Dorking Healthcare Limited

Dorking Hospital Outpatients Department

Inspection report

Dorking Hospital
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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?	Good
Are services effective?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We had not previously rated this location. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, provided patients with drinks, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good 	We had not previously rated this service. We rated it as good. See the summary above for details. We rated this service as good because it was safe, effective, caring, responsive and well-led.

Summary of findings

Contents

Summary of this inspection

Background to Dorking Hospital Outpatients Department

Dorking Hospital Outpatients Department provides outpatient appointments for a number of specialities. Outpatient appointments were delivered by specialist doctors and consultants who also have practicing privileges in local healthcare settings; both NHS and independent health. The service refers patients for diagnostic tests or ongoing surgery at the local NHS trust and local independent hospitals.

The service provides outpatient appointments at two other sites, we did not inspect these sites during this inspection. The majority of outpatient activity is run from the outpatients department located in the community hospital in Dorking.

The service employs nurses and healthcare assistants and non-clinical support staff such as receptionist, medical secretaries, pathway coordinators and administration staff. GPs and consultants hold a contract with the service and can only refer patients to NHS trusts and local independent hospitals for further treatment where they had practising privileges. The service aims to give patients continuity of care, as the consultant they saw in their outpatient appointment was often the consultant carrying out their surgery.

The service provides a GP Improved Access Service (IAS), which provides additional appointments with GPs which covers evenings and weekends. For the last year this service has been virtual. The GP IAS is provided for three primary care networks, Dorking, South Tandridge and Redhill Phoenix. These three primary care networks are comprised of nine GP practices in total which have a joint patient population of approximately 100,000. The service also provides practice-based pharmacists and first contact physiotherapists which were not inspected as part of our inspection.

The service also provides nurses as part of rota for a community team for care of the elderly, which is organised by a local healthcare community provider. We did not inspect this service as part of our inspection.

The service provides a talking therapies service as part of the NHS improving access to psychological therapies programme. We did not inspect this service as part of our inspection.

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder or injury

The service has a registered manager with the CQC.

The service had not previously been inspected, this inspection was a comprehensive inspection which meant we inspected the service to see if the care they provided was safe, effective, caring, responsive and well-led.

How we carried out this inspection

During the inspection the inspection team:

- visited the service and looked at the environment
- spoke with the registered manager for the service, who was the chief executive officer for the company

Summary of this inspection

- spoke with 10 other members of staff including: chair of executive board, medical director, governance and compliance manager, human resources manager, nursing manager, GPs, IAS manager and administration staff
- spoke to four patients who attended an outpatient appointment
- reviewed two patient records
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:
The service worked well to engage with service users and stakeholders to understand local pressures in the health economy. The service employed patient flow coordinators to ensure a smooth and efficient process along the patient pathway. This meant the service adapted their provision to meet the needs of the local population as changes arose.

Areas for improvement

Action the service SHOULD take to improve:

- The service should consider identifying and recording patients personal, cultural and religious needs to enable the service to provide holistic support and advice.
- The service should consider providing information leaflets in languages spoken by the local community.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Good

Outpatients

Safe	Good
Effective	Inspected but not rated
Caring	Good
Responsive	Good
Well-led	Good

Are Outpatients safe?

Good

Safe had not previously been rated. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Nursing staff received and kept up-to-date with their mandatory training. The service provided mandatory training in key skills to nurses and healthcare assistants employed by the service. All nurses and healthcare assistants were up-to-date with their mandatory training.

Medical staff received and kept up-to-date with their mandatory training. Where medical staff completed mandatory training from their substantive employer, the service ensured they received evidence of completion of mandatory training. When assurance of mandatory training completion was not received the service removed clinics held by that individual until evidence of mandatory training was received. All medical staff were up-to-date with their mandatory training.

GPs received and kept up-to-date with their mandatory training. Where GPs completed mandatory training from their substantive employer, the service ensured they received evidence of completion of mandatory training. Where additional training was required which was not available from their substantive employer the service provided this training. The GP engagement agreement outlined expectations for training. When assurance of mandatory training completion was not received, the service did not use that GP to staff sessions until evidence of mandatory training was received. All GPs engaged to staff sessions were up-to-date with their mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. The service has a workforce training, leadership and development policy. This outlined staff expectations for training. Staff received training aligned to the Core Skills Training Framework (CSTF) outlined by Skills for Health. Clinical staff completed additional training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers monitored mandatory training compliance monthly. Compliance with mandatory training was discussed at the monthly

operational governance meeting. When mandatory training issues for consultants and GPs required escalation, it went to the medical director. Staff were sent an automated email from the services electronic mandatory training platform when mandatory training was out of date to alert them of this. Managers reviewed out of date mandatory training and escalated the human resources manager where necessary.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. All staff were up-to-date with their mandatory training on safeguarding children and adults. All staff had received appropriate levels of safeguarding children and adults in line with the requirements of the intercollegiate document on children and adult safeguarding.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and knew how to make a safeguarding referral and who to inform if they had concerns. The service had separate policies related to safeguarding children and adults. Both policies provided guidance for staff to support them, alongside their training, to recognise potential safeguarding issues and raise concerns with relevant individuals. Staff had access to the reporting system for safeguarding. Safeguarding was reported and discussed at the monthly operational governance meeting and governance review groups, with annual input to the board.

