

The Octagon

Inspection report

Hesslewood Country Office Park
Ferriby Road
Hessle
HU13 0LH
Tel:

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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?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Octagon on 14 May 2021 as part of our inspection programme.

The service provides a Consultant led tele-dermatology service and a Consultant led pain management clinic in a community setting with care pathways to secondary care available when needed.

The Information Assurance Director 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 received feedback through two comment cards from patients that had attended the pain clinic. Both patients were very positive about the care and treatment they had received. At the time of the inspection there were no patients attending the dermatology service due to COVID -19 therefore we did not speak to them about the service.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording incidents.
- Risk assessments had been completed to assure the provider of the safety of the premises.
- Patients received effective care and treatment that met their needs.
- Staff were appropriately trained to carry out their roles.
- Staff maintained the necessary skills and competence to support the needs of patients.
- Patients received effective care and treatment that met their needs.
- Staff treated patients with compassion, respect and kindness and involved them in decisions about their care.
- There was a clear strategy and vision for the service. The leadership and governance arrangements promoted good quality care.

We saw the following outstanding practice:

The Provider had supplied all the GP Practices in the area they covered with a technology stand which included a webcam and dermatoscope/microscope. Prior to Covid-19 the Provider's support team went onsite to carry out training and since

Overall summary

then they had used video calls very effectively to continue the training. One of the Consultants had provided a video clip of himself using the equipment to practices, to support any new staff in using the equipment. This enabled the GPs to send photographs of the patient's skin condition to the Provider, promoting appropriate assessment, treatment and onward referral if necessary.

The areas where the provider **should** make improvements are:

- Continue to review and develop the clinical record system.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection team was led by a CQC lead inspector who had access to advice from a specialist advisor. The team included a member of the CQC medicines team.

Background to The Octagon

The Octagon, Hesslewood Country Office Park, Ferriby Road, Hessle HU13 0LH is the venue used by the Provider, Clinical Collective Ltd to deliver a tele-dermatology service and a pain management clinic. At the start of the Covid-19 pandemic the Provider introduced a 'mylink' solution which allows GP's to send a secure link to their patient at home (SMS/Email) if the patient can not be seen by the GP due to lock down or isolation etc. This allows patients to make their own referral, including images and any questions they may have. Patients are referred to the service by GPs either via a tele-medicine platform, the electronic referral system or through self-referral on the tele-medicine platform. All referrals are screened by the specialist clinical team to determine whether they are appropriate for the clinical service. Referrals can be made 24 hours a day onto the system.

The pain management clinic is delivered from a primary care building located at Harworth Primary Care Centre, Scrooby Rd, Harworth, Doncaster DN11 8JN. Staff working in the pain clinic were self-employed and were contracted by the Provider to deliver the pain clinics. These clinics are held periodically to meet the number of referrals received. Referrals can be made by GPs or patients can self-refer.

We visited the The Octagon location during the inspection.

The Provider is registered with the Care Quality Commission to carry out the regulated activities of treatment of disease, disorder or injury, diagnostic and screening procedures and surgical procedures.

How we inspected this service

Before visiting we reviewed a range of information we hold about the service and information which was provided by the service.

During the inspection:

- we spoke with staff.
- reviewed key documents which support the governance and delivery of the service.
- made observations about the area the service was managed from.
- reviewed a sample of treatment records.
- looked at information the service used to deliver care and treatment plans.

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?

We rated safe as Good because:

The practice provided care in a way that kept patients safe and protected them from avoidable harm.

The provider **should:**

- Continue to review and develop the clinical record system.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. 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. Contact numbers for the local authority safeguarding team were easily accessible and appropriate safeguarding policies were in place. Staff had attended safeguarding training appropriate to their role. They knew how to identify and report concerns. We saw an example of a safeguarding referral that had been made by the service.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate professional and premises indemnity arrangements in place.

