

Communitas Clinics

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.

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 of Communitas Clinics to award a rating. The service was inspected in October 2018, when we found that it was providing care in accordance with the relevant regulations. At the time of inspecting this service in 2018, we did not have the statutory powers to rate the service.

Communitas Clinics (run by Communitas Clinics Ltd) delivers consultant-led community dermatology and ear, nose and throat (ENT) assessment and treatment services for the NHS.

The Managing Director 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.

Our key findings were:

- The service delivered care from satellite clinics in London, Hertfordshire and Sussex in spaces run by NHS GP providers.
- There were systems to assess, monitor and manage risks to patient safety. Where these were managed by the service they generally worked well. Systems at the satellite clinic sites managed by the host providers were more variable in their effectiveness.
- The service had systems and processes to ensure that these premises were safe, but they were not consistently effective.
- The provider was aware of areas of weaknesses and worked to improve them.
- 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.
- Staff employed by the service had the skills, knowledge and experience to carry out their roles.
- Staff treated patients with kindness, respect and compassion.
- The service organised services to meet patients' needs. It took account of patient needs and preferences.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The service took complaints and concerns seriously and responded to them to improve the quality of care.
- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- The service had a culture of high-quality sustainable care.
- There were systems and processes for learning, continuous improvement and innovation.

The areas where the provider **must** make improvements as they are in breach of regulations are:

Overall summary

- Ensure care and treatment is provided in a safe way to patients.

(Please see the specific details on action required at the end of this report).

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

- Develop further clinical audits in ENT to improve the quality of care and outcomes for patients.
- Include information in final responses to complaints about what patients can do if unhappy with the service's response.
- Improve oversight of systems and processes for risk management at satellite clinics.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a specialist adviser and three additional inspectors.

Background to Communitas Clinics

Communitas Clinics (run by Communitas Clinics Ltd) delivers consultant-led community dermatology and ear, nose and throat assessment and treatment services under contract for the NHS. Patients are referred to the service by their GPs.

The service has indicated that it treats more than 500 patients a month. Children over the age of six months and adults are assessed and treated. The care is provided by consultants, GPs who have received specialist training, health care assistants and a dedicated support team.

Care is provided from 21 satellite clinics in Barking, Havering & Redbridge, Bexley, City & Hackney, Croydon, Greenwich, Hertfordshire, Sussex, Tower Hamlets, Newham, and Waltham Forest. These are all locations run by NHS GP providers. The service uses rooms, reception and chaperone staff and has access to emergency medicines and equipment under written service level agreements with the relevant GP providers.

We visited 5 of the satellite clinics for this inspection, to inspect the premises and understand arrangements for the provision of services regulated by CQC, including arrangements for medical emergencies. We did not inspect the NHS GP practices.

How we inspected this service

Before we inspection we reviewed information already held by CQC and information submitted by the provider for the inspection. We spoke to stakeholders who commission the service.

During the inspection, we received feedback from people who used the service, interviewed staff, made observations and reviewed documents.

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 Requires improvement because:

- The service delivered care from satellite clinics in London, Hertfordshire and Sussex in spaces run by NHS GP providers. The service had systems and processes to ensure that these premises were safe, but they were not consistently effective.
- The service had systems to keep people safe and safeguarded from abuse, but it was not clear whether they were consistently used.

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse, but it was not clear whether they were consistently effective.