Staff working in the GP IAS made safeguarding referrals in line with the services safeguarding policy. GPs also ensured they reported any referrals to the service for monitoring and, the service ensured referrals had been completed. GPs were notified that a safeguarding referral was made by a member of the IAS. The service provided out of hours safeguarding support to GPs through a duty manager.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Clinical areas were visibly clean and clutter free. The service completed regular checks of the furnishings to ensure they were not damaged and intact. The service completed regular environmental audits; the average score for the last year was 100%.

Cleaning records were up-to-date and showed all areas were cleaned regularly. The service used a third-party cleaning provider, with whom they had a service level agreement. Cleaning records were complete and up-to-date. The service used 'I am clean' stickers on touch points, with the date which it was cleaned, to show compliance with regular cleaning. If a sticker was missing from a touch point, staff had to re-clean the whole room. The service completed periodic room cleaning audits and compliance was between 92% to 100% in the last year.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service completed infection prevention and control, hand hygiene and PPE audits. Results for all of these in the past year was 100%. All clinical staff were bare below the elbows and cleaned hands between patient contacts. The service managed COVID-19 infection prevention and control measures well.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Staff cleaned equipment after patient use. The service used 'I am clean' stickers to show all equipment had been cleaned. Equipment that required sterilisation was completed by the local NHS trust.

Good

Outpatients

We did not visit the sites from which the GP IAS was provided but saw the service carried out audits of these sites which included reviewing their infection prevention and control audits and arrangements. Audits showed compliance with the services' policies.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment followed national guidance. The environment layout was in line with health building notes guidance. All rooms had appropriate space for examination and treatment. Each consulting room had handwashing facilities.

Staff carried out regular safety checks of specialist equipment. The service had a resuscitation trolley. All equipment was in date. It was checked daily by staff and records kept to show this.

The service had enough suitable equipment to help them to safely care for patients. The service had equipment required for each clinic. This was moved to the relevant rooms in preparation for the clinic the following day. The service held an equipment list on a central spreadsheet to monitor when it was last maintained and calibrated. The service had agreements with external providers to maintain and calibrate equipment. All equipment was within its yearly maintenance and calibration date. All clinical staff had received training on use of equipment. The service had a process and service level agreement for this.

Staff disposed of clinical waste safely. The service had a waste management policy. Waste was segregated with separate colour coded arrangements for general waste and clinical waste. Sharps, such as needles, were disposed of correctly in line with national guidance.

We did not visit the sites from which the GP IAS was provided but we saw the service carried out audits of these sites which included reviewing the environment and equipment. We saw that where non-compliance was identified an action plan was put in place and actions taken to mitigate these concerns. The action plan was monitored and sites will be audited to ensure compliance.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Staff responded promptly to any sudden deterioration in a patient's health. Staff had received basic life support training and the service had a process to manage medical emergencies in the outpatient department. The service had procedures to refer patients promptly if a patient's condition had deteriorated since their last appointment.

Staff working in the GP IAS responded promptly to any sudden deterioration in a patient's health. Staff had all received basic life support training and there were processes at each site to manage medical emergencies. This service carried out audits of each site, however there was no standard list of emergency medicines the service required each site to hold. At the time of our inspection all consultations in the GP IAS were virtual.

Staff knew about and dealt with any specific risk issues. The service monitored compliance with venous thromboembolism (VTE) risk assessments. The service audited completion of these and 100% of assessments were completed in the last year.

The service had completed risk assessments for patients to determine if they were appropriate for virtual appointments, opposed to face-to-face appointments, during the pandemic period.

Staff shared key information to keep patients safe when handing over their care to others. When the service referred to other providers for the next step in the patients care pathway, the service ensured all relevant information was shared. Pathway coordinators ensured medical staff had all the information required about a patient during their clinic appointment. Where GPs working in the IAS identified a patient that needed referral to another service the patient's own GP was tasked to make the referral. The service checked urgent referrals had been made by the patient's own GP.

Nurse staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and gave bank staff a full induction.

