

Uttlesford Health Limited

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Inspection report

5 Ferguson Close
Saffron Waldon Community Hospital
Radwinter Road
Saffron Walden
Essex
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Overall summary

We carried out an announced comprehensive inspection on 20 March 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

This service provided safe care in accordance with the relevant regulations.

Are services effective?

This service provided effective care in accordance with the relevant regulations.

Are services caring?

This service provided caring care in accordance with the relevant regulations.

Are services responsive?

This service provided responsive care in accordance with the relevant regulations.

Are services well-led?

This service provided 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 the service met the legal requirements and regulations associated with the Health and Social Care Act 2008.

Uttlesford Health Limited service is provided in the outpatient department of Saffron Walden Community Hospital in four outpatient consultation rooms and one treatment room. The administration of the service is managed from a separate office premise in the hospital grounds. Patients are referred to the service from 10 GP practices in the West Essex area. The service was established to provide quicker access to outpatient healthcare services in the local area. The service reduced the need for people to travel to the main NHS hospital to receive their services.

Uttlesford Health Limited is a registered provider of community healthcare provision.

Community Services provided:

- Dermatology
- Gynaecology
- Cardiology
- Vasectomy
- Micro-suction removal of ear wax

Summary of findings

The service provision is delivered from the following location address:

5 Ferguson Close

Saffron Waldon Community Hospital

Radwinter Road

Saffron Walden

CB11 3HY.

Opening times for the service are 9am until 5pm, Monday to Friday, and provided by GPs, a registered nurse, an ultra-sonographer, managers, administration and secretarial staff.

The Chief Executive officer at Uttlesford Health Limited is registered with the Care Quality Commission to manage the service. Registered persons have a legal responsibility to meet the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Uttlesford Health Limited provides general practitioner's with special interest (GPwSI) healthcare services for, cardiology, gynaecology, dermatology, minor surgical procedures, and 24 hour electrocardiogram (ECG) and ambulatory blood pressure monitoring.

The provider is registered with CQC to provide the following regulated activities:

- Treatment of disease, disorder or injury.
- Surgical procedures.
- Diagnostic and screening procedures.
- Family planning services.

The feedback received from comment cards completed and speaking with patients during the inspection was 100% positive. We received comments about the service from 20 people, 18 of which were from comment cards

and two from patients spoken with. Remarks were extremely enthusiastic regarding all aspects of the service on both the comment cards and from the patients we spoke with.

Our key findings across all the areas we inspected were as follows:

- Significant events were open and transparent, including a safe system for reporting and recording.
- The provider had systems to minimise risks to patient safety.
- Safeguarding policies and procedures kept patients safe from the risk of abuse. Staff demonstrated their understanding and responsibilities.
- Staff followed current evidence based guidance and maintained the skills and knowledge to deliver effective care and treatment.
- Provider audits were undertaken to show quality improvement for the health services provided.
- Patients reported they were treated with care, compassion, dignity, respect, and were involved in decisions about their care and treatment.
- The provider showed they did not discriminate against any patient group.
- Complaints were well monitored and showed actions taken by the provider and patient involvement.
- There was a leadership structure and staff reported they felt supported by management.
- The provider had a lead role to provide leadership and oversight across the organisation.
- Feedback was sought proactively via patient surveys, which it acted on.
- Staff worked well together reporting they enjoyed working as a team.
- The provider was aware of the requirements of the duty of candour.

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.

The provider had effective systems in place to keep patients safe and safeguarded from abuse. Safety risk assessments were carried out, including health and safety, infection control, and the safe handling of medicines.

The service had appropriate emergency equipment, oxygen and emergency medicines for use in emergency situations.

Are services effective?

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

The provider had systems to keep clinicians up to date with current evidence-based practice. The service took part in quality improvement activity and clinical audits. Staff had the skills, knowledge and experience to carry out their roles. There was evidence of appraisals and personal development plans for all staff.

Effective systems were in place to coordinate patient care and information sharing. The service obtained consent to care and treat in line with legislation and guidance.

Are services caring?

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

We observed staff were courteous and helpful to patients and treated them with dignity and respect.

Patient feedback said they felt the clinic offered an excellent service and staff were helpful, caring and treated them with dignity and respect. During the inspection, our observations were aligned with this feedback.

We saw staff maintained patient and information confidentiality. All 18 patient Care Quality Commission comment cards received were extremely positive about 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 provider offered appointment flexibility to meet patient needs. People with a disability could access and use the services on an equal basis with others.

