ESS Primary Care Solutions Limited

The Silverthorn Centre

Inspection report

2 Friars Close
London
E4 6UN
Tel:0208 4308166
Website: www.essprimarycare.co.uk

Date of inspection visit: 24 April 2019
Date of publication: 06/06/2019

Ratings

Overall rating for this service	Good
Are services safe?	Good
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? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Silverthorn Centre as part of our inspection programme. The service had not been previously inspected.

The service is a specialist dermatology clinic which provides NHS funded treatment through referrals by local GP practices. The service is commissioned by Waltham Forest Clinical Commissioning Group.

We received 47 completed comment cards about the service. Comments were almost all positive; describing an efficient, professional and friendly service. One patient commented about confusion caused by lack of clear

Summary of findings

signs directing patients to where the service is located. Another patient reported to have experienced long waits between appointments and perceived lack of availability of urgent appointments, however this was not representative of the overall patient experience.

Our key findings were:

- The service had systems to assess, monitor and manage risks to patient safety, and reliable systems for appropriate and safe handling of medicines. The service learned from, and made changes as a result of, incidents and complaints.
- The service assessed need and delivered care in line with current legislation, standards and evidence based guidance, and reviewed the effectiveness and appropriateness of the care provided through clinical audits.
- The service treated patients with kindness, respect and compassion, and patient feedback was positive about the service experienced.
- The service organised and delivered services to meet patients' needs.
- There was a clear leadership structure in place, and staff told us that they felt able to raise concerns and were confident that these would be addressed.
- The service had a governance framework in place, which supported the delivery of quality care, and processes for managing risks, issues and performance.

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

- Review the stock of emergency medicines available and carry out a risk assessment of which drugs are or are not necessary to be held.
- Review consent processes in respect of minors to ensure consistent recording of their relationship to their accompanying adult.
- Review translation procedure of written information to ensure service used provides accurate translation, particularly in the case of medical terminology.
- Review protocol for laboratory requests to ensure it reflects the agreed updated procedure.

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

The Silverthorn Centre

Detailed findings

Background to this inspection

The service is provided by ESS Primary Care which runs dermatology clinics in the Waltham Forest area, a local authority in the North East of London. It provides NHS funded treatment through referrals by local GP practices. The service holds contracts with Waltham Forest Clinical Commissioning Group (CCG) and Barts Health. Referrals are made by email from Barts Health Outsourcing Team or by E-referral from GPs. Services provided include face to face consultations, examinations and minor surgery (skin biopsies, curettage and cautery, excisions and cryotherapy).

The service is located within The Silverthorn Centre, an NHS owned property which houses a number of other services including a GP practice, a phlebotomy service and an eyecare service. The provider operates services from another local GP practice and its own premises from which it provides private dermatology, minor surgery and aesthetic treatments. These premises were not visited as part of this inspection.

The service's booking office is open Monday to Friday from 9am to 4.30pm. Clinical sessions are held from the Silverthorn Centre on Wednesdays from 9am to 4.30pm and Thursdays from 8.30am to 12pm. Dermatology surgical sessions also take place on a Tuesday and Thursday.

The provider consists of three company directors, one of whom is also the registered manager of this service and also oversees the day to day functions of the service. A registered manager is a person who is registered with the CQC 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. There is a multidisciplinary team consisting of three consultant dermatologists, 12 GPs with special interest in Dermatology (male and female), three healthcare assistants and 10 administrative/secretarial staff.

The service is registered with the CQC to provide the following regulated activities: Diagnostic and screening procedures, Surgical procedures and Treatment of disease, disorder or injury.

Our inspection team was led by a CQC lead inspector who was supported by a GP specialist adviser.

The inspection was carried out on 24 April 2019. During the visit we:

- Spoke with the nominated individual who is also the registered manager of the service (a nominated individual is a person who is registered with the CQC to supervise the management of the regulated activities and for ensuring the quality of the services provided).
- Spoke with clinical and non-clinical team members.
- Reviewed a sample of patient care and treatment records.
- Reviewed comment cards in which patients shared their views and experiences of the service.

How we inspected this service

We asked for CQC comment cards to be completed by patients prior to the inspection. We received 47 completed comment cards about the service. Comments were almost all positive; describing an efficient, professional and friendly service. During the inspection we interviewed staff, carried out observations of the premises and reviewed patient records and other service related documents.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

Detailed findings

- 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.

Good

Are services safe?

Our findings

We rated safe as Good because:

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. They outlined clearly who to go to for further guidance. Risk assessments included health and safety and infection control. Fire risk assessments were conducted externally. The most recent was on the 17 April 2019. The most recent health and safety risk assessment was completed on 19 January 2019. No issues were identified.
- 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. We saw an example of where the provider had concerns about the safety of a child and saw that this concern was acted upon appropriately.
- 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.
- 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 for all staff in accordance with the service's policy. (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 and safety training appropriate to their role. We saw that safeguarding training was updated every three years and this was monitored using a training log. We saw contact details and reporting procedures on display and in the clinical packs provided to all clinicians. Policies included human trafficking and FGM. Staff knew how to identify and report concerns. Healthcare assistants and admin staff acted as chaperones. They were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. There was a general cleaning schedule in place which listed the frequency of cleaning equipment and areas of the service. General cleaning tasks were carried out by the property services. Waste was stored safely, including clinical waste which was collected regularly. Infection control audits were carried out regularly by the provider and NHS property services (NHSPS). All staff had received relevant training. Legionella testing was carried out by NHSPS.
- The provider ensured that facilities and equipment were safe and that 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.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff had undergone sepsis training and knew how to identify and manage patients with severe infections.
- Emergency drugs and equipment was available and easily accessible. These were stored safely and monitored regularly. We found that the service had appropriate emergency medicines for it's patients reasonable needs. . For example, there was no antiemetic or benzylpenicillin to treat suspected bacterial meningitis.
- 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. All GPs had their own indemnity arrangements. The company also had its own indemnity cover which covered all staff, both clinical and non-clinical.