The service had enough nursing and healthcare assistants to keep patients safe. The service had one nurse and four healthcare assistants to support with outpatient clinics. The service ensured nursing staff were not working alone at any time and that administration staff were present until nursing staff finished work.

Managers accurately calculated and reviewed the number of nurses and healthcare assistants needed for each shift in accordance with national guidance. The manager could adjust staffing levels daily according to the needs of patients. The number of nurses and healthcare assistants required each day was calculated based on the number and demand of the clinics being run on that day. The number of nurses and healthcare assistants matched the planned numbers.

The service had low vacancy rates. The service had recently recruited new nursing staff and had low vacancy rates.

Managers limited their use of bank staff and requested staff familiar with the service. The service had two nurses and two healthcare assistants which they used as bank staff. All of these individuals had previously worked for the service and therefore had completed a full induction with the service. The service did not use agency staff.

Medical staffing

The service did not employ medical staff. Medical staff held agreements with the service to run clinics at the outpatients department, which were supported by nursing staff employed by the service. The service did not use locum or bank medical staff.

The service did not employ GPs but held agreements with individual GPs to cover IAS sessions. The service was commissioned to provide 2,180 appointments per month which was reviewed in line with utilisation and demand.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive and all staff could access them easily. The service used an electronic system to store patient's records. Electronic records were protected with individual passwords. Individual patient records were comprehensive and complete. They included clinic letters, referral letters, clinic notes and test results. Pathway coordinators ensured records were kept up-to-date with patients' test results and ensured medical staff could access all the relevant information for patients in their clinic that day.

When patients were referred to a new team, there were no delays in staff accessing their records. The service had pathway coordinators who ensured relevant information was sent to receiving teams. The outpatients service had a linked electronic records system with the GPs in the Dorking Healthcare Limited primary care networks. This was to ensure information was accessible. GPs working in the IAS could access full patient records and record their consultation details through the electronic records system which was linked to the GP clinical records system.

Records were stored securely. The service had few paper-based records. These were stored securely behind a locked door.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff stored and managed medicines and prescribing documents in line with the provider's policy. Blank prescription documents were stored in locked printers. The service held medicines in locked cupboards and fridges. These were all in date and stock was checked regularly. Staff recorded fridge and room temperatures daily where medicines were stored, and these were complete. Consultants prescribed medicines as part of outpatients appointment for patients under their care. These prescriptions were dispensed and would be fulfilled by a local pharmacy. Medicines were documented on the patient record accurately.

The service held quarterly medicines management committee to oversee the use of prescribed medicines. The last three meetings had an agenda and minutes which were comprehensive and clear, with actions recorded and followed up.

The service circulated medicines safety alerts through appropriate service managers or designated safety alert handlers, to ensure staff knew about safety alerts and incidents. Medicines safety alerts were reported quarterly to the operational governance review group and the local clinical commissioning group.

The service monitored antimicrobial prescribing for assurance around antimicrobial stewardship. The service ran monthly audits across the whole service which included antimicrobial prescribing. The service had carried out an audit to assess the quality of prescribing in lower urinary tract infections in three of their nine sites and the results were shared. This audit was due to be carried out across the remaining sites by the end of the following year.

Within the IAS, the service carried out site audits which included the storage of blank prescription documents, stock control, and the storage of medicines requiring refrigeration. We saw that where non-compliance was identified an action plan was put in place and actions taken to mitigate these concerns. The action plan was monitored and sites will be audited again to ensure compliance.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with service's policy. The service had an incident reporting and investigation policy. This outlined staff responsibilities around incidents and how to report them. Staff understood how to report incidents on the services electronic reporting system. In the last year the outpatients service had reported 162 incidents and the GP IAS had reported 14 incidents.

Good

Outpatients

The service had no never events. The service had reported no never events in the last year. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at national level, and should have been implemented by all healthcare providers. They have the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

Staff reported serious incidents clearly and in line with the service's policy. The service had two serious incidents in the last year. One related to the outpatient's service. The serious incident had been investigated thoroughly and involved the patient and their family. The service participated in a group meeting to discuss the serious incident investigation which included all stakeholders involved in the patient's care. This meeting discussed the findings of the serious incident investigation and ensured learning was shared across all the organisations involved.

The service understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The duty of candour was carried out during the investigation of serious incidents.

Staff received feedback from investigation of incidents. Staff met to discuss the feedback and look at improvements to patient care. The service held discussion on learning from incidents in the incident review group where lessons were learnt these were fed back to separate team meetings. The operational governance group looked at themes from incidents and escalated to the governance review group where necessary. Learning from incidents in the GP IAS was shared with staff involved and disseminated more widely through regular meetings with each primary care network where the service was provided.

Are Outpatients effective?

