

GP CTS Ltd

Churchill Medical Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 21 June 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Churchill Medical Centre is an independent health service based in East London, where carpal tunnel services are provided.

Our key findings were:

- Systems were in place to keep patients safe and safeguarded from abuse.
- There were systems in place for clinical staff to be kept up to date with evidence based guidelines and practices.
- Twice a year an external consultant observed and reviewed procedures being carried out by the GPs.
- There was a comprehensive programme of quality improvement including clinical audits.
- There were systems to update external bodies such as GPs and consultants of care and treatment being provided.
- All members of staff were up-to-date with training relevant to their role.
- There were comprehensive risk assessments to mitigate current and future risks.
- Policies and procedures to govern activity were in place and reviewed annually.
- Emergency equipment and procedures kept patients and staff safe.

Summary of findings

- Systems were in place to protect personal information of patients.
- The healthcare assistants were seconded from a GP practice.
- The service administered lidocaine and did not document the batch number in the patient record; however, post inspection we saw evidence that this process had changed.

There were areas where the provider could make improvements and should:

- Implement a system for documenting the cleaning of clinical equipment.
- Implement a written agreement between the service and the GP practice where the healthcare assistants are seconded from.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- Systems and practices kept patients safe and safeguarded from abuse.
- The service had systems for reporting and recording significant events.
- There were adequate arrangements to respond to emergencies and major incidents.
- The service had a range of risk assessments to minimise risks to patients and staff members.

Are services effective?

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

- Patients' needs were assessed and delivered in line with best practice guidance.
- There was a comprehensive programme of quality improvement.
- Systems were in place to ensure appropriate record keeping and documentation.
- The service was aware of the most current evidence based guidance.
- The service had arrangements in place to share information appropriately about care and treatment given with all necessary external bodies such as GPs and consultants.

Are services caring?

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

- The service provided opportunities to enable patients to be involved in decisions about their care.
- Staff understood their responsibility in terms of patients' privacy, dignity and respect.
- Chaperone posters were displayed around the service.

Are services responsive to people's needs?

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

- The premises were suitable for the services provided.
- Waiting times, delays and cancellations were minimal.
- Information about how to make a complaint was readily available.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
 - Comprehensive risk assessments including risk assessments for future developments had been carried out.
 - The service proactively sought feedback from patients.
 - An external consultant reviewed the services being carried out by the service.
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Churchill Medical Centre

Detailed findings

Background to this inspection

Churchill Medical Centre operates under the provider GP CTS Ltd. The provider is registered with the Care Quality Commission to carry out the regulated activity of treatment of disease, disorder or injury. The location site address we visited as part of our inspection is 1 Churchill Terrace, Chingford, London, E4 8DG. This location is shared with a GP practice and community services.

Mrs Amanda Singer is the registered manager, a registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service consists of two GPs, one independent clinical governance lead, two extended scope practitioners, two healthcare assistants and one service administrator. The service receives on average between 400 to 500 new referrals each year and sees on average 32 patients each week.

This service is open at this location on a Tuesday between 8:30am and 11am for outpatient appointments and operates from another location (Chingway Medical Centre, 7 Ching Way, London E4 8YD) on a Wednesday between 8:45am and 12pm and Thursday between 9:30am and 12pm for surgical procedures. All services provided is for the treatment of carpal tunnel syndrome.

Patient records are all computer based. The service refers patients when necessary to other private providers as well as back to the patients' GP.

Prior to the inspection we reviewed information requested from the provider about the services they were providing. The inspection was undertaken on 21 June 2018 and the inspection team was led by a CQC inspector who was supported by a second inspector, a GP specialist advisor and practice nurse specialist advisor. During the inspection, we spoke with a GP, the service administrator, a health care assistant and a patient. We viewed a sample of key policies and procedures, viewed patient records, made observations of the environment and infection and prevention control measures and reviewed completed CQC patient comment cards.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

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

Safety systems and processes

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

- Policies were regularly reviewed and were accessible to all staff members, policies included the contact details of external bodies such as the local CCG where required.
- The service had access to appropriate documentation for staff working at the practice, this included references and Disclosure and Barring Service (DBS) checks. 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. However, the health care assistants did not have a contract with the service.
- All staff members had received up-to-date training appropriate to their roles including safeguarding training.
- Posters were displayed around the service advising that chaperones were available if required and staff members were trained to carry out the role and had been DBS checked.
- There was an effective system to manage infection and prevention control (IPC). An IPC audit had been completed, we saw that there was a plan in place to change the carpet in the patient waiting area; however, there was no system to document the cleaning of clinical equipment. A legionella risk assessment had been carried out and there was a system to enable communication between members of the service and cleaning staff members.

Risks to patients

There were effective systems to monitor and manage risks to patient safety.

- The service had adequate arrangements to deal with emergencies, there was a defibrillator and oxygen and emergency medicines on site.
- All staff members received regular basic life support training.

- All electrical equipment had undergone portable appliance testing to ensure that it was safe and in good working order and clinical equipment had undergone calibration to ensure its clinical efficiency.
- When there were changes to services or information needed to be disseminated, this was mostly communicated to staff members via email.
- All clinical staff had professional indemnity cover.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

- Individual care records were recorded and managed in a way that kept patients safe.
- There was no repeat prescribing or prescribing of high risk medicines. The service occasionally prescribed antibiotics but had not done so in the last 12 months.
- Referral letters and documentation to other services contained all the necessary information.

