

Practice Based Clinical Services Limited

Inspection report

Rush Green Medical Centre
261 Dagenham Road
Romford
Essex
RM7 0XR
Tel: 01708728261

Date of inspection visit: 15/09/2020
Date of publication: 03/11/2020

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



Overall summary

This service is rated as Good overall. (Previous inspection June 2019 – service was rated Good overall; however, we rated the key question of safe as requires improvement). This inspection in September 2020 is a desk-based inspection to follow up on concerns found at the previous inspection.

The key questions are rated as:

Are services safe? – Requires improvement

At the inspection in June 2019 we found whilst services were provided in a way which was generally safe, the service had ineffective systems in place to ensure that the facilities and equipment were safe for patients. We found that aspects of health and safety, including a review of fire safety, infection control, portable appliance testing (PAT), legionella testing and COSHH risk assessments had not been considered at the sites used by the service. We also found the service had not carried out checks to ensure the defibrillators and oxygen cylinders at those sites were suitable for use in the event of an emergency. At our most recent inspection, we checked these areas again and found whilst some of these concerns had been addressed, others remained outstanding.

Practice Based Clinical Services Limited (PBCS) is an independent healthcare service providing medical treatment for ear, nose or throat (ENT) problems, under contract with a local Clinical Commissioning Group (CCG).

Our key findings were:

- The provider did not have an effective system in place to assure themselves that the facilities and equipment at the sites where they saw patients were safe for patients. Whilst some of the deficiencies from the previous inspection had been addressed, risk assessments submitted as evidence did not all detail areas where action was required or show what action had been taken to address areas where remedial action was required.
- The system to monitor oversight of required checks for emergency equipment remained ineffective. The provider had not put a process in place to assure themselves emergency equipment at the sites where they saw patients was safe and ready for use.

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

- 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).

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

Our inspection team

Our inspection team was led by a CQC lead inspector who had access to a GP specialist adviser.

Background to Practice Based Clinical Services Limited

Practice Based Clinical Services Limited (PBCS) is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of ear, nose or throat (ENT) problems. The service does not have any patients formally registered with it but provides community-based ENT services for NHS patients and works with CCG Commissioners on an “Any Qualified Provider” (AQP) basis. The contracted services are provided via two NHS Commissioners in Sussex. All services are provided in approved NHS premises and are exclusively for patients who have ENT problems and only after direct referrals from the patient’s General Practitioner (GP). The Provider does not charge patients directly for services provided.

The service’s registered address is Rush Green Medical Centre, 261 Dagenham Road, Romford, Essex, RM7 0XR however no patients are seen at this administrative site. The service rents a clinical room twice a month from two

separate GP practices; Fitzalan Medical Centre, Fitzalan Road, Littlehampton, BN17 5JR and Saxonbrook Northgate Medical Centre, Cross Keys House, 14 Haslett Avenue West, Crawley, West Sussex, RH10 1HS.

The service has two directors, one of whom is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. 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 clinical staffing is via the two directors themselves plus sessional input from a small team of associate specialists in ENT who are engaged by PBCS via contracts for service on a self-employed basis. Nurses/Healthcare Assistants (HCAs) are engaged also on sessional basis.

How we inspected this service

This was a desk based focussed inspection, meaning we did not attend the service to carry out the inspection. We interviewed the provider remotely, reviewed evidence submitted by the provider and information we hold about the service.

Are services safe?

Safety systems and processes

The service did not have clear systems to keep people safe.

- The provider told us they adhered to the infection control policies and procedures of the practices from which they operated their service. At the inspection in June 2019 we found systems to monitor infection prevention and control at both patients' sites (two different GP practices) were ineffective. The service could only identify and monitor risks at one of the sites from which it operated.
- For this inspection in September 2020 we asked the provider to submit documentary evidence of infection control audits, carried out since the previous inspection, at both of sites where they see patients. The provider submitted the infection control audit undertaken at Fitzalan Medical Centre in June 2020 and an infection control risk assessment carried out at Saxonbrook Northgate Medical Centre in October 2019. These documents did not identify any major concerns around infection control on the premises.
- At the inspection in June 2019 we found the service had ineffective systems in place to ensure that the facilities and equipment were safe for patients to visit. We found that a health and safety risk assessment, including a review of portable appliance testing had not been carried out at either of the clinical sites.
- For this inspection in September 2020 the provider submitted the portable appliance test certificate for Saxonbrook Northgate Medical Centre dated October 2019 and a certificate for Fitzalan Medical Centre; valid until March 2021.
- At the inspection in June 2019 we found the service had not carried out a variety of risk assessments such as fire safety, legionella and control of substances hazardous to health (COSHH) for either of their patient sites. On the day of that inspection the provider requested and received the risk assessment cover sheets for the two sites which included dates but they were unable to assess whether the practices had identified any risks to patients.
- For this inspection in September 2020 the provider submitted the complete risk assessment template used by Saxonbrook Northgate Medical Centre. This included

activities such as slips and trips, fire safety, infection control (including legionella), lone working and Control of Substances Hazardous to Health (COSHH). This did not highlight any areas of risk requiring action.

- For Fitzalan Medical Centre the provider submitted a legionella risk assessment dated July 2020. Some areas for action had been identified, including one high risk. It was unclear what action was being taken to address these. They also submitted a COSHH risk assessment dated April 2018 which was updated in March 2020. This did not reveal any action necessary. Additionally, they submitted a Health and Safety Compliance Review carried out by a professional company in February 2020. This risk assessment covered various areas such as equipment, fire, people management and safety. This document showed areas requiring immediate and urgent action required but did not include the details of what those areas were and what remedial action had been/was being taken by that practice. We also received a fire risk assessment dated April 2018 with a suggested date of review of April 2019. Recommendations had been made in that assessment. No details were provided as to what action had been/was being taken as a result.

Risks to patients

There were not systems to assess, monitor and manage risks to patient safety.

- At the inspection in June 2019 we found the systems and arrangements for managing emergency equipment was ineffective. The service relied on some emergency equipment which belonged to the sites from which they saw their patients. For example, the service had access to the defibrillator and oxygen at both patient sites but had not carried out checks or reviewed the monitoring of these devices, therefore they could not assure us that they were properly maintained.
- At this inspection in September 2020 we requested and the provider obtained from both sites copies of the emergency drugs and equipment checklist for the previous three months. These showed the defibrillators and oxygen had been checked to ensure they were in working order. The provider told us they also carried out their own checks on the emergency equipment at both sites. They produced a spreadsheet to evidence this, however this did not detail which equipment was checked and showed they carried out these checks

Are services safe?

once a year. There was no evidence of a process in place by which the provider assured themselves they had regular oversight of the systems to manage patient safety at the sites they used.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is 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 provider had failed to take adequate steps to ensure the safety of people using the service.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• There was no system in place to ensure the regular oversight of health and safety at both clinical sites the provider used to see patients.• There was no system in place to ensure the regular oversight of emergency equipment at both clinical sites the provider used to see patients. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>