Inspected but not rated

We do not rate effective for this service.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service monitored the latest guidance to ensure policies and procedures were up-to-date. The service completed an annual clinical audit schedule to monitor compliance with latest guidance such as National Institute for Health and Care Excellence (NICE) guidance. All of the service's policies were current and version controlled. They reflected and referenced national guidance.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Staff had a good understanding of the Mental Health Act and what their responsibilities were to protect patients subject to the Mental Health Act.

Nutrition and hydration

The service ensured patients had access to water during their appointment.

Staff made sure patients had enough to drink. The service had water dispensers available in the waiting areas for patients to use. This was sufficient as patients were at the department for a short time.

Good

Outpatients

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

Staff prescribed, administered and recorded pain relief accurately. The service used limited pain relief, mainly for minor surgeries. Pain relief was documented on the patient record accurately.

The service completed an audit of pain management against pain standards for patients seen by consultants who specialised in pain management. The audit showed the service's' compliance with pain management pathway which included pain relief medicines.

Staff completed psychosocial assessments for patients in the pain clinic. Patients completed a psychosocial questionnaire which is reviewed by staff to risk assess patients for depression, which is often a result of chronic pain. The service completed an audit of this process to monitor depression in this group of patients.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Outcomes for patients were positive, consistent and met expectations, such as national standards. Information about the outcomes of patient's care and treatment was routinely collected and monitored. For example, the service monitored surgical site infection for all dermatology procedures and had 2.5% rate of surgical site infections. This was in line with figures published by the British Association of Dermatologists.

Managers and staff carried out a comprehensive programme of repeated clinical audits to check improvement over time. The service carried out regular schedule of clinical audits and took appropriate action to monitor and review the quality of the service. These included hysteroscopy, pain and shared care audits.

Managers used information from the audits to improve care and treatment and improvement was checked and monitored. Where an audit result fell below the target level an action plan was created to ensure improvement. Action plans were monitored regularly to check for progression towards the agreed standards.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff had regular training to ensure they had the right skills and knowledge to keep patients safe.

Nursing and medical staff had relevant medical qualifications and registrations. The service had robust recruitment checks, we reviewed five employee files, and all had evidence of two references, photo identification, Disclosure and Barring Service (DBS) checks, occupational health checks and evidence of professional registration where required. This was in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers gave all new staff a full induction tailored to their role before they started work. All staff had completed a human resources induction checklist which included relevant recruitment checks and mandatory training. All staff completed a health and safety induction checklist and governance induction training. The service supported staff with a

tailored induction based on their skills and competencies. For example, registered nurses completed an induction tailored to their job role. This included mandatory training and clinical training. We saw completed induction checklists. GPs working in the IAS completed an induction with the service and a local induction for the site they were working from.

Managers supported nurses and healthcare assistants to develop through yearly, constructive appraisals of their work. All nurses and healthcare assistants had a yearly appraisal where staff had opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. For example, one member of staff was being supported to complete a phlebotomy course. All nursing appraisals were up-to-date.

Medical staff received appraisals from their responsible officer in their substantive employment and the service received a copy of the appraisal. Not all medical staff had received their yearly appraisal due to the General Medical Council (GMC) advice to suspend appraisals during the pandemic. However, these were starting to be completed.

Managers supported nurses and healthcare assistants to develop through regular, constructive clinical supervision of their work. The service held clinical supervision meetings with nurses every three months and healthcare assistants every six months. The purpose was to discuss operational updates, any changes in process and answer queries staff had. Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Medical staff received clinical supervision from their substantive employer and the service received evidence of clinical supervision.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Nurses and healthcare assistants completed competency checks to ensure they could support a clinic safely before assisting a clinic alone. The service supported GPs in developing expertise in special interests.

Managers made sure staff received any specialist training for their role. The service supported healthcare assistants to complete training to achieve the care certificate, as part of their continual professional development.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff worked across health care disciplines and with other healthcare settings when required to care for patients. The service aimed to maintain continuity of care because the consultant who saw patients in the outpatient department was often the consultant carrying out the surgery. However, when a patient required diagnostic tests or surgery at other healthcare settings the service coordinated the process to ensure all healthcare staff had relevant information about patients.

Specific patient cases were taken to multidisciplinary meetings at local NHS trusts to discuss patients and improve their care. Where necessary the service referred dermatology patient cases to be discussed at the consultants local NHS trust multidisciplinary team meeting.

Seven-day services

Key services were available seven days a week to support timely patient care.

Outpatients clinics were available Monday to Saturday. During weekdays the clinic ran between 8:00 to 21:00. On a Saturday the outpatient clinic ran between 8:00 to 12:30.