Patients were provided information prior to treatment or consultation. There was an effective system in place to monitor and manage complaints.

Are services well-led?

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

There was a clear vision and strategy in place for the service; this was shared with both clinical and non-clinical staff. There were clear responsibilities, roles and accountability to support governance. The provider's clinical leadership had oversight across the entire service.

Staff told us there was an open culture and the opportunity to raise issues at any time, and were confident of support if they did.

Uttlesford Health Limited

Detailed findings

Background to this inspection

The inspection was led by a CQC inspector and a specialist advisor on 20 March 2018.

We gathered and reviewed service provider information before the inspection. During the inspection we spoke to people using the service, interviewed staff, observed staff communicating with patients, and reviewed documents governing the service.

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

Safety systems and processes

The provider had systems to keep patients safe.

- Safety risk assessments, and safety policies, were regularly reviewed and discussed with staff. Safety information was part of staff induction and refresher training.
- The provider had systems to keep patients safe and safeguarded from abuse. Staff knew how to safeguard patients from abuse, neglect, harassment, discrimination and protect their dignity and respect. Notices and staff ensured patients were offered a chaperone before consultation or treatment.
- The provider checked professional registration where relevant, at recruitment and on an on-going basis. Professional revalidation was monitored and documented. All staff had received a Disclosure and Barring Service (DBS) check. This was the policy of the service rather than a CQC requirement. (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).
- Infection prevention and control at the service was managed by a lead nurse that had received training to provide an effective safe environment. Audits for infection control included legionella monitoring and a report for actions needed.
- The provider ensured the facilities and equipment were safe. Equipment was annually checked according to manufacturers' instructions and maintained.
- There was a fire risk assessment and fire safety equipment was tested.
- Healthcare waste systems were seen to be safe.
- The provider had clearly defined processes to identify their patients at the start of the first and subsequent consultations. These provided assurance of patient identity for the purposes of safe care and treatment and to minimise potential for error against the use of multiple identities.
- When the patient was, a child the provider checked to ensure the adult attending with the child had parental accountability.

Risks to patients

The service had adequate arrangements in place to respond to emergencies and major incidents:-

- All staff had received annual basic life support training.
- The service had an oxygen cylinder with appropriate masks to meet patient needs. There were also first aid kits and a spillage kit available. Emergency medicines were available and suitable for the services provided. The service also had a defibrillator that was regularly checked.
- Providers held appropriate professional indemnity cover to carry out their roles and deliver safe care and treatment.

Safe and appropriate use of medicines

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

- Medicines stored by the provider were securely and appropriately stored. There were systems in place to monitor medicine expiry dates.
- Prescription stationery was kept securely and there was system in place to monitor and track prescriptions used by the providers.
- We saw 'Medicines and Healthcare products Regulatory Agency' (MHRA) guidance was monitored and actioned when necessary. Records showed these were discussed in staff meetings to ensure current guidance was utilised.

Track record on safety

The provider had systems to identify, investigate and learn from incidents relating to the safety of patients and staff. A log of incidents and complaints was maintained, showing the actions taken. Staff told us they would inform the manager of any incidents and record them on the form available on the computer. We saw eight incidents had been investigated in the last 12 months. The provider also had a system in place to identify notifiable safety incidents.

Lessons learned and improvements made

- Staff received information, and learning, to make improvements when things went wrong.
- The provider was aware, and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.
- There was a system for recording and acting on significant events and incidents.

Are services safe?

- Staff understood their duty to raise concerns and report incidents and near misses.
- There had been no reported incidents at the service.
- There was a system to receive and act on safety alerts. The provider also learned from external safety events in addition to patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Clinicians were kept up to date with current evidence-based practice. Patients were assessed and care was delivered in line with current standards, guidance, and legislation. Supported by clinical pathways and protocols.

- Staff had access to guidelines from the 'National Institute for Health and Care Excellence' (NICE) and used this information to deliver care and treatment to meet patients' needs.
- Patients' were fully assessed using individual assessment templates for each patient.
- We saw processes to assure patients identity to minimise potential error. When the patient was a child, the provider checked with the adult attending that they had parental accountability.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The service took part in quality improvement activity. The provider had completed five clinical and non-clinical audits to monitor the quality of the care and treatment provided. These included Non-Scalpel Vasectomy (NSV) complications and success rates, Cardiology Raised BNP (a blood test that can identify you have heart failure), Gynaecology referral outcomes, Dermatology 2 week waits referral, infection control audits, prescribing audit and assurance that consent had been gained, before treatment.

