

SOPs Healthcare Ltd

SOPs Healthcare Ltd

Inspection report

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Date of inspection visit: 08 June 2022
Date of publication: 12/08/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

SOPS Healthcare is an independent healthcare provider which delivers Ear Nose and Throat (ENT) and ophthalmology assessments to people who live within the Frimley integrated care system area. Patients are referred to the service by their GP, and where possible seen and treated in one appointment. If further assessment or treatment is needed patients are referred on to secondary care services as appropriate.

The ophthalmology service only accepts referrals for adults, but the ENT service accepted referrals for anyone above eight years of age.

However, as the services are managed in the same way we have produced a report that covers both the community services provided to adults and the community service provided to children and young people, including reporting on the specific considerations needed when providing a service to children and young people.

This was the first time we inspected the service.

We rated it as good because:

- The service was efficient and effective in its delivery to patients.
- Staff knew how to recognise abuse and told us what they would do if they were concerned a patient was at risk of abuse.
- The standard of service was high and patients praised the staff for their commitment and attitude towards service delivery.
- Staff had good access to suitable equipment to meet the needs of patients.
- Staff ensured that patient information was stored confidentially in locked cabinets and on password protected computers.
- There were short waiting times for the service. Patients were offered an appointment within two weeks of referral. Patient feedback was good in respect of waiting times and face to face contact.

However:

- The environment was not clean or well maintained. Fire safety equipment was not checked regularly and serviced or replaced when needed.
- Leaders did not have clear oversight of whether staff had completed appropriate training to undertake their role; records were not up to date. Records of staff supervision and appraisals were not up to date. It was therefore difficult for leaders to know whether staff had received appropriate support and had any development needs identified.
- Policies and procedures were not up to date, although these were in the process of being updated.
- The service did not hold regular meetings for staff to share key issues relating to service updates and learning.
- The service did not have clear, robust governance process to assess, monitor and improve the service as needed. The service did not have clear leadership arrangements in place to always ensure oversight of the service.

Summary of findings

Our judgements about each of the main services

Service

Community health services for adults

Rating

Good



Summary of each main service

We rated it as good because:

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- Staff had good access to suitable equipment to meet the needs of patients.
- Staff ensured that patient information was stored confidentially in locked cabinets and on password protected computers.
- There were short waiting times for the service. Patients were offered an appointment within two weeks of referral. Patient feedback was good in respect of waiting times and face to face contact.

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- The environment was not clean or well maintained. Fire safety equipment was not checked regularly and serviced or replaced when needed.
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- Policies and procedures were not up to date, although these were in the process of being updated.
- The service did not hold regular meetings for staff to share key issues relating to service updates and learning.
- The service did not have clear, robust governance process to assess, monitor and improve the service as needed. The service did not have clear leadership arrangements in place to always ensure oversight of the service.

Summary of findings

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Summary of this inspection

Background to SOPs Healthcare Ltd

SOPS is an independent healthcare provider offering a service to people who require assessment and treatment for ophthalmology problems and ear, nose and throat (ENT) issues.

The service takes referrals from GPs and only accepts NHS referrals. The purpose of the service is for patients to be with ENT or eye concerns to be assessed quickly within the community, rather than requiring a referral to secondary care. Patients are seen and treated within one appointment where possible, or if further tests or investigations are required, they are referred on to secondary care.

The ophthalmology service only accepted referrals for adults and the ENT service accepted referrals for anyone above eight years of age.

The service has been registered with CQC since 1 April 2019 and is registered to provide treatment for disease, disorder or injury.

The service had a registered manager in place.

This was the first inspection of the service since it was registered in 2019.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

Before the inspection visit, we reviewed information that we held about the service. We announced this comprehensive inspection 24-hours prior to the inspection visit.

The inspection team comprised two CQC inspectors.

During the inspection, the team:

- Spoke with seven staff including two receptionists, an ophthalmologist and four consultants.
- Spoke with four patients

Summary of this inspection

- Spoke with one GP who made referrals into the service
- Completed a tour of the premises
- Reviewed 18 patient records
- Reviewed a range of policies, procedures and other documents relating to the running of the service
- Reviewed six staff files.

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>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The service must ensure that all premises and equipment are clean, a well maintained and that any safety checks are completed in line with best practice and legislation.

Regulation 15(1) (a), Premises and equipment.

Action the service SHOULD take to improve:

The service should strengthen the leadership on site to always ensure oversight of the service.

The service should consider undertaking relevant audits to identify good practice, share learning and make improvements as needed.

The service should consider holding regular meetings between all multi-disciplinary team members, along with the registered manager to ensure staff are up to date with service developments and can share learning.

The service should strengthen its administrative processes, to ensure that staff records are up to date and clearly identify relevant training completed and records of appraisal and supervision in order to ensure all staff have the appropriate training to carry out their role and are supported appropriately.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires Improvement	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

Community health services for adults

Safe	Requires Improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Community health services for adults safe?