Good

Outpatients

The GP IAS provided appointments between 18:30 and 21:00 on weekdays. At the weekend the IAS ran between 9:00 to 13:00 on Saturdays and 9:00 to 12:00 on Sundays.

Health promotion

Staff gave patients advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support in patient areas. Throughout the service there were posters and leaflets for patients to take home which promoted healthy lifestyle and offered advice on. For example, cervical screening, diabetes management, antibiotic advice and heart health.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. The service had a mental capacity policy. Staff had a good understanding of their responsibilities outlined in the mental capacity policy. Staff completed assessing mental capacity training, which 87.5% of staff had completed. 91% of staff had completed mental capacity in adults training. The service did not make applications to deprive a person of their liberty nor restrain individuals.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff demonstrated a good understanding of when to assess a patient for capacity and the service had procedures to support them assessing and recording patient capacity. When patients could not give consent, staff made decisions in their best interest and recorded best interest decisions on patients' records. Staff completed best interest decisions training, which 87.5% of staff had completed.

The service had a consent to care and treatment policy. This provided staff with information about assessing children for their ability to consent in line with Gillick competence, and how to support children to make decisions about their treatment.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. Consent was sought for dermatology minor operations. A recent audit showed compliance with consent recording.

Patients received information prior to their minor operation to ensure they consented to treatment based on all information available. Patient feedback showed patients felt they had enough time to ask questions if they were not clear about their treatment.

Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary. Compliance with the services' mental capacity policy was monitored through regular audit and the service discussed results in team meetings to see where changes in practice could be made to improve patient safety.

Are Outpatients caring?

Good

Outpatients

Good

Caring had not been previously rated. We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients were able to speak to receptionists without being overheard. The service had a patient charter on their website and notice boards throughout the service, which outlined that patients were able to ask to speak to a receptionist in a private room if they felt uncomfortable. The service ran an outpatients survey and 96% of participants agreed that they were treated with respect and dignity. We saw staff treat patients with respect, kindness and understanding.

The service had a chaperone policy. The service displayed posters throughout the service to advertise patients right to a chaperone. Administration and nursing staff had specific training to enable them to chaperone patients.

Patients said staff treated them well and with kindness. Patients were overwhelmingly positive about the service and staff. One patient commented “excellent staff, very nice, very polite and very helpful”.

Staff followed policy to keep patient care and treatment confidential. The patients’ charter described staff’s access to patients’ health records and what their duties were to keep them confidential. Staff maintained patient confidentiality. Consultants closed consulting room doors during patient care to protect the privacy and dignity of patients. Staff used signs to confirm when a treatment or consulting room was ‘in use’, and staff knocked and asked permission before entering a room.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs and learning disabilities. Staff showed an understanding of individual needs of patients and how they supported patients during their appointment. For patients recorded as having a learning disability or autism staff adapted their approach. For example, staff offered the patient and carer a side room they could wait in before being seen for their appointment as they understood a busy waiting area might be distressing for them.

Staff also told us how they supported patients with mental health needs. For example, for an individual with a fear of leaving home the service sent the patient pictures of the building to support the patient to attend their appointment.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. The service did not always understand patients' personal, cultural and religious needs as it was not recorded.

Staff gave patients and those close to them help, emotional support and advice when they needed it. The service signposted individuals to support when they needed it. The service had a carers policy which directed staff to signposting and support services for carers.

Good

Outpatients

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff provided emotional support whilst caring for patients and were allowed time to provide emotional support patients where patients needed it.

The service had completed a periodic service review. This identified the service did not record a patient's personal, cultural and religious needs onto electronic records. The service had identified this as an area for improvement through the audit process.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Patients told us they felt well informed about their treatment and staff gave them the opportunity to ask questions. Patient feedback showed staff took time to explain treatment plans with patients and those close to them and reassured them about their treatment. In the outpatients survey, 87% of participants agreed that they were involved as much as they wanted to be in decisions about their care and treatment.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. The service identified where patients and those close to them require additional communication support. The service organised support to ensure patients and those close to them could understand; for example use of interpreters.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients were given feedback cards following their appointment, which they were encouraged to provide feedback on. Patients also received text reminders following an appointment, to encourage them to provide feedback. Patients were also encouraged to provide online feedback through the NHS website.

Patients gave positive feedback about the service. Patient feedback was overwhelmingly positive, complimenting the staff, environment and the ease of accessing the service.

Are Outpatients responsive?

Good

Responsive had not previously been rated. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population. The service organised clinics based on consultant availability, patient demand and local health system pressures. Clinics were flexible and when wait times for an appointment were increasing the service arranged an additional clinic to keep wait times short. Patients were offered a choice of appointments based on consultant chosen and the service aimed to ensure the patient saw the same consultant throughout their pathway.