- The service had systems to safeguard children and vulnerable adults from abuse.
- Staff received safety information from the service as part of their induction and refresher training. Staff were confident in their ability to recognise safeguarding concerns and gave examples of when concerns had been identified and acted upon.
- The service carried out checks on staff it employed 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).
- Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The service worked with other agencies to support patients and protect them from abuse or improper treatment.
- However, not all staff could name the safeguarding leads and we heard of at least one instance when action had been taken on safeguarding concerns outside of the provider's policy (without discussion with the safeguarding leads).
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- Providers have a responsibility to ensure that all staff with whom patients interact as part of the delivery of care have received appropriate recruitment checks and safety training. At the satellite clinics, patients interacted with non-clinical staff from the host practice in reception areas. The service had a detailed written agreement with the host providers that described the recruitment checks and training expected.
- The provider ensured that facilities and equipment owned by the service were safe and that equipment was maintained according to manufacturers' instructions.
- The service had a written agreement that said that the host providers would carry out appropriate premises risk assessments, to manage risks including those from fire and infection including legionella. We visited 5 of the satellite clinics, looked at equipment and premises and at documents. We found a lot of variability in how well environmental risks were managed. At some clinics environmental risks were generally well managed but at others we found weaknesses in how well risks had been assessed and some instances where actions recommended by risk assessments had not been taken. For example, at we saw a fire risk assessment that had not identified all of the risks (so that they could be mitigated) and no evidence of effective action on recommendations from a legionella risk assessment.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. Where these were managed by the service they generally worked well.

- There were arrangements for planning and monitoring the number and mix of staff needed.

Are services safe?

- There was an effective induction system for all staff directly employed by the service.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.

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 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's own systems for handling medicines worked well. Systems for appropriate and safe handling of medicines at the satellite clinic sites, managed by the host, were more variable in their effectiveness.

- The service carried out audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did not prescribe controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children.
- The service's written agreement with the host providers covered access to a risk-assessed range of medicines and equipment to deal with medical emergencies. We found that there were suitable medicines and equipment, but in some cases this had been obtained by the service only shortly before we visited, following a risk assessment of the host provider's arrangements. There was no evidence at all of the satellite clinics of regular and effective checks (by the host provider) to ensure that emergency medicines and equipment would be available and effective if needed.
- At some of the satellite clinics, medicines were stored in fridges managed and monitored by the host providers. At one of the clinics, we noted that there were gaps in the temperature monitoring data. When we raised it with Communitas, the medicine was removed and the risk assessed. The service told us that it would change the medicines used to avoid the need for temperature-controlled storage.

Track record on safety and incidents

The provider was aware of areas of weaknesses and worked to improve them.

- The service's own risk assessments gave a good overview of safety issues, and any issues the risk assessments identified were addressed.

Are services safe?

- 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.
- The service was aware of the additional risks posed by delivering care from premises run by so many other providers, including the risk that the host providers risk assessments may not be of sufficient quality. The provider had previously added some information on what was expected into a written service-level agreement, but had recognised that this may not be sufficient so had recruited new staff and employed external expertise to start to carry out more detailed reviews of premises and work more closely with the host providers when areas for improvement were identified. The work had started with infection prevention and control. The service worked with external assessors to improve policies and develop an audit tool that was being implemented. One of the clinics we visited had received an infection prevention and control audit visit from the service, which had identified issues and we saw that these had been or were being addressed. However, the audit did not look at all of the areas used by Communitas patients - we found issues with cleanliness in patient toilets and baby-changing area.

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. We noted that a high percentage of significant events had been identified by staff during their work or through failsafe checks.
- 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. For example, after mistakes caused by doctors entering information onto the wrong patient's computer record, the service changed a setting on the computer system so that only one patient record could be open at a time.
- 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.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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 including sessional and agency staff.

Are services effective?

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 enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- 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. There were a number of complete, two-cycle, Dermatology audits (a complete audit is one where data is collected before and after improvement activity) including one which had led to improvements in the percentage of patients with sun-related skin growths who were offered full skin checks. There were no complete audits in ENT, but there were five first audits and staff told us about how these were improving care, for example an audit improving the assessment and treatment of facial pain.

Effective staffing

Staff employed by the service had the skills, knowledge and experience to carry out their roles. There was a system to ensure that staff employed by host services that patients interacted with had the appropriate skills, knowledge and experience.

- All staff employed by the service 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 were up to date with revalidation.
- The provider understood the learning needs of staff and generally 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.

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate, for example with patients' GPs.
- 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.
- Referrals to the service came from NHS GPs and the service shared details of consultations and any medicines prescribed with the referring GP.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

The service supported patients to manage their own health.