Requires Improvement 

Our rating of safe:

This was the first time we inspected the service. We rated safe as requires improvement.

Mandatory training

The service provided mandatory training in key skills to all staff but did not keep a centralised log of who had completed which training courses.

At the time of our inspection managers did not hold an up-to-date centralised record of what training staff had completed. Each staff member had their own personal file with proof of the training they had completed but these were not up to date. The ophthalmologist, who planned to apply to become the Registered Manager, was in the process of collating this information.

Non-clinical staff completed their mandatory training online. This was the responsibility of the individual staff member, but it was not clear how managers kept track of who had completed training.

All clinicians who worked part of the time at the clinic also had individual files containing current practising status.

Medical staff told us that they completed their statutory and mandatory training via the other organisations they worked for, but the details of the training were not included in their files, so it was unclear how managers knew that they had completed the required training.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

All staff stated that they had not experienced any safeguarding incidents that have required notification to the CQC.

Community health services for adults

Medical and administration staff told us they received training specific for their role on how to recognise and report abuse.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and told us how they would work with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Reception staff had received level three safeguarding training.

Cleanliness, infection control and hygiene

The service was dirty throughout. Staff had good access to personal protective equipment (PPE).

All of the building used to provide the services were not clean, or well maintained; some areas needed redecoration. The floors and walls were dirty, and the areas of clinical rooms and where patients were seen had some work surfaces which were scratched, stained and discoloured. Some of the blinds in the clinical areas were dusty and water stained

General cleaning records were up-to-date and recorded that all areas were cleaned regularly. There were no records showing when equipment had been cleaned. Records did not identify the issues that we had picked up during the inspection.

We asked why this was and were told that the cleaner comes in when they have clinic days planned, there is not a regular daily cleaner, they said they didn't keep records of when she came in.

Staff followed infection control principles including the use of personal protective equipment (PPE). We were able to see the supply of PPE available.

Environment and equipment

The environment was suitable for the type of service delivered; however, it was not adequately maintained to ensure that people were always safe.

Staff managed clinical waste well.

All equipment used for medical procedures was PAT tested and in date. Supplies of essential equipment were stored in a dry dark place easily accessible for medical staff.

The service had suitable facilities to meet the needs of patients. There was a large waiting area with ample seating for 12 people.

The service had enough suitable equipment to help them to safely care for patients.

Community health services for adults

Staff disposed of clinical waste safely. There were clinical waste bins and needle disposal bins in all rooms used for medical procedures.

The last fire audit was in 2019 and we noted that two of the fire extinguishers needed servicing.

The fire alarm in one of the clinical rooms was not functioning as the battery had been removed. Staff we spoke to explained that this had been removed due to a hearing test being undertaken, but this had not been replaced following completion of the hearing tests.

Assessing and responding to patient risk

Risk assessment of the individual patient were undertaken by the clinician who supported the patient as needed; any further action to minimise the risk of increased ill health would be actioned by them.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

Six clinicians worked from the clinic on a part time basis. They worked on an appointment system which was compiled by reception staff and the information relayed to them for the appointment day at the clinic.

There was one full time ophthalmologist who provided the ophthalmology services and supported with policy updates.

Staff meetings were not taking place at the time of the inspection. The ophthalmologist had set up a manager's social media support group to improve communication and was in the process of setting up regular meetings with staff.

The current registered manager was one of the six clinicians who worked at the service so was not always present but was managing remotely and contactable during service hours by phone. Staff were able to inform the registered manager of issues that had arisen and update them as needed.

There were two full time receptionists. The senior receptionist organised all appointments and clinicians' timetables, to provide the required services for all patients.

There were no nursing staff working at the service. The receptionist fulfilled the support /chaperone function if assistance was needed with procedures. One of the doctors we spoke with told us they felt it would be beneficial to have someone with clinical experience to support with some procedures although the reception staff provided good support with equipment when needed.

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 contained all relevant information, and all staff could access them easily.

Community health services for adults

Records were stored securely in locked cabinets and on password protected computer systems.

Medicines

No medicines were stored or prescribed at the clinic.

Incidents

Staff knew how to report incidents, although none had taken place.

All staff told us that no incidents had taken place at the clinic.

Staff had an accident/incident form to complete and knew how to access this.

Are Community health services for adults effective?

Our rating of effective:

This was the first time we inspected the service. We rated effective as Good

Evidence-based care and treatment

The ENT service was commissioned to deliver ENT assessments with ongoing referrals if required which were delivered in line with evidence based, national guidelines. However, the policies and procedures underpinning practice were out of date at the time of the inspection; these were in the process of being reviewed. There was a heavy reliance on the clinician's knowledge and expertise and them knowing what needed to be done.

