

PFGPS Limited

# NHS Clapham SPMS

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 1 October 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 effective care in accordance with the relevant regulations

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

We found that this service was providing well-led 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.

NHS Clapham SPMS is an independent provider of medical services. The service provides ultrasound services for pregnant patients only, at two sites in Lambeth.

#### **Our key findings were:**

- The service had systems in place to manage significant events.
- Policies and procedures were in place to govern all relevant areas.
- The service had risk management procedures in place including those to minimise the risk of infection.
- Sonographers assessed patients' needs and delivered care in line with current evidence based guidance.
- The service had systems in place for monitoring and auditing the care that had been provided.
- Staff had been trained in areas relevant to their role.
- Patients were treated with compassion, dignity and respect.
- Information about services was available and easy to understand. The complaints system was clear and was clearly advertised.
- The service had good facilities and was well equipped to manage patients and meet their needs.

# Summary of findings

- The service sought feedback from patients, which showed that a large majority of patients were satisfied with the service they had received.
- The service was aware of and complied with the requirements of the Duty of Candour.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# NHS Clapham SPMS

## Detailed findings

### Background to this inspection

NHS Clapham SPMS is an independent provider of medical services. The service provides ultrasound to pregnant women only. Services are provided at 89 Clapham High Street, Clapham, London, SW4 7DB and 2-8 Gracefield Gardens, Streatham, London, SW16 2ST. Both sites are in the London borough of Lambeth. Although the provider is itself private, the majority of patients seen at the service are for NHS ultrasound checks. The service sees approximately 4,000 patients per year.

The service is open on Mondays and Saturdays in Clapham and on Tuesdays and Saturdays in Streatham. Weekday opening times are 8am to 6pm on weekdays and from 9am to 6pm on Saturdays. The service does not offer elective care outside of these hours, and patients are not specifically directed to other services.

In both locations the room is either on the ground floor or can be accessible by lift. Both properties have a single clinical room based within a larger health centre. The Limited company is managed by the partners of the Clapham Family Practice who are based at the Clapham site.

The service is operated by a team of seven sonographers. Administrative and management support for the service is provided from staff at the Clapham Family Practice who also work for the service. One of the Directors of the company who is also a GP at the Clapham Family Practice 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. The service is registered with the Care Quality Commission (CQC) to provide the regulated activity of treatment of disease, disorder or injury and diagnostic and screening procedures.

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.

### Safety systems and processes

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

- The service had defined policies and procedures which were understood by staff. The service had not experienced any significant events that related specifically to clinical care provided. There was a system in place for reporting and recording significant events and complaints.
- The provider conducted safety risk assessments. 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. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding for both adults and children and safety training appropriate to their role. They knew how to identify and report concerns. We reviewed four personnel files which demonstrated checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body, and the appropriate checks through the DBS.
- The provider ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- 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.
- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies and protocols had been developed which covered safeguarding, whistleblowing, and consent. The policies clearly outlined processes to be adhered to, and detailed whom the lead clinician should contact in the event of a safeguarding concern.
- The service took formal identification checks for patients.

### 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. There were failsafe procedures in place for reporting adverse findings back to General Practitioners.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance.

### Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The only medical service provided at NHS Clapham SPMS were ultrasound scanning services for pregnant women, no medicines were provided to patients on either site.

# Are services safe?

- Both sites were based in large health centres, and the service had arrangements in place to utilise emergency medicines, defibrillator and oxygen in the unlikely event that they were required.

## **Track record on safety**

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues, for example fire safety.
- 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 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.
- 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 reporting notifiable safety incidents. Staff understood the requirement to notify CQC of all incidents that affect the health, safety and welfare of people who use services.

# 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.

### 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 followed current legislation, standards and guidance (relevant to their service).

- Clinicians (sonographers) had enough information to confirm findings.
- 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. We saw that regular randomly selected audits were taking place with learning points shared with the sonographer where relevant.

### 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 (sonographers) were registered with the Health and Care Professions Council.

- 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.
- Staff received training that included basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### 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.
- The provider had risk assessed the service that they offered.
- All findings provided by the service were shared with the patient's GP. The service did not directly refer to secondary care except in the case of an emergency.
- 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.

### Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. We received 41 completed CQC comment cards at the inspection, all of which were positive regarding the care delivered by the clinic and the caring attitude of staff.
- 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. We saw notices in the reception areas, including in languages other than

English, informing patients this service was available. 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, the service involves other support services as appropriate.
- Staff communicated with people in a way that they could understand.

### Privacy and Dignity

The service respected patients' privacy and dignity.

- Doors were closed during consultations and conversations taking place in these rooms could not be overheard. Doors could also not be opened from the outside by patients during an examination. A light was in place outside the room to warn other staff that an examination was taking place and that they should not enter the room.
- Staff recognised the importance of people's dignity and respect.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### 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. Saturday appointments were provided at both sites as the service had determined that this was a time that patients preferred.
- The facilities and premises were appropriate for the services delivered.
- The waiting area was large enough to accommodate the number of patients who attended on the day of the inspection.
- Toilet and baby changing facilities were available for patients attending the service.

### 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 ultrasound scans. The service was able to respond to urgent requests in the event of potential high risk factors.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Transfers to and from the GP service were undertaken in a timely way. If the ultrasound showed urgent concerns patients were directed to access emergency services rather than waiting to hear from their GP.

### Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns.

- There was a designated responsible person who handled all complaints.
- Leaflets were in place at reception and there were notices on the website and in the waiting room advertising the complaints process.
- 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, although there had not been any complaints received in the past 12 months.



# 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 care in accordance with the relevant regulations.

### 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.

### Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- 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 on behaviour and performance inconsistent with the vision and values.
- Staff we spoke with told us they were able to 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 development where necessary. Clinical staff 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 had received equality and diversity training. Staff felt they were treated equally.

### 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.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- 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 sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.

# Are services well-led?

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

- 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 had access to social media to monitor its service, and the majority of feedback provided was positive.

- The service actively sought patient feedback in relation to the quality of care provided.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement.
- There were systems to support quality improvement.