

## About Health Limited

# Innovation Centre

### Inspection report

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#### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Outstanding	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

#### Overall summary

**This service is rated as Good overall.** (This was the services first inspection)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Outstanding

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at the Innovation Centre as part of our inspection programme.

The Innovation Centre is an Independent Health service that provides both a medical and surgical dermatology service for patients at a variety of healthcare settings across the UK.

The chief executive officer is also the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

The service made use of patient feedback as a measure to improve services. They had produced their own annual survey and the results had been analysed.

We received 13 Care Quality Commission comment cards. These were very positive regarding the care delivered by the service and mentioned the professional and caring attitude of staff. In addition we found evidence that staff acted in a kind and caring way, often giving up their own time to ensure people's needs were met. People said the service was efficient and helped them. We spoke with three patients who had used the service who said that they had received good support and were treated respectfully.

## **Our key findings were:**

- There was an open and transparent approach to safety and an effective system in place to report and record incidents.
- The service promoted 'caring' as a core value. Staff often went above and beyond their remit to the benefit of their patients.
- There were well established governance and monitoring systems which were effectively applied and were fully understood by staff.
- There were systems and processes in place to safeguard patients from abuse and staff were able to access relevant training to keep patients safe.
- Patients said they were fully involved in their treatment plans and making decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- All members of staff maintained the necessary skills and competence to support patients.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Patient outcomes were evaluated, analysed and reviewed as part of quality improvement processes and clinical audit.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP** Chief Inspector of Primary Medical Services and Integrated Care

# Innovation Centre

## Detailed findings

### Background to this inspection

The Innovation centre is an independent provider registered in Blackburn and is contracted to run dermatology clinics from GP surgeries and healthcare settings throughout the UK. This report reflects findings from the Blackburn location where the service head offices are located at Innovation Centre, Evolution House, Haslingden Road, Blackburn, BB1 2FD services are offered locally under contract with Blackburn and Darwen Clinical Commissioning Group (CCG). As part of this inspection we visited a GP surgery in Preston where the innovation centre was running a clinic.

The service provides a medical and surgical dermatology service to NHS patients for 11 Clinical Commissioning Groups for dermatological conditions such as eczema, psoriasis and skin lesions. It does not treat conditions such as overt malignancy or conditions requiring secondary care follow up or hospital-based treatments.

Before visiting we reviewed a range of information we hold about the service and asked other organisations to share what they knew. Stakeholders we contacted did not raise information of concern with us.

During our visit we spoke with staff and patients and reviewed CQC comment cards where members of the public shared their views.

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?

# Are services safe?

## Our findings

**We rated safe as Good.**

### Safety systems and processes

**The service had clear 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 including locums. 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 had systems in place to assure that an adult accompanying a child had parental authority.
- 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.
- 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 service did not have its own premises to use for clinics. They used GP surgeries or other healthcare premises to carry out their clinics. Prior to use of the premises, assurances were sought that the building complied with relevant health legislation. This included infection control and legionella monitoring.
- 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 was an effective induction system for agency staff tailored to their role.
- 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, staff used the guidance for emergency equipment as in the Resuscitation Council UK guidelines and the guidance on emergency medicines as in the British National Formulary (BNF).
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

The provider had a 'group' policy which covered all its employees.

### 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 recorded 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.
- 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.**

## Are services safe?

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- 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.
- 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. There had been two significant events at the service in the past 12 months. One related to administration tasks being left incomplete and the other was a missed opportunity for a referral to another service. Both had been thoroughly investigated and actions taken to ensure there was minimal chance of repetition in the future.
- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- The service gave affected people reasonable support, truthful information and a verbal and written apology
- Staff kept written records of verbal interactions as well as written correspondence.

### Track record on safety and incidents

#### The service had a good safety record.

- There were comprehensive 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.

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?

(for example, treatment is effective)

## Our findings

**We rated effective as Good.**

### 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.

### Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

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 used a range of different audits including prescribing data to improve the use of dermatological medicines and topical creams.

### Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/Nursing and Midwifery Council (NMC) 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 such as the patients own GP.
- 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. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they were referred to the service.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- 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 and effective arrangements for following up on people who had been referred to other services.

### 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.
- The service had systems in place to report their patients progress to their GP.
- 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.**

# Are services effective?

(for example, treatment is effective)

- 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.



# Are services caring?

## Our findings

**We rated caring as Outstanding.**

**Kindness, respect and compassion**

**Staff treated patients with kindness, respect and compassion.**

- Feedback from patients was wholly and strongly positive about the way staff treated people. The service was able to give us many examples of how staff ensured patients received excellent quality of care in the community. This went beyond their remit as they were an appointment based service that only saw patients in clinics at GP surgeries or healthcare buildings. Examples included a specialist nurse attending a local school to ensure teachers and staff were correctly trained, competent and confident in the administration of medicines to a child. This enabled the child to be supported in the wider community and improved their quality of life. In another example, on finding that an elderly patient with mobility problems required support a practice nurse arranged to attend their care home to assess the patient and deliver training and support. Care home staff commented the patient was much happier and much more comfortable following the interventions advised and demonstrated being implemented. Further examples included supporting a housebound patient to attend appointments. Again this was outside the remit of the service. A service manager arranged taxis for the patient to attend appointments and contacted the local patient transport service and ensured the patient had transport for all future healthcare appointments. Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Staff told us people's emotional and social needs were treated as being as important as their physical needs.
- The service gave patients timely support and information. One person explained her son suffered dreadfully from a skin condition which had proved untreatable until she accessed the service. Staff had taken time to devise a care plan and worked flexibly around the appointment system to ensure the mother was shown how to apply topical creams correctly. She explained how staff had also applied the creams to her own skin so she could understand different textures and

how they would feel when applied to her son. She later commented how the experience had given her confidence and improved her sons condition dramatically.

**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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. 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 sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- The service had recently conducted a patient satisfaction survey. 342 people responded. 99% said they were satisfied with their treatment, the way they were listened to and how the doctor and nurses cared for them. There was a 100% satisfaction rate in response to whether the nurses were caring.

**Privacy and Dignity**

**The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring and supportive. Those relationships were highly valued by staff and promoted by leaders.
- 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?

(for example, to feedback?)

## Our findings

**We rated responsive as Good.**

### **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. In a recent patient satisfaction survey 99% of 342 people said they were satisfied with the appointment system and waiting times. Patients also stated staff were polite, approachable and explained procedures and treatments.
- 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 a local GP had asked the service if they could see a bedbound patient with dementia who had a potentially serious skin disease. The lead consultant for the service visited on their way home following a clinic which finished at 8pm. The patient was poorly and had a painful blistering rash. They advised how to manage the skin via the district nursing team and rang the GP to discuss the further investigations and medicine management. The GP who originally sought assistance stated this had been an excellent response to the patients clinical need and had resulted in the patients condition improving.

### **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.

### **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.
- 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.
- The service recorded all complaints they received, either formally or informally.

All complaints were reviewed by a quality panel to ensure they were dealt with effectively.

# Are services well-led?

Good 

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

## Our findings

**We rated well-led as Good.**

### Leadership capacity and capability

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

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

### Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- 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 and managers acted to address 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 need. 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, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

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

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

### Managing risks, issues and performance

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

# Are services well-led?

Good 

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

- 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 current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### The service acted on appropriate and accurate information.

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

## Engagement with patients, the public, staff and external partners

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

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

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. The service had recently partnered with the North West Deanery to offer an Innovative Training scheme for GP registrars. The scheme involved a three-month placement in the service's community dermatology service and a three-month placement in secondary care. For the last two years the scheme had involved a six-month placement in the community service in East Lancashire. The registrars also undertook and presented a dermatology audit project as part of their rotation. The scheme was fully funded by the service who stated their ambition was to create a cohort of local GPs with wider knowledge of dermatology to enable better primary care management. As part of the development of this project the service was hoping to introduce a bursary.