The Ophthalmology service was commissioned to provide assessments and eye tests and onward referrals if needed.

The service could see people in a day which prevented the long waits that they may have encountered if they had been referred through a traditional NHS route.

If patients required, follow up care clinicians referred them to hospital clinicians and could indicate the level of urgency based on individual patient needs.

The service ensured that patients were assessed quickly and then could be referred onwards for urgent care and treatment as needed. The referral to appointment time was within two weeks.

However, the service was not undertaking audits of the service provided at the time of the inspection, so were not always able to identify good practice, share learning and make improvements in a timely manner.

Competent staff

Community health services for adults

The service made sure staff were competent for their roles. Managers were assured of staff's appraisals and supervision to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

Reception staff told us they had received a full induction programme to the service and role, but this was not documented in individual staff files.

Medical staff we spoke to also said they had received induction to the service, but there was no record of this in their individual files.

All clinicians staff had received an appraisal and also received regular supervision. This was evidenced in their personnel files. They told us that they received their appraisals from the NHS services they worked for.

All medical staff had relevant updated training for their current roles, much of which they were able to obtain through NHS providers that they also worked for.

Multidisciplinary working

Doctors and administration staff worked well together to ensure patients had a positive experience.

Doctors and administrative staff worked together to provide services to the patients. Although there was some multi-disciplinary working being undertaken, the specialists focused mainly on their disciplines and their individual service provision whilst at the clinic.

The receptionists provided the appointment times and clinic dates and attendees for the clinicians.

If clinicians needed to make referrals to the hospital consultants (mostly through the cancer pathway) these were done as urgent referrals and detailed documented notes were kept and provided about the reasons for referral.

Referrals of an urgent nature were made on the day to the hospitals or less urgent by post or email.

The service was available six days a week, the reception was staffed five days a week (Monday to Friday) but the reception staff would provide support for clinicians on the sixth day as needed.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

During and following appointments advice was given to patients on how to prevent recurrence of health issues relevant to their attendance.

Consent

Staff supported patients to make informed decisions about their care and treatment.

Community health services for adults

Patients attended the clinics voluntarily by appointment. They were able to consent to their treatment and in the case of children and young people were accompanied by a parent or responsible adult.

Are Community health services for adults caring?

Good 

Our rating of Caring:

This was the first time we inspected this service. We rated caring as **good**.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity. Carers/family were included where consent was needed for a child or young person who had been referred to the service.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and carers in a respectful and considerate way.

Patients said staff treated them well and with kindness and were always very efficient in booking, reminding and planning appointments.

Patients said all information was given that was required and confidentiality was always considered when being given details of appointments and what outcomes were.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

The patient feedback forms we saw from March 2022, were full of praise for the service and scored good/very good/excellent on all measures.

There was a comments box in the reception area which was emptied by reception staff regularly and complaints and compliments given to the registered manager to respond, which he did promptly.

Understanding and involvement of patients and those close to them

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

We spoke to patients who use the service and they said they were well informed of the process of referral, treatment and ongoing referral systems. They said they were treated with respect and dignity and kept informed of the progress of their process for treatment

Community health services for adults

Are Community health services for adults responsive?

Good 

Our rating of responsive

This was the first time we inspected this service. We rated responsive as **good**.

Service planning and delivery to meet the needs of the local people

The service planned and provided care in a way that met the needs of people referred to the service. 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 people referred to the service.

Facilities and premises were appropriate for the services being delivered. Although were not clean at the time of the inspection.

The service had systems to help care for patients in need of additional support or specialist intervention. This would be assessed by the clinicians and patients would be referred for a follow up appointment with a hospital clinician in line with the urgency of their individual need.

Managers monitored and took action to minimise missed appointments. The reception staff sent text message reminders after a letter and phone contact.

Managers ensured that patients who did not attend appointments were contacted. This was recorded in notes, and we were able to clearly see this on inspection.

The service helped relieve pressure on other NHS services as they could treat patients in a day. This prevented people having to wait for longer periods of time had they been referred directly to hospital from the GP.

Access to services

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment were in line with locally agreed contracts.

The referral to appointment time was two weeks. The records we reviewed demonstrated that patients had been offered an appointment within two weeks of referral and the patients we spoke with also confirmed this.

Managers worked to keep the number of cancelled appointments and treatments to a minimum. This was impacted by COVID-19, but every attempt was made to maintain appointments with the correct risk minimisation factors considered.

Appointments would only be postponed or cancelled if the patient did not arrive for their given appointment or if there was a high level of sickness amongst staff, reception staff told us this was a very rare occurrence, and patients we spoke to said they had never had an appointment cancelled.

Community health services for adults

The service maintained an effective appointment system and patients received letters and text messages to confirm and remind them of appointments. There was very little evidence of patients failing to attend appointments, and staff informed us that these figures were low.