Information to deliver safe care and treatment

Good

Are services safe?

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.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- 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.

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.

- 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. For example, following an incident where an error was made on a patient's prescription which was identified by the pharmacist, the incident was investigated and it was identified that the receptionist had booked in the wrong patient on arrival. Following this incident, we saw evidence that this was discussed at a team meeting and processes were put in place to prevent a repetition. Learning was also shared through the provider's newsletter.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty and there was a relevant policy in place. The service had systems in place for knowing about notifiable safety incidents.

The service acted on and learned from external safety events as well as patient and medicine safety alerts. We saw the service had a process in place to manage all incoming safety alerts and updates. There was an effective mechanism in place to disseminate alerts to all members of the team.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

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.

- There was an audit programme in place. We saw examples of five recent audits carried out for example audit of skin cancers, minor surgery and referrals to secondary care.
- The service used information about care and treatment to make improvements. For example, audits of minor surgery were carried out every six months. It was noted that the average wait time for excision (cutting out) of tumours was gradually increasing from 31 to 34 days (April 2018 to September 2018). As result additional clinics were run which effectively addressed this.
- 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. For example, an audit of skin cancers was carried out from April 2018 to September 2018. One aspect of the audit focussed on whether high risk skin cancers should be managed under secondary care; to identify if the cases could have been managed differently and whether their outcomes had been affected by being seen in the community initially. The audit identified seven relevant cases. Each case was reviewed in terms of the outcome, surgical date, procedure and histology result. The conclusion was that the care provided for these patients was appropriate and no delay in their treatment had occurred.

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. This was specific to each type of role. Line managers had undergone practice manager training, funded by the provider.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council 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.
- The service did not use locums and therefore was able to support continuity of care.

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 worked effectively with consultants in secondary care to ensure patients who needed secondary care input did not have additional delays in their pathway.
- 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.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. All staff had received relevant training.

Good

Are services effective?

(for example, treatment is effective)

- All histology and blood test results were shared with the patient's GP by letter.
- The service only saw patients by referral and therefore there were no instances where patients would not expect information to be shared with their 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.
- Patients' GPs were notified where patients needed to be 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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, where the prescribed medication posed a risk to foetal development, measures were taken to ensure contraception was in place before, during and for an appropriate period after the use of that medication.
- Where patients needs could not be met by the service, staff redirected them, via their referring GP, 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.
- Consent forms were used that the service had a relevant policy in place.

Adults attending with children would be asked what their relationship with the child was, however this was not always recorded in the patient's notes.

Good

Are services caring?

Our findings

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat 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.
- Continuity of care was prioritised and patients were seen by the same GP where possible.
- Follow up appointments could take place by telephone if this was more convenient for the patient.

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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care. These could be translated using an online service, however this had not been assessed to ensure the translation was accurate, particularly in the case of medical terminology.
- 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.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Patients were provided with sample boxes of emollients for them to try and choose which they preferred to use.

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.

All consulting rooms had curtains to protect patient's privacy.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

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. For example, first appointments were extended to 20 minutes to allow patients sufficient time with clinicians to ensure their needs were met.
- 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, appointments could be arranged at a time to allow for carers and support workers to attend with the patient.

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. New patients were seen within six weeks.
- The service had a protocol in place for laboratory requests,
- Wait times for new patients from referral to attendance were significantly lower than for local secondary care (6 weeks as opposed to 24 weeks). The referral rate from the service to secondary care was less than 5%.
- All patients having blood tests or biopsies were given follow up appointments straightaway to ensure any indication of serious illness was followed up in a timely and appropriate manner.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Waiting times were constantly monitored and additional clinics could be arranged at short notice where necessary.
- Patients reported that the appointment system was easy to use.

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. 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 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. For example, following a complaint about a "missed appointment" due to a late cancellation of that appointment by the patient, staff were reminded about the procedure for cancelling appointments and were advised to be flexible where appropriate and try to accommodate patients where possible.

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 because:

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 (where relevant).For example, the service was engaged in ongoing discussions with the local CCG to introduce an electronic patient records system, which they were willing to invest in to improve efficiency and reduce the use of paper.
- We saw the service received positive feedback from 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 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.
- The lead GP regularly presented at educational events attended by GPs to share learning and "upskill" GPs to help reduce the number of referrals.
- 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 time for professional development and evaluation of their clinical work.
- The GPs employed by the service were mostly employed substantively elsewhere as well. If they were unable to obtain necessary training modules at their usual place of work they were supported by the service to undergo this training on their own E-Learning system.
- 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,

Are services well-led?

Good

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

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.

- 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.
- Performance was also monitored by the CCG and contract reviews were conducted every three months. The contract also included key performance indicators (KPIs) the service was required to meet.
- 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. Staff meetings were held every six weeks and staff we spoke with described a transparent “open-door” approach where all member of staff were encouraged to contribute. 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 were 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. For example the service had been involved in developing referral guidelines for GPs to ensure appropriate referral and reduce rejected referrals. This also included a suggested management plan/advice.

Are services well-led?

Good

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

- The service had been involved in developing a formulary for similar services with the local Medicines Management Team.
- The service manager worked with the local CCG and NHS Trust to plan a training matrix which set out what training was required for each role at the service. This had been adopted and was being rolled out to other local services and GP practices.

The service provided in house clinical training, for example in surgery and one of the GPs was training to become a consultant dermatologist.