Safe and appropriate use of medicines

- Medicines were used by the service in a safe way, but the service did not record the batch numbers of lidocaine which was used as a local anaesthetic. However, post inspection we were provided with evidence that this would now be logged and this change in service was disseminated to all relevant staff members.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service had an external consultant routinely attend the service to assess the effectiveness and quality of the work being carried out.

Lessons learned and improvements made

The service had systems to learn and make improvements when things go wrong.

- The provider was aware of the Duty of Candour and had a policy to support them in adhering to this.

Are services safe?

- There was a significant events policy and reporting and recording forms but that there had been no significant events to record or report.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The service had systems to keep up-to-date with current evidence based practice. We saw that the doctors assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Clinicians reminded patients of the remit of the service and where to seek further help and support.

Monitoring care and treatment

- The service had a comprehensive programme of quality improvement activities and used this to routinely review the effectiveness and appropriateness of the care provided. For example, twice a year an orthopaedic consultant sat in and observed the way in which procedures were being carried out and provided the service with a report as a result, which we saw was completely positive. The service also carried out ongoing audits into waiting times and complication rates which was 1.5% totalling three patients who had a wound infection.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The service understood the learning needs of staff and provided protected time and training to meet them.
- All the doctors had completed revalidation and took part in an annual appraisal process.

Coordinating patient care and information sharing

The service worked together with other health professionals to deliver effective care and treatment.

- We saw evidence that showed that all appropriate organisations including GPs and consultants were kept informed and consulted where necessary on treatments given to patients.
- Patients received coordinated and person-centred health assessments.

Consent to care and treatment

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

- The service understood the requirements of legislation and guidance when considering consent and decision making.
- Consent to care and treatment was verbally obtained and appropriately documented.
- The service devised a video explaining the treatments they provided along with the process of treatment, this was on the service website as well as played in the waiting area to aide in patients understanding of what they were consenting to.

Are services caring?

Our findings

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

Kindness, respect and compassion

- We observed the consulting room to be spacious and clean and the consulting room door was kept closed during patient consultations to ensure confidentiality.
- The patient waiting area was away from the front desk to ensure patient confidentiality and prevent conversations being overheard.
- We saw examples of the service initiating contact with and working with social care to put a care package in place in advance of treatment for a patient to ensure their wellbeing post treatment.

Involvement in decisions about care and treatment

- We viewed a sample of patient records which indicated that treatment options were discussed with patients and they were given the opportunity to input into the decisions about their care.
- We received 13 completed Care Quality Commission comment cards all of which were positive about the standard of care received. There was a common theme of friendly, timely and attentive care with thorough information provided.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff we spoke with recognised the importance of patients' dignity and respect.
- The service complied with the Data Protection Act 1998 and staff had received training in information governance.
- A chaperone poster was displayed around the service including in the patient waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patients' needs and preferences.

- The premises were suitable for the service provided.
- Patients could access information about the service through a variety of sources including a website and leaflets.
- Health assessments and treatments were personalised to reflect individual patients' needs.

Timely access to the service

The service was open at this location on a Tuesday between 8:30am and 11am for outpatient appointments and operated from another location (Chingway Medical Centre, 7 Ching Way, London E4 8YD) on a Wednesday

between 8:45am and 12pm and Thursday between 9:30am and 12pm for surgical procedures. The service was accessed by calling a dedicated line which was monitored five days a week.

- Patients had timely access to initial assessments and ongoing treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The appointment system was easy to use and patient had a single point of contact for all their administrative needs.

Listening and learning from concerns and complaints

- There was a lead member of staff for managing complaints.
- The service had a complaints policy with a complaints form and information which was readily available for patients. Information was also available on the service website.
- The service had received no complaints in the past 18 months.

Are services well-led?

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

Our findings

We found that this service was providing well-led services in accordance with the relevant regulation.

Leadership capacity and capability;

On the day of inspection, we saw that leaders had the capacity and skills to deliver high quality and sustainable care. They ensured staff had access to a suite of processes and procedures that governed activity.

Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

The provider had a clear documented vision and strategy to deliver easily accessible, high quality and sustainable care, whilst promoting good outcomes for patients.

- We spoke with a GP, an administrative staff member and a healthcare assistant all of whom understood the services values and their role in delivering them.

Culture

There was a positive and professional working culture at the service. Staff told us that they would be comfortable to raise any concerns and make suggestions on how to improve the service. The provider was aware of their responsibility in relation to the duty of candour and had a protocol to ensure compliance with this. However, we were advised that there had been no incidences where this was required.

Governance arrangements

- There was a clear staffing structure and all members of staff knew and understood their roles and responsibilities including in respect of safeguarding.
- Structures, processes and systems to support good governance and management were effective.
- Policies and procedures to govern activity were established and regularly updated and accessible to all staff members.

Managing risks, issues and performance

- There were comprehensive risk assessments including fire safety and infection and prevention control.
- Processes to manage current and future risk were thought through and documented.
- Twice a year an external consultant observed and reviewed care and treatment and provided feedback to the GPs.

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 by relevant staff members.
- The service gathered performance information which was reported and monitored and changes were made where necessary.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- 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

Patients were given feedback forms to gather their thoughts and opinions about the service they received, the results of which were 100% positive.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service.
- As a result of patient feedback, the service devised a video which explained services provided and the procedures that went with them to help patients to further understand what they were consenting to.