

# Community Medical Services Limited

# Balance Street Health Centre

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 15 February 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.

Community Medical Services Limited (CMS) provide a vasectomy service to patients from the surrounding area and rooms for consultants from secondary care to provide outreach clinics.

The GP lead for CMS 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.

We gained feedback through ten comment cards completed by service users in the two weeks prior to the inspection. Comments made were universally positive; the service was described as excellent with a positive trend of comments on the friendliness of staff.

### Our key findings were:

- The reporting and recording of significant events detailed concerns identified and were appropriately followed up to prevent further occurrences. Improvements were made where appropriate.

# Summary of findings

- Arrangements were in place for sharing external best practice guidance and the learning outcomes from significant events, incidents and near misses with staff.
- The practice had systems to promote quality improvement.
- Infection control audits and action plans promoted a clean and appropriate environment.
- Staff recruitment checks carried out were in accordance with the relevant regulations.
- Staff had clear roles and responsibilities.

# 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 service carried out appropriate staff checks in accordance with the regulatory requirements.
- There was an effective system to check patient identification.
- The service had clear systems to keep people safe and safeguarded from abuse.
- There was an effective system to manage infection prevention and control (IPC).
- There were effective systems to assess, monitor and manage risks to patient safety.
- There was a system and procedure for recording and acting on significant events and incidents. The service learned and made improvements when things went wrong.

### **Are services effective?**

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

- The service had a structured programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- Staff had the skills, knowledge and experience to carry out their roles.
- The consent process for patients was detailed and effective.

### **Are services caring?**

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

- Staff treated patients with kindness, respect and compassion.
- Staff helped patients be involved in decisions about their care.
- The practice respected and promoted patients' privacy and dignity.

### **Are services responsive to people's needs?**

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

- The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- Patient feedback on the access to care and treatment was positive.
- The practice took complaints and concerns seriously and responded to them appropriately to continually improve the quality of care.

### **Are services well-led?**

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

- Leaders had the capacity and skills to deliver effective services.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- There were processes for managing risks, issues and performance.

# Balance Street Health Centre

## Detailed findings

### Background to this inspection

Community Medical Services Limited (CMS) is registered with the Care Quality Commission (CQC) as an independent health provider based at Balance Street Health Centre in Uttoxeter. The organisation was established to continue a vasectomy service in the town providing an alternative to patients who would otherwise need to travel to a hospital. The service is commissioned by clinical commissioning groups in Staffordshire and South Derbyshire and provides approximately 120 vasectomies per annum. In addition, approximately one vasectomy is conducted per annum through a private referral received by the patient's own GP.

CMS provide rooms to six consultants who offer a combined total of seven outreach clinics per month covering Colorectal, Gastroenterology, Orthopaedics, Urology and ENT (five contracts are direct with the consultants and one, Urology, is with Burton Hospitals NHS Foundation Trust).

Two GP partners from Balance Street Health Centre conduct vasectomies. The opening times are governed by the opening times on the Health Centre and four clinics per month are held on week days, mostly in the afternoon.

We inspected Balance Street Health Centre on 15 February 2018 as part of our inspection programme. Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser. CMS provided information in advance of the inspection that included audits and policies. We sent patient comment cards two weeks prior to the inspection to gain feedback from service users. We spoke with staff from the service that included the lead GP and the assistant practice manager.

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

Community Medical Services Limited (CMS) shared policies and protocols with the GP service situated within the same building and the management team was shared across both services. The systems and processes were shared and these included a directory of policies and protocols accessible to all staff.

Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly, who to go to for further guidance.

The service had an effective system to check and confirm patient identification. When a referral was received in advance of a booking, patient details were entered onto the clinical system. If a patient contacted the surgery to make a booking before the referral letter had been received, they were given a unique booking reference number and password which was then matched to the referral letter once received.

We saw the practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken on all staff in accordance with the services policy. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The service had a system to check on the professional registration of clinicians and extended this to include the hospital consultants who carried out outreach clinics within the building.

Clinical staff acted as chaperones and hospital consultants normally carried out consultations with their own clinical assistant present. Staff were trained for the role and had received a DBS check. There was a comprehensive chaperone policy in place and we saw this included detail of where to stand during an examination and instructions for staff who had acted as a chaperone to make a note on the patient's clinical record. Notices were displayed in consultation and clinical rooms advising patients that chaperones were available if required.

There was a system to manage infection prevention and control (IPC). There was a designated infection prevention and control clinical lead in place. The most recent IPC audit was completed in August 2017 by external auditors and the service had scored 83%. A repeat audit was planned for May 2018. External cleaners were contracted to maintain the cleanliness within the building. There were cleaning schedules in place and regular in-house auditing to check acceptable standards were being maintained.

There were risk assessments in relation to safety issues in place and records of routine safety checks undertaken. For example, a legionella risk assessment had been carried out by an external assessor and ongoing monitoring was completed by service staff.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There was an effective induction system for temporary staff tailored to their role. For example, we saw checklists in place for the hospital consultants that included checks made against their registration status, qualifications and training records. An induction pack was available and included fire procedures, external agency numbers, the appointment system, internal procedures, workflow information, staff team members and roles.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The service carried appropriate equipment and medicines to be used in a medical emergency. Equipment was regularly calibrated and the oxygen cylinders were full and within their expiry date. Appropriate medicines were held to be used in an emergency. These were regularly checked and found to be within their expiry dates.
- The service had professional indemnity arrangements in place for the GPs who conducted vasectomies and also had a system in place to check the insurance providers for the consultants who provided outreach clinics.

### Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system and procedure for recording and acting on significant events and incidents. There was a

## Are services safe?

standard recording form available on the practice's computer system. There had been two significant events recorded in the previous 12 months. We looked at both of these in detail and found that appropriate action had been taken.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider

encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents. The service gave affected people reasonable support, truthful information and a verbal and written apology.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

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

### Monitoring care and treatment

The service had a structured programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The service had carried out annual auditing of vasectomies since 1993 and compared results with published studies. For example, published results from American studies had shown data on complications; a haematoma (solid swelling of clotted blood within the tissues resulting from disease, trauma or surgery) in 1.6% to 4.6% and infection in 2.2% to 6% of vasectomies, and a failure rate of 1.1%. The cumulative performance since CMS started auditing in 1993 (a total of 4,313 vasectomies) has been 1% haematoma rate, less than 1% infection rate and a 0.19% failure rate. Complications resultant of a vasectomy were placed on a tracking sheet to facilitate ongoing monitoring. We saw that improvements had been made as a result of audit; for example:

- A post-operative instruction sheet had been implemented to better inform patients and manage their expectations.
- Very fine needles had been introduced to reduce discomfort for patients.
- Use of pre-paid postal semen analysis packs had been introduced to increase the percentage of samples sent for analysis.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included chaperoning had received specific training.

### Consent to care and treatment

The consent process for patients was detailed and effective. An information pack was sent out to patients referred to have a vasectomy prior to the initial consultation. These details were then discussed with the patient prior to the procedure being booked. A standard 'male sterilisation consent form was used and this also included an appropriate attempt to obtain consent from the partner of the patient as well as the potential complications that may result from the procedure. The GPs who provided the vasectomy service referred and redirected any inappropriate referrals to secondary care; for example, patients with mental capacity or mental health problems.

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The practice gave patients timely support and information.
- All of the 10 patient Care Quality Commission comment cards we received were very positive about the service experienced.

Results from an internal patient survey carried out in 2018 showed patient feedback was very positive when asked about their satisfaction with the consultant outreach clinics. Forty nine surveys were given out and 21 were returned. Patient satisfaction was consistently very positive across the eight areas covered in the questionnaire. For example:

- 89% of patients said they found the service provided by secretarial staff excellent.
- 90% of patients said they found the service provided by the healthcare assistant excellent.
- 100% of patients said they felt that the consultant had explained or carried out procedures to their satisfaction.

The practice had reviewed the results and considered their service performed well in terms of patient experience.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care. Interpretation services were available for patients who did not have English as a first language. Notices were displayed in the reception areas advising patients of this service.

### Privacy and Dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- Room engaged signs were used to inform others that treatment rooms were in use to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example outreach consultant run clinics were provided to reduce the need to attend a hospital.
- The facilities and premises were appropriate for the services delivered. The practice had a lift to provide access to the second floor.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. Results from an internal patient survey carried out in 2018 showed patient feedback was very positive when asked about their satisfaction with the access to consultant outreach clinics. Forty-nine surveys were given out and 21 were returned. Patient satisfaction was consistently very positive across the eight areas covered in the questionnaire. For example:

- 95% of patients said their experience of making their initial appointment was excellent.

- 89% of patients said the waiting time for a consultation was excellent.

Positive comments were made in the completed comment cards from patients who fed back on the access to the vasectomy service. Patients were advised that wait times were normally between six and eight weeks. During the inspection day, we saw that there was a first discussion slot available on the same day; and procedure and follow up slots available within one week.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to continually improve the quality of care.

- Information about how to make a complaint or raise concerns was readily accessible in the building. We saw that the complaint leaflet and letters of response to complainants included details of how to complain to the NHS Ombudsman should a patient not be satisfied with the outcome of their complaint.
- The assistant practice manager was the designated lead for managing complaints. The complaint policy and procedures were in line with recognised guidance. We saw two complaints had been recorded in the last 12 months. We reviewed the complaints and found that they were satisfactorily handled in a timely manner.

# 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;

Leaders had the capacity and skills to deliver effective services. They were knowledgeable about their own performance and had researched data to benchmark their performance against others.

### Vision and strategy

The Community Medical Services Limited (CMS) management team had a clear strategy to consider additional services that could be provided from the building to further reduce the need for patients to attend a hospital for treatment.

### Culture

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities. Delegation had taken place to extend responsibilities among the service team, for example; the healthcare assistant was the infection prevention and control (IPC) lead for CMS.

- Practice leaders had established policies and procedures that were seen to be governing activity.
- Policies and protocols were regularly reviewed and accessible to all staff.

### Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. Health and safety risk assessments had been completed to identify hazards and mitigate potential risks.
- The practice had processes to manage current and future performance.
- Practice leaders had oversight of incidents, and complaints in addition to external alerts, such as the Medicines and Healthcare products Regulatory Agency (MHRA) alerts that may affect patient safety.
- Clinical audit had a positive impact on quality of care and outcomes for patients.

### Engagement with patients, the public, staff and external partners

The practice involved patients, staff and external resources to support high-quality sustainable services.

- Patient feedback for both the vasectomy service and the outreach clinics was captured and used to shape services and culture.
- The service was transparent, collaborative and proactive in finding data to benchmark performance.