

# Mr Oluropo Ebenezer Ojo

# Cedar Park Healthcare

## Inspection report

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## Overall summary

We carried out an announced focused inspection at Cedar Park Healthcare on 31 May 2018 to ask the service the following key questions; are services safe, effective and well-led? This was a result of our previous inspection on 7 March 2018 when we found that the service was not providing safe, effective and well-led care. We issued the provider with a Warning Notice and required them to take action.

### **Our findings at this inspection on 31 May 2018 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 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.

CQC inspected the service on 7 March 2018 and asked the provider to make improvements. We checked these at this inspection and found they had been resolved.

Mr Oluropo Ebenezer Ojo is registered to provide the regulated activities of surgical procedures and treatment of disease disorder or injury.

The provider employs a 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Cedar Park Healthcare provides NHS funded services under the primary care surgical scheme for a range of minor surgery procedures for patients over the age of 18.

# 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 the service was providing safe care in accordance with the regulations.

### **Are services effective?**

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

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

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

# Cedar Park Healthcare

## Detailed findings

### Background to this inspection

Cedar Park Healthcare provides NHS funded services under the primary care surgical scheme for a range of procedures including hernia, vasectomy, skin lesions, haemorrhoid banding, joint injections, carpal tunnel syndrome and trigger finger surgery for patients over the age of 18 and has been operating since May 2015.

The service is provided by a team of staff which includes a GP lead clinician, a registered manager, and part-time nurses and healthcare assistants. They are supported by part-time administration and housekeeping staff. Surgery is carried out by seven doctors who have been approved by the commissioners of the service and who work at the service on a sessional /case basis.

The service is commissioned by Lincolnshire West Clinical Commissioning Group on behalf of four Lincolnshire CCGs. Clinics are held as demand requires, at a high-quality purpose-built facility located at Boundary Lane, South Hykeham LN6 9NQ.

The provider also undertakes the regulated activities from; Grantham Hospital, Manthorpe Road, Grantham NG31 8DG and Skegness Hospital, Dorothy Avenue, Skegness, PE25 2BS. Neither of these sites were visited as part of the inspection.

Patients are referred into this service by their registered GP via an electronic choose & book system or by a GP referral letter.

# Are services safe?

## Our findings

At our inspection of this service on 7 March 2018 we found that:

- Whilst there was a process in place to safeguard patients, not all staff had received the appropriate safeguarding training.
- We were not assured that the risks associated with healthcare associated infections were well managed as there was no process of monitoring post-operative infections.
- The processes in place to govern the management of medicines were unclear.

At our inspection on 31 May 2018 we found that:

### **Safety systems and processes**

- We saw evidence that all members of staff and doctors working at Cedar Park had completed the required level of safeguarding training appropriate to their role.

### **Risks to patients**

- The provider always gave patients a form to return upon discharge from the service that enabled the provider to be made aware of any complications or post-operative infections. However, we were told the return rate was very poor. As a result, the provider now made, wherever possible, direct telephone contact with patients to obtain the information. This gave assurance to the provider that the infection prevention and control were effective.

### **Safe and appropriate use of medicines**

- The provider had introduced a protocol to govern the use of anti-biotic medicines. The protocol was clear and comprehensive and had been signed by all of the doctors who performed minor surgery at Cedar Park.
- The provider had introduced an effective system to accurately record and manage stocks of medicines held at Cedar Park.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our inspection of this service on 7 March 2018 we found that:

- There had been no effective audit cycle of minor surgery.
- There was no system of ensuring that all histology results were received by the provider.
- Not all employed staff had received training in dealing with people with dementia, information governance training or safeguarding training. None had received training in respect of Mental Capacity Act and Deprivation of Liberty Safeguards.

At our inspection on 31 May 2018 we found that:

### **Monitoring care and treatment**

- The provider had completed a second cycle of the minor surgery audit. No issues were identified. The audit is to be re-run annually or more frequently as required.

### **Effective staffing**

- We saw evidence that all staff had completed training in dealing with people with dementia, information governance, safeguarding, the Mental Capacity Act and the deprivation of liberty safeguards.

### **Coordinating patient care and information sharing**

- The provider had introduced an effective system to manage the results of tissue samples sent for histology. This enabled staff to accurately monitor the results of samples sent away for testing and ensured that results were matched with samples sent. The system ensured that no histology results were missed.

# Are services well-led?

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

## Our findings

At our inspection of this service on 7 March 2018 we found that:

- The overarching governance framework did not support the delivery of good quality, safe care.
- The risks from healthcare associated infections was not well managed as the provider had no oversight and had not taken any steps to be made aware of any post-operative infections.
- There was no process in place to drive quality improvement through audit of clinical practice.
- The management had not ensured that all members of employed staff received the training appropriate to their role.

At our inspection on 31 May 2018 we found that:

### **Governance arrangements**

- The provider had introduced a protocol to govern and provide oversight of the use of anti-biotics by doctors performing surgery at Cedar Park.
- The provider had in place an effective system to ensure that all staff were appropriately trained and that the training was updated as required.

### **Managing risks, issues and performance**

- The provider had taken action to assure themselves of the efficacy of infection prevention and control measures by having in place a system to help identify post-operative infections.
- There was an ongoing program of clinical audit.