The service held regular meetings with healthcare providers and local commissioners to determine how they could support the local health economy. For example, the service had recently implemented a new service to triage and assess individuals potentially suffering from poor mental wellbeing. This was implemented to support mental health for local patients and potentially reduce their need for GP appointments.

Facilities and premises were appropriate for the services being delivered. The environment was appropriate, and patient centred. It was clearly signposted and easy to find, had a free car park, plenty of seating available in the waiting area and water machines. Toilet facilities were clean and accessible for all. The service was on the ground floor and the environment was wheelchair access friendly.

At the time of our inspection all GP IAS appointments were offered virtually however, when face to face appointments were offered, they were offered from existing GP practices.

Managers monitored and took action to minimise missed appointments. The service monitored did not attend rates; this was 5.5% in the last year, below the national average. The service also monitored appointment slot fill rates to ensure consultant and the services' time was being used efficiently. In the last year the appointment slot fill rate was 96.8%.

The service monitored and reported to commissioners on missed appointments in the GP IAS. The did not attend rates in the GP IAS was below 4% in the last year.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff identified from referral letters if a patient required additional support to meet their needs. Patients with a learning disability had appointments scheduled at the start or end of the clinic when it would be quieter to reduce stress or anxiety and give more time with the consultant.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service asked patients to inform the service if they had accessible information requirements at the time an appointment was offered. Staff recorded this information on the patient's electronic record, so all staff were made aware of the additional communication needs required. The service had easy read and large print information available.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had access to translation and interpretation services. These were advertised so patients could request them and formed part of the patient charter. However, the service did not have information leaflets available in languages spoken by the patients and local community.

The service coordinated care with other services and providers. The service employed patient pathway coordinators who ensured care was referred to other providers when necessary.

Good

Outpatients

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service monitored the wait times for each consultant. These were displayed clearly on the services website so patients could make an informed decision about which consultant they would like. Wait times varied between speciality and between consultants. For example, for one consultant in dermatology the wait was 1.9 weeks compared to the longest wait which was 6.9 weeks. Cardiology had the longest wait times, with the longest being 20.3 weeks.

Appointments and clinics generally ran to time, and reception or nursing staff advised patients of any delays on arrival. Patients said they were seen on time.

Staff supported patients when they were referred or transferred between services. The service actively monitored 18 week referral to treatment pathways when patients were referred to NHS trusts or independent hospitals for further treatment. In the last year 87% of patients were seen within 18 weeks. The service actively monitored patients referred for diagnostic tests to NHS trusts and independent health providers. In the last year 100% of patients received their diagnostic procedures within six weeks. Pathway coordinators monitored and supported patients who were referred between services.

Managers worked to keep the number of cancelled appointments or minor operations to a minimum. The service used bank nursing staff to mitigate staff sickness and keep the number of cancelled appointments to a minimum. However, if patients had their appointments or minor operations cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

The service worked to ensure that GP IAS sessions ran as planned. If GP cover could not be provided, appointments were cancelled, and patients rebooked into available sessions or advised to contact their own practice. Where reception staff were unavailable, and GPs were working on their own, only virtual appointments were provided.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

The service clearly displayed information about how to raise a concern in patient areas. The service had several display boards in waiting areas which explained to patients how to make a complaint. The service also displayed the complaints process on their website for patients to access.

Staff understood the policy on complaints and knew how to handle them. Staff received complaints management training and showed understanding on how to handle complaints.

Managers investigated complaints and identified themes. Managers shared feedback from complaints with staff and learning was used to improve the service. The outpatients department had received 17 complaints in the last year, all of which were investigated in line with the services' policy. Managers identified learning actions to improve patient care. For example, one of the complaints related to additional patient needs not being shared with the service during the referral process. As a result, the service had implemented changes in the referral process to avoid the same situation occurring again. No complaints had been received about the GP IAS.

Good

Outpatients

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The service had a complaints and compliments policy. This outlined staff responsibilities around complaints. Staff acknowledged complaints within three days, with a target to complete investigation into formal complaints with 25 days. If patients were not satisfied with the investigation and complaint response the service gave them advice on how to access independent resolution services.

Are Outpatients well-led?

Good

Well-led had not previously been rated. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The outpatient service had a clear management structure in place with defined lines of responsibility and accountability. The service was led by an outpatients manager, with nursing staff reporting to a skilled and knowledgeable nursing manager.

Staff told us they could approach immediate managers and senior managers with any concerns or queries. Staff throughout the outpatient service told us they felt supported, respected and valued by their managers, and they were visible and approachable. The leadership team held weekly all team meetings during the pandemic, which were run by the chief executive officer, to ensure visibility to all staff.

