary. The provider had means of accessing necessary information such as patient's assessments prior to referral.

Supporting patients to live healthier lives

CV Health's services were designed to reduce the need for patients to go to hospitals for care which could be provided in the community. This reduced the need for hospital referral waits.

Patients were provided with information and advice prior to and following their care and treatment.

Consent to care and treatment

Consent forms were used to ensure written consent was obtained where necessary. There was guidance and a protocol on consent available to staff.

There was also a dedicated Mental Capacity Act (MCA) 2005 policy and guidance on the Gillick Competency (consent rights for patients under 16). No formal training was provided on the Gillick Competency on an ongoing basis but this was undertaken during induction. This was only relevant to one service where a very small number of children were seen per year. We asked staff if they had access to policies and guidance related to their roles and they confirmed they did.

Staff received training on consent and specifically the MCA 2005.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

We received 72 CQC comment cards from patients who had used the service. All but one of the feedback cards we received from patients was highly positive regarding the services. Feedback was particularly positive regarding the staff and the quality of the services provided.

The provider regularly sought feedback from patients on the services they received. Overall recommendation rates were consistently at 98%.

Staff recalled examples where they went beyond providing the specific services to patients to assist them. For example, staff went to assist patients who were unable to find the correct building where their appointments were held.

Involvement in decisions about care and treatment

Patient feedback suggested that patients felt treatments options and assessment outcomes were explained clearly to them. For example, feedback on the gynaecology service found 97% of patients believed they had received an appropriate explanation of treatment and follow up plan.

There was patient literature available and these explained the various types of treatment and what they entailed.

Feedback provided on CQC comment cards was positive in regards to patients' involvement in care decisions.

Privacy and Dignity

Staff received training and procedures in order to protect patients' dignity and privacy. Clinical staff explained how they tried to put patients at ease when undertaking intimate examinations or procedures. We saw no concerns in patient feedback or complaints to the provider regarding privacy and dignity concerns.

Each risk assessment for the premises where CV Health provided care included an assessment of possible concerns regarding patients' privacy and dignity.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive services in accordance with the relevant regulations.

Responding to and meeting people's needs

The service provided personalised care to patients including ongoing access to advice and information. There had been consideration of the accessible information standard and requirements regarding the Equality Act (2010). For example,

- The provider assessed any equality and diversity concerns regarding patient care and treatment and potential improvements within their risk assessments undertaken for providing each of their services.
- A choice of female and male clinicians was offered to patients.
- Larger size fonts in patient literature were available for any patients who had difficulty reading due to visual impairments.
- Hearing loops were provided when needed.
- Translation services were available including face to face translation where required.
- Home visits were organised by the provider for patients who were unable to attend clinics.
- Patient feedback received by CQC indicated that patients received detailed explanations about their medicines.
- Consideration of the NHS accessible information standard was written into policies.

- The provider had participated in the 'plain English campaign' to improve the language used in patient information sources.

Timely access to the service

Patients were sent letters for some appointments on specific services with an offer of a specific time and date, but they could call CV Health and change this if required. Other services such as phlebotomy provided a call and book system.

Patient feedback collected by the provider showed positive outcomes for patients in their wait times for services. For example, 96% of patients stated they had good to excellent wait times and experience of the booking system on the phlebotomy service and 83% of patients rated the gynaecology service good to excellent on wait times.

Listening and learning from concerns and complaints

The provider had a complaints policy which set out the process for dealing with complaints. This included timeframes for acknowledging and responding to complaints with investigation outcomes. We reviewed a complaint regarding an incorrect letter being sent. This was acknowledged, investigated and then a full response was sent.

There was information provided to patients on how to escalate their complaints to external advocacy services such as the Independent Complaints and Advocacy Service.

Are services well-led?

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

Our findings

We found that this service was providing well-led services in accordance with the relevant regulations.

Leadership capacity and capability;

The provider had the experience, capacity and capability to ensure patients accessing services received high quality assessment and care. It was evident that the leadership within the service reviewed performance frequently. The leadership team included the relevant mix of clinicians and management expertise required to deliver the services and monitor performance.

Vision and strategy

The provider had an ethos of identifying new, high quality and locally focussed care and treatment which would enhance patient outcomes within the Buckinghamshire area. The delivery of care and mix of services provided to patients reflected the provider's ethos.

Culture

The provider had a policy in place to comply with the requirements of the Duty of Candour and there was an open culture. This was reflected by incident and significant event reporting where staff were open about any concerns they had. Staff were complimentary about working for the provider.

Governance arrangements

The service had suitable governance frameworks with which to support the delivery of services. Specific policies and procedures were in place and easily accessible to staff. For example,

- There were policies covering specific areas of service delivery including safeguarding, whistleblowing and significant event reporting.
- There were regular clinical governance meetings where outcomes regarding the care provided and patient outcomes were discussed.

- We found that a process for investigating and identifying actions resulting from significant events was in place.
- Audit was used to assess quality and identify improvements.

Managing risks, issues and performance

The service had systems to effectively identify, assess and manage risks related to the service provided. The risks associated with the treatment provided were assessed and well managed via ongoing assessment and periodic review of the services provided. For example, audits of the clinics where care was delivered took place regularly.

Appropriate and accurate information

Patient assessments, treatments, including ongoing reviews of their care, were monitored. The clinical staff responsible for delivering patients' care were able to access the information they needed.

The provider had policies for the safe sharing of information and they were registered with the information commissioner's office (ICO).

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients. They acted to improve services on the basis of this feedback.

- Comments and feedback were encouraged. These were reviewed and considered by the provider.
- Patient feedback was consistently positive.
- Staff feedback was collected via appraisal and meetings. This was valued and acted on where necessary.

Continuous improvement and innovation

There were systems to identify learning outcomes and implement improvements where necessary.

- A change to clinic timings had been implemented due to staff feedback.