There was the opportunity for the patients to request an interpreter should they require it, but we were told by both doctors and receptionist staff that they were able to speak most of the languages used by the population group who used the service

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.

Patients, relatives and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in patient areas, and there was a complaints/compliments box in reception/waiting area, which was emptied and addressed daily.

Staff understood the policy on complaints. Staff knew how to acknowledge complaints.

Managers shared feedback from complaints with staff and learning was used to improve the service. If it was felt additional staff were needed to improve or maintain the service, this would be addressed by the manager.

Prior to the inspection CQC received two complaints relating to appointment times and the difficulty in contacting the clinic as the phone and computer system were unavailable for several weeks. Managers had responded to this by setting up a website for the service where patients could contact them, and administrative staff were ringing patients to provide an alternative contact number for them to contact the service.

Are Community health services for adults well-led?

Our rating of well-led:

This was the first time we inspected this service. We rated well-led as **good**

Leadership

Although there was a registered manager in place, they were not always present in the service as they were one of the clinicians who worked in an NHS service for a proportion of the time – they worked at the service one day per week but were available remotely during the working hours of the service. This meant that they did not have a clear oversight of the service, were unable to dedicate time to managing the service and were not always visible to both staff and patients. There were plans in place for the ophthalmologist, who lived locally, to transition into the role of registered manager.

Community health services for adults

All of the clinicians were only present at the service during their contracted hours so had limited time to input into the management and functioning of the service. Most of the day-to-day organisation was therefore undertaken by the receptionists who were the only full-time members of staff.

We were unable to speak to the registered manager as part of the inspection, due to the need to respond to an urgent family crisis.

There were no regular meetings between the registered manager, the clinicians who worked at the service and the full-time reception staff. The receptionist staff, were however, very effective in their role.

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 focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them.

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 focused on sustainability of services and aligned to local plans within the wider health economy. The service had clear contracts in place with the NHS.

The purpose of the service to reduce waiting times for ENT and ophthalmology appointments and ability to make urgent hospital referrals on the day, was being met, and all the clinicians we spoke with had no issues around being informed of schedules.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

Staff told us they felt respected and valued and that the service was a nice place to work. Doctors told us that the clinics were well organised and that if any issues arose, they could raise these with the senior administrator or the registered manager.

Staff told us that their primary focus was ensuring patients received a good service.

Governance

There was a lack of clear, robust governance process to assess, monitor and improve the service as needed. Due to leadership arrangements, there was a lack of oversight of the service. Not all staff had had opportunities to meet to discuss and learn and staff files did not contain up to date information about training, supervision or appraisal records so it was difficult for managers to ensure all staff were fully skilled and trained and supported appropriately

Staff were clear about their roles and accountabilities.

All clinical staff were clear about their roles and the reception staff were able to run the clinic appointment system well and efficiently, informing the clinicians of their clinic diary and appointments.

Community health services for adults

There was no documented timetable of meetings or potential training opportunities, and staff were left to arrange their own online training. Managers did not hold centralised training records and so were unable to see which staff had completed which training. There was also no evidence of supervision having taken place. However, we were assured that clinicians received appraisal and supervision in the NHS organisations they worked for.

Although the service monitored performance in respect of the contracted services there appeared to be no clinical audits or system/process audits taking place that would have identified either good practice or areas where the service could make improvements.

Management of risk, issues and performance

There were no risk assessments for the individual staff or for the environment. We were not able to see evidence of contingency plans for the service on inspection.

The service's phone lines had recently gone down for a long period of time and staff had to respond to this reactively, rather than having a contingency plan in place.

Information Management

Information systems were secure; The data collected on patients was treated confidentially and files were both paper and electronic.

Some information regarding appointments made from the clinic to the hospitals, were only available to the hospital consultants due to electronic file access, so if a patient rang to ask about a referral appointment, there was no way of the reception staff being able to access that information as this was recorded on NHS systems. In these instances, they would send a message to the consultant to get the information and then call the patient back once the information was received. All files contained letters addressed to the GP who had referred the patient to the service. Staff told us that patients also received a copy.

Some clinicians booked onward referral appointments directly onto the system, if they worked for the local acute hospital. Those who did not work for the local acute hospital referred via the patients GP.

Staff were in discussions with the local acute hospital regarding whether the consultants who did not work at the local hospital could have access to the system to request onward referrals.

Engagement

Leaders engaged with local NHS services to plan and manage services.

The service had good working relationships with the CCG, local hospitals and GPs who referred into the service.

Learning, continuous improvement and innovation

We saw no evidence of learning and improving services.

We did not see any evidence of innovation or research projects.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <ul style="list-style-type: none">• The service did not ensure that all premises and equipment were clean, well maintained and that any safety checks were completed in line with best practice and legislation.