The service had an experienced, skilled and knowledgeable executive board which included a chair, chief executive officer, medical director, directors of primary care, lead for community services and a lead for marketing and education. Leaders on the board understood the challenges to quality and sustainability for the services they provided.

The service supported staff to develop their skills. Staff taking on more senior roles were supported by a training package to assist them in taking on their roles. This was supported at executive level with detail in the people plan as part of the overall business plan.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were aligned to local plans within the wider health economy.

The service had an overall mission which was; “To be the preferred choice of both patients and employees, as a sustainable organisation delivering value.” The service had clear priorities linked to quality. Their vision stated “DHC is dedicated to providing high quality healthcare in primary, community, mental health and outpatients services.”

The strategy is aligned to local plans in the wider health and social care economy as the services’ purpose was to deliver pathways of care which used NHS resources effectively and to create opportunities improve patient care in the Surrey area.

Good

Outpatients

The service had clear priorities based around providing a high-quality service. The service reported on quality measures as part of the monthly governance meeting to monitor them against the services priorities. Staff were kept informed of challenges to quality and sustainability through the all staff meeting and locally at team meetings.

Sitting below the mission and vision were realistic strategic objectives outlined in the business plan, which were broken down into corporate level and operational level. These included: community, outpatients and federation including primary care networks. The strategic objectives were robust and realistic to achieve the services overall priority of delivering good quality sustainable care.

Objectives in the business plan were reflected during staff appraisals and goal setting this ensured staff knew and understood what the vision and strategy were and what their role was in achieving them.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff said they felt supported, respected and valued. Staff consistently told us they were proud to work for the service and enjoyed their work. There was a strong emphasis on the safety and well-being of staff; for example, the service had regular wellbeing sessions as part of staff meetings and all staff had access to an employee assistance program for support and advice. Staff worked in a collaborative and cooperative team.

The service had a culture which was centred on the needs and experience of people who use services and had robust mechanisms to gain patient feedback and improve services as a result.

The services' culture encouraged openness and honesty at all levels within the organisation, including with people who use services, in response to incidents and complaints. Staff were supported to raise concerns through whistleblowing and the service had a freedom to speak up policy. The policy outlined how staff could speak up and gave details of the freedom to speak up guardian.

The service's complaints policy was well publicised, and patients were supported to raise concerns and complaints. Patients and families were involved in investigation of safety incidents. The service complied with the duty of candour.

The service had mechanisms for providing all staff at every level with the development they needed, for example they had high-quality appraisal and career development conversations yearly. Where staff had development plans the service encouraged and supported them to achieve them. The service provides a package of additional training to support staff with their continuing professional development.

The service promoted equality and diversity within the organisation. The service had set up an equality and diversity workstream which held meetings to discuss the organisation's approach and how the experience of minority staff could be improved. For example, they have looked at the staff surveys and workforce race equality data and have promoted work to reduce unconscious bias through their recruitment processes. The workstream was looking at ways to reach out to ethnic minority communities to keep them engaged in their healthcare. Each of the services' policies were reviewed against their equality and diversity policy to ensure they did not discriminate against individuals.

Good

Outpatients

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service had effective levels of governance and management structures that interacted with each other. Staff at all levels were clear about their roles and understood what they were accountable for, and to whom.

If departmental issues for escalation arose these were presented at the operational management group and operational governance review group. These meetings occurred every week, with the fourth week having a governance focus. If issues presented here showed organisational wide risks or learning they were fed upwards to the board.

The service had a quarterly medicines management committee with attendance from the commissioning technician for the local CCG, patient safety lead for medicines for the ICS and the lead commissioning pharmacist.

The service had service level agreement contracts, and patient referral agreements with all third-party providers. The service met with third-party providers regularly to discuss governance arrangements, assurance of quality standards and to ensure coordinated person-centred care. Information from these meetings fed into board discussions.

The service completed regular checks on the medical staff used for clinics. This included evidence of professional revalidation. Consultants were only able to transfer patients to the local trust or independent hospital where they have practicing privileges.

The service met fortnightly with each of the three primary care networks where GP IAS were provided and held monthly governance meetings. The governance review group reported to the board every two months.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service has comprehensive assurance systems to monitor safety performance. For example, the service completed regular audits of surgical site infections and prescribing audits to monitor the use of medicines by the service. Where the outcome of performance measures was below expected performance, issues were escalated appropriately through clear structures and processes. The process would be to add this as a risk to the risk register for the relevant department. Risks were regularly discussed and reviewed in defined team meetings.