The provider collated performance information relating to the clinical work undertaken across each specialty for the service commissioners. This included the work to reduce hospital outpatient appointments locally and improve patient experience and accessibility.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff had undertaken specific training and development and could demonstrate how they stayed up to date.

- The provider understood the learning requirements of staff and provided protected time for them to meet their

training needs. An up to date record, of skills, qualifications and training were maintained. Staff were encouraged and given the opportunity to develop their roles and service provision.

- Clinic staff were provided on-going training and support. This included mentoring from support networks, Addenbrookes Hospital and Princess Alexandra Hospital.
- We found an effective induction process, and appraisal system.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

Administrative staff received patient referrals from 10 local GP practices. Staff created appointments, and organised clinic dates. Appropriate information and sign posting was sent to patients referred to the service. Staff received patient information diagnostic tests results from the referring GP practice. Staff told us they had built a relationship with the practices to facilitate this information sharing. When patients had completed their treatment outcome correspondence was sent to patients' GPs to update them using a timely appropriate process.

Supporting patients to live healthier lives

Patients referred to the provider received appropriate follow-on information to maintain their health when their treatment was completed. Patient information leaflets were available to explain the services provided. These included care of an operation site after a skin biopsy; gynaecology, ECG, heart failure, cardiac tests, skin conditions, and vasectomy.

Consent to care and treatment

The clinicians obtained consent to care and treat patients in line with legislation and guidance.

- Clinicians understood the policy requirement to gain consent.
- Clinicians supported patients with suitable information to make decisions. Patients consent was recorded on their records. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. The service had audited their consent process to check they had recorded consent when needed.

Are services effective?

(for example, treatment is effective)

Staff we spoke with ensured patients understood the procedure for their treatment and care. Patients we spoke with confirmed this discussion, and were given assurance clinicians possessed the skills and experience to undertake the treatment or procedures.

Are services caring?

Our findings

Kindness, respect and compassion

We observed members of staff were courteous and helpful to patients treating them with dignity and respect.

Feedback from the patients we spoke with was extremely positive about the service. Patients told us the provider offered an excellent service and staff were helpful, and extremely caring.

The comments on cards provided prior to our inspection visit were extremely positive and complimentary. All 18 comment cards received were positive about the caring nature of the service provided. The majority of the cards commented that patients were put at ease before their treatments and named clinicians positively.

Involvement in decisions about care and treatment

Patients were provided information about the clinicians and the procedure or treatment prior to their consultation.

Staff supported patient's involvement in decisions about their treatment or procedure. Information was provided at the point of referral and throughout their service pathway to assist them to make decisions about care and treatment.

Privacy and Dignity

- Curtains surrounding couches were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could speak privately.

Comment cards received and the patients we spoke with told us the provider offered an excellent service and staff treated them with dignity and respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

People with a disability could access the services on an equal basis to others. Information provided before treatment or a procedure could be made available in different languages if requested. Access to the provider's service was through the front doors of the Saffron Waldon community hospital. There was level access so patients with mobility aids and those who used a wheelchair could enter and navigate the building,

Timely access to the service

Patients were able to access care and treatment from the service within an acceptable period to meet their needs. Staff arranging appointments told us they were as flexible as possible to be convenient for patients.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve their quality of care.

- The complaint policy and procedures were in line with recognised guidance. There was one complaints received in the last year.
- Systems were in place to ensure the service learned lessons from individual concerns and complaints. We saw this information was used to improve service quality.

We found information for patients to make a complaint or raise concerns was readily available.

Are services well-led?

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

Our findings

Leadership capacity and capability

A non-clinical manager and a clinical manager ran the service. They were knowledgeable about priorities and any issues relating to the quality of their future service. They understood local challenges and communicated with healthcare peers to address them. The managers were visible and approachable. They worked closely with staff to ensure prioritised compassionate and inclusive leadership. Staff told us that management were supportive and approachable. The culture of the service encouraged candour, openness and honesty. There were policies and procedures in place for governance and staff were aware of their responsibilities. Staff we spoke with said they felt supported and confident to raise any issues with management.

