

Lymphoedema Specialist Services Ltd

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Summary of findings

Letter from the Chief Inspector of Hospitals

Lymphoedema Specialist Services are a small independent company who employ three full time members of staff and provide services predominantly, on the behalf of the NHS, across three Clinical Commissioning Groups in East Sussex.

Lymphoedema is a condition that causes swelling in the body's tissues and can be categorised as either primary, secondary or chronic in type. The services treats patients with primary or secondary type lymphoedema.

Services we do not rate

We regulate independent community health services but do not currently have legal powers to apply the duty to rate all of them. Our methodology for small and medium community healthcare providers is based on not rating as there are no service specific frameworks to support consistent ratings decisions. However, we do take regulatory action as necessary, highlight good practice and issues that service providers need to improve.

We previously visited this service in March 2017 as part of our national programme to inspect all independent healthcare providers. We do not currently have a duty to rate independent community specialist services, however we did find one breach of regulation relating to the governance of the service.

We told the service it must:

- Ensure incidents and near misses were recorded, investigated and learned from.
- Ensure that staff are aware of their responsibilities in ensuring effective incident management processes.

We also told the service it should:

- Ensure that the translation policy followed best practice.

Following the inspection, we told the service that it must give us a plan of action showing how it would bring services into line with the regulations. The service provided a report on the actions it planned to take and updated us on progress, as the issues were resolved.

The purpose of our inspection on 5 December 2017 was to see if the service had made the necessary changes outlined in the action plan provided. During this follow up inspection we focused on the action plan and the areas of concern highlighted in the previous report. We did not inspect any other part of the core service, and focused on incident and risk reporting in line with the breach of regulation.

During this inspection we were assured that the service had met all the required improvements, recommendations and were no longer in breach of the regulations.

The service had significantly improved and had taken action to comply fully with regulations and we found:

- Incidents were being formally documented, and staff had access to flow charts detailing the process to follow if they needed to report an incident.
- A process and policy for booking formal translation was now in place.

We will continue to monitor the performance of this service and inspect it again, as part of our ongoing programme.

Amanda Stanford

Deputy Chief Inspector

Summary of findings

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Summary of this inspection

Our inspection team

The inspection was carried out by one inspector and one inspection manager. The inspection was overseen by Catherine Campbell, Head of Hospitals Inspection (South East).

Why we carried out this inspection

This was an announced, focused inspection to find out if the provider had taken actions to address the concerns outlined in our previous inspection and to check it had taken action against the regulatory breach outlined above.

How we carried out this inspection

Prior to and during our visit, Lymphoedema Specialist Services provided us with clear documentary evidence that demonstrated they had completed the tasks and changes specified in their original action plan. During this follow up inspection we focused on areas of concern, which were centred around incident knowledge and reporting, and risk registers. We did not inspect any other parts of the core service.

We conducted interviews with the directors of the organisation, and our interviews and the documentary evidence supplied by the hospital gave us a satisfactory level of corroboration to provide assurance that the required improvements had been made.

As this was a focused inspection to follow up on the action taken by the provider since we last inspected them in March 2017, we had not considered all of the key lines of enquiry.

Community health services for adults

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are community health services for adults safe?

Incidents

- During our last inspection, we found that whilst staff were able to describe incidents, the service had not formally documented any incidents or near misses in the previous 12 months.
- At this inspection, we saw from an agenda and minutes that a team meeting had taken place to discuss incidents. This detailed the definitions of incidents and near misses for staff. We also saw a document titled the incident investigating and reporting process: A guide for staff. This was a flowchart detailing the steps to follow in the event of an incident or near miss. The team also had a daily debrief which occurred first thing in the morning before the clinics began to share learning. Issues such as incidents were raised and discussed there.
- The registered manager showed us an electronic database where incident investigation reports were kept and we saw that since our last inspection, six incidents had been reported by the service, and these had been completed both by the registered manager and staff members. Each form had two stages that were required to be completed and we saw that both stages were completed fully on all incident reporting forms that we reviewed. This provided assurance that incidents were being reported, investigated and documented.

Are community health services for adults effective?

(for example, treatment is effective)

We did not inspect this area of the service, as this was a focused follow up inspection and no concerns were identified at the previous inspection.

Are community health services for adults caring?

We did not inspect this area of the service, as this was a focused follow up inspection and no concerns were identified at the previous inspection.

Are community health services for adults responsive to people's needs?

(for example, to feedback?)

Meeting individual needs

- At our last inspection, the Lymphoedema Specialist Services language and interpreting policy stated that in the first instance, a friend or family member would be used to translate. This meant that the service could have been using interpreters who had not had appropriate training or that were not impartial.
- Following the inspection, we saw that this policy had now been updated to include a process for accessing formal translation services and we spoke with the registered manager who explained this process to us. This meant that patients who did not speak English as a first language had their needs met by the service.

Community health services for adults

Are community health services for adults well-led?

Management of risks, issues and performance

- During our last inspection, we observed that there was a risk register in place but not all of the risks had risk ratings.
- At this inspection, we observed the Lymphoedema Specialist Services reporting register. This was an electronic document, where incidents, complaints, risks and feedback were recorded. We observed that each incident that was reported, had a linked record in the identified risks section, where a risk rating and

score was recorded along with mitigating actions. Each section of the reporting register was attached to a report which included an investigation and identified any areas for learning.

- In addition to this, we observed the risk assessment register which was the overarching risk register for the service. We saw this was broken down across five areas, with the highest scoring risks the lack of access to NHS medical records, and having to transport medical records across the three sites the team worked. This provided assurance that the service had an overview of their risks, and the potential impact of these if not properly mitigated.