The service had a systematic programme of clinical and internal audit to monitor quality and compliance with operational processes. For example, the service completed audits on infection prevention and control, environment and patient records. When results fell below expected targets the service developed an action plan to address the issues and the learning was shared with the relevant teams following defined reporting structures.

Safeguarding practice was audited against the services' policy and reported annually to the board and clinical commissioning group.

The service had robust arrangements for identifying, recording and managing risks. The service had weekly operations meetings and monthly governance meetings where risk was a standard agenda item. The service had separate operational risk registers; for example, an outpatients' risk register which included risks such as finance, staffing and COVID-19. All risks on the risk register had mitigating actions and controls to reduce their impact. There was a draft operational risk register for the GP IAS which considered mitigating actions and controls.

Where a risk was a high enough level and mitigations were not effective, it was fed through and recorded the organisational risk register for board oversight. There was an alignment between the recorded risks and what staff said were their concerns.

The board had structured discussions with input from safety, quality and performance data from various assurance processes within the service. For example, audit data, risk management and patient experience were regularly presented to the board in reports.

When considering developments to services or efficiency changes the impact on quality and sustainability was assessed and monitored. The service had no instances where financial pressures had compromised care.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.

Pathway coordinators were able to access the local trust electronic platforms to locate diagnostic results for outpatient clinic appointments. Pathway coordinators said they received feedback from consultants when they could not find relevant information so they could improve their processes.

The service had a holistic understanding of performance. This integrated people's views of the service with information the service had on care quality. For example, the service completed periodic service reviews to generate audit data. The most recent periodic review focused on the Care Quality Commission's 'Caring' report domain. The service conducted a review against our key lines of enquiries for 'Caring', taking into account information from patients and those close to them and quality information from a review of patient records. This information was used to measure for improvement. For example, they identified they did not have training to support patients with additional needs such as autism. The service had recently implemented training on autism to teach staff how to support these patients.

The information systems were integrated and secure. The service had robust arrangements to ensure confidentiality of identifiable data, records and data management systems, in line with data security standards. The service has an information governance committee which met every six months and was chaired by the designated data protection officer. The senior information risk owner also attended. Information governance breaches were reported and escalated to the information commissioners office.

Relevant staff had access to the electronic patient record, which was restricted to individuals by their own login and passwords. Staff completed and were up-to-date with their data security awareness training. The service provided assurance against the data security protection toolkit annually.

The service had effective data or notifications arrangements to ensure they were consistently submitted to external organisations as required. For example, incidents were submitted as notifications to the Care Quality Commission.

Good

Outpatients

Engagement

Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service gathered people's views and experiences in a number of different ways. The service completed an outpatient survey to gather views, the service created an action plan to address themes of feedback which might require improvement. Patients could also send in their views through feedback cards on the day of the appointment. Following their appointment patients were sent a text message to invite their feedback and patients could provide feedback via the NHS website. Ninety-three percent of patients who responded to the friends and family test said they would recommend the service. The service collated patient responses to create a 'word cloud' of the most frequent words used to describe their care, which included: 'good', 'helpful', 'excellent', 'professional' and 'efficient'.

The service included people who use services, those close to them and their representatives actively in-patient participation groups to engage and involve them in decision-making to shape services and culture. Participation was voluntary and the group was advertised on the service's website. Patient participation groups were scheduled to be held every three months, although this had been delayed by the pandemic.

The service had regular opportunities to meet with staff and engage with them. The service had departmental level meetings every two weeks; such as an outpatients department meeting. Their purpose was to update local teams on daily operations and share learning. Staff had regular meetings to discuss their contribution to the performance of the service. There was monthly service-wide meeting attended by all staff to share organisational information such as governance and human resources.

The service also conducted a staff survey yearly to receive feedback from staff. The service created an action plan following the staff survey results to address concerns raised.

The service demonstrated collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population. The service held regular meetings with system partners to discuss the local challenges, this helped the service to understand how they could adapt their offering to deliver services to meet those needs.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

The service set to strive for continuous learning, improvement and innovation which was encouraged by the leadership team. The service had a robust audit process which identified actions and projects to be implemented to improve the service. For example, a periodic service review against the 'Effective' and 'Responsive' CQC domains identified that the service could better coordinate care between services, clinics and teams. The service added this to their quality improvement plan and implemented it.

The service had an individual on the executive board who led on clinical research. This involved promotion, coordination and running of clinical studies for research purposes across the service.

The service had effective participation in and learning from internal and external reviews, including incidents and complaints. The service shared information effectively and used it to make improvements.

Good

Outpatients

The service had a number of improvement workstreams which meant staff regularly took time out to work together to resolve problems to lead to improvements and innovation. For example, the service has an equality and diversity workstream which set to review equality, diversity and inclusiveness in the service to see where changes could be implemented.