Vision and strategy

The managers told us they had a clear vision to provide high quality safe, care, and treatment that was accessible. The staff we spoke with shared the same ethos and vision. The managers had a strategy for future business expansion, and longevity for their existing service.

Culture

We saw the service had an open and transparent culture. Staff told us they felt respected, supported, valued, and was proud to work for the organisation. Openness, honesty and transparency were demonstrated when responding to incidents and complaints that we viewed during our inspection. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be investigated and actioned. There were clear processes seen that all staff were provided the opportunity to development for both their own and the service benefit. This included appraisal and career development conversations annually and monthly one to one meetings for all staff.

Governance arrangements

We found detailed governance arrangements. Responsibilities, roles and systems of accountability supported governance and management. These arrangements included;

- Staff with clear roles and accountability were provided with ongoing clinical and non-clinical supervision support meetings. There was a strong clinical leadership role across the service to ensure, leadership and oversight of continuous quality improvement.
- The provider had policies, procedures, and clearly recorded processes, to ensure safety for staff and patients.
- Monthly provider meetings had set agenda items that included governance, significant events, complaints and quality monitoring. We saw evidence in the meeting minutes shown to us.

Managing risks, issues and performance

The risk management policy and procedures identified, assessed, and reduced risks throughout the service. These included health and safety audits, infection control audits, and arrangements to identify, report, and learn from adverse health events or near misses. Action plans were seen when areas for improvement were found as a result of audit.

There was a variety of daily, weekly and monthly checks in place to monitor the service and manage any risks associated. Service specific policies and standard operating procedures were available to all staff, such as infection control. Staff we spoke with knew how to access these and any other information required.

A monthly report was compiled and submitted to the Clinical Commissioning Group (CCG) that commissions Uttlesford Health via a contract to provide healthcare services in the West Essex area. The report comprised areas of service to be monitored and included;

- Complaints.
- Incidents.
- The number of patients that fail to attend their appointments.
- The number of patients that start their treatment within 10 weeks of being referred.
- The number of patients waiting in excess of 10 weeks.
- Patients' feedback and comments about the service,
- Inappropriate referrals to the service,

Are services well-led?

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

- The number of patients being referred for further investigations,
- Waiting times for each health speciality,
- Events that caused harm,
- Hazard alerts received,
- NICE guidance which is relevant to the service,
- Staff attending training that month.

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 and feedback from patients. For example, patient surveys were undertaken after each episode of care. This was shared with all staff to develop and improve the service.
- The NHS friends and family test obtained people's views monthly about the service. The question asked to each patient using the test was; 'How likely are you to recommend our service to friends and family?' Responses during October to December 2017, showed 99.2% were either extremely likely, or likely, to recommend the service.
- Data security standards arrangements ensured the integrity and confidentiality of patient identifiable data. Patient records and data management systems were held securely and met the standards required.

Engagement with patients, the public, staff and external partners

The service regularly obtained feedback about the quality of care and treatment provided by the service. We saw extremely positive results including many cards and letters. Staff were included in the feedback reviews and service development.

The provider had a whistleblowing policy in place. A whistleblower is someone who can raise concerns about practice

or staff within the organisation. Staff meetings took place regularly where new developments were discussed. Any incidents, complaints and feedback from surveys were discussed at staff meetings. Staff told us there was an open culture and they had the opportunity to raise any issues at meetings and felt confident and supported if they did.

Continuous improvement and innovation

There was a strong focus on continuous learning, improvement, and development at all levels within the service. We saw the provider was enthusiastic to improve outcomes for patients. They reviewed and audited their work closely to ensure improvement.

The provider had carried out an independent assessment as part of their internal quality-monitoring programme on 29 and 30 January 2018. This assessment identified a number of actions that we found had been completed on the day of our inspection. Some of these actions included:

- The safeguarding adults and children leads should be named on each safeguarding policy.
- A review of the monthly fire and safety checks to confirm records were consistently held on file for evidence.
- A prompt review of all policies and procedures that support the service. To ensure all documents meet the relevant CQC fundamental standards and regulations and were up to date.
- The current cleaning policy and content to be made specific for the healthcare environment provided by the service.
- The healthcare waste management policy to be reviewed to ensure the accuracy and alignment with the provided service.
- Recording of chaperones being offered during consultation clearly on patient's healthcare record.
- A statement of purpose document to be confirmed for the service as per CQC regulations.
- The business continuity plan to be reviewed as confirmation it is up to date.