- Where appropriate, staff gave people advice so they could self-care. The service website had links to information leaflets, some educational videos and links to other information resources.
- Risk factors were identified, highlighted to patients and highlighted to their GP provider for additional support, e.g. if prescribed medicines had potential side effects.
- 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 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.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service had a set of documented values. One of these (Emotional Intelligence) described how the service used empathy, humility and honesty in their approach to patient care.
- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treated 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.

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 and the need for any additional support was explored during the appointment booking process.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

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.

Are services responsive to people's needs?

Responding to and meeting people's needs

The service organised 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.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others, for example giving extra time or facilitating the attendance of a support animal.

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.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. The scope of the service in each geographical area was defined by contract, including the methods that patients will be referred or transferred to other services. Adherence to these was monitored.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them to improve the quality of care, but final responses to patients did not follow national guidelines.

- 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 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. For example, after a patient with a medical exemption was not seen by a doctor because she was not wearing a face mask, the service updated the information available to the booking team about doctors who still needed patients to wear masks after the end of pandemic restrictions.
- Final responses to patient complaints did not have information about what patients could do if unhappy with the service's response. Patients were sent a leaflet that included this information, but only with the service's acknowledgment and the final responses did not refer to it.

Are services well-led?

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.

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.
- 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.
- Leaders were clear that only staff able to treat patients according to the service's values were recruited. The selection process for clinical staff had several stages that had to be passed in order to progress, including a telephone interview with the medical director, a face to face interview, and an observed clinic.
- Leaders and managers acted on behaviour and performance inconsistent 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 needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff 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 had expanded in size in recent years, and had developed additional ways to communicate with staff and promote their well-being.
- 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. Staff told us about useful and supportive meetings and social events organised by the service.

Governance arrangements

Are services well-led?

There were clear responsibilities, roles and systems of accountability to support good governance and management, although some systems were not consistently effective.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The service began taking action immediately after the inspection on the areas we identified for improvement.
- 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.
- 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.

Managing risks, issues and performance

There were clear 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 provider's own risk management processes were clearly documented and well embedded. We saw evidence that risks were acted upon and actively monitored through the governance processes.
- The service was aware of the additional risks posed by delivering care from premises run by so many other providers, including the risk that the host providers risk assessments may not be of sufficient quality. The provider had previously added some information on what was expected into a written service-level agreement, but had recognised that this may not be sufficient so had recruited new staff and employed external expertise to start to carry out more detailed reviews of premises and work more closely with the host providers when areas for improvement were identified. The work had started with infection prevention and control. The service worked with external assessors to improve policies and develop an audit tool that was being implemented.
- 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.

Are services well-led?

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.

- Patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The service asked all patients to complete the friends and family test and carried out regular in-depth patient surveys to get more detailed responses. There was an annual staff survey, which showed high levels of satisfaction (although the response rate was relatively low at 38%). We heard about actions taken to address areas of low satisfaction in the survey. In their regular one-to-one meetings staff were asked to rate their happiness at work on a scale of one to five, and what could be done to improve their satisfaction.
- We spoke to external partners who commissioned the organisation to provide services for the NHS. Their feedback was that service was transparent, collaborative and open with stakeholders about performance.
- The service won an award in 2017 for development of an innovative service (with Surrey Downs Clinical Commissioning Group).
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.

Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The service delivered care from satellite clinics in London, Hertfordshire and Sussex in spaces run by NHS GP providers. The service had systems and processes to ensure that these premises were safe, but they were not consistently effective.• The service had systems to keep people safe and safeguarded from abuse, but it was not clear whether they were consistently used.• The service's written agreement with the host providers covered access to a risk-assessed range of medicines and equipment to deal with medical emergencies. We found that there were suitable medicines and equipment, but in some cases this had been obtained by the service only shortly before we visited, following a risk assessment of the host provider's arrangements. There was no evidence at all of the satellite clinics of regular and effective checks (by the host provider) to ensure that emergency medicines and equipment would be available and effective if needed.