Information to deliver safe care and treatment

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

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. However, all the information was not stored on the Provider's electronic record system. For example, in the pain management service we saw the triage decision for a patient was stored in an e mail separate from their clinical record. The provider was continuing to develop the record system to ensure that all information was stored in one place. The system had also been adapted so it encouraged GPs referring patients to provide information at the point of referral i.e medication and allergies.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance if they ceased trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including controlled drugs, emergency medicines and equipment minimised risks. The provider had assessed which emergency medicines they kept, however this was not documented in a risk assessment and based on guidance in the Drugs and Therapeutics Bulletins. Following the inspection, the provider actioned this immediately.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, there was a delay with an urgent referral and action was taken to ensure that instead of sending some referrals by e mail all referrals would be sent through the Provider's record management system. This would ensure that referrals could be monitored to ensure they had all been sent and there would be a clear audit trail enabling the provider to identify any further concerns.
- Staff were aware of and complied with the requirements of the Duty of Candour. Staff demonstrated a culture of openness and honesty. This was apparent during the inspection when providing us with evidence.

Are services safe?

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including self employed and agency staff.

Are services effective?

We rated effective as Good because:

Patients received effective care and treatment that met their needs.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical well being.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' symptoms where appropriate. Advice was given to patients on what to do if their symptoms got worse and when to request further help and support. The service offered an out of hours helpline service between 8am and 8pm seven days a week.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, each patient was contacted after their episode of care to check they were satisfied with the service they had received.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. For example, a consent audit showed that it was not always clear if patients had been provided with information about their care. Action was taken to ensure that this was recorded clearly in a patient's record.
- There was clear evidence of action to resolve concerns and improve quality.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. We saw evidence that the provider checked qualifications and provided induction for all staff, including the self-employed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up to date with re-validation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. One staff member told us they had identified some training they wanted to complete during an appraisal and were currently undertaking the requested training.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. We saw examples of communication between the provider and hospital services when patients needed to be referred to them.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Staff referred onto community services and Community support staff, for example, 'befriending' social prescribing, walking and exercise groups, classes for yoga and swimming. Patients were also directed to nationally recognised support groups such as Arthritis UK, Migraine Trust, Pain Toolkit and British Pain Society.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

Patients were treated with respect and staff were kind and caring and involved them in decisions about their care. We saw that patients returned regularly to the service for treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We received two patient comment cards for the pain service, both patients were very satisfied and said the service was professional and staff provided them with relevant information.
- The service sought feedback on the quality of clinical care patients received. Feedback from patients was generally positive about the way staff treated people. We discussed with the provider asking patients to provide written comments if they answered no to a question so they could identify areas for improvement. The provider said they would amend their feedback form to include this.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. Staff had completed equality and diversity training.
- The service gave patients timely support and information. The service provided patients that attended the pain clinic with telephone numbers to contact staff if they had any problems, including out of hours.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. Information leaflets in other languages could be accessed by staff, to help patients be involved in decisions about their care.
- We saw patient feedback that showed that they felt listened to and supported by staff and had sufficient time during virtual consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Consultations were conducted behind closed doors, where conversations were difficult to overhear. Staff understood the importance of keeping information confidential. Patient records were stored securely.

Are services responsive to people's needs?

We rated responsive as Good because:

Services were tailored to meet the needs of individual patients and were accessible.

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 provider understood the needs of their patients and improved services in response to those needs. At the start of the Covid-19 pandemic the Provider introduced a 'mylink' solution which allowed GP's to send a secure link to their patient at home (SMS/Email) if the patient could not be seen by the GP due to lock down or isolation etc. This enabled patients to make their own referral, including images and any questions they may have. The provider's support team went onsite to carry out training and since then had used video meetings very effectively to continue the training. One of the Consultants had provided a video clip of him using the equipment to practices supporting any new staff. This enabled the GPs to send photographs of the patient's skin condition to the provider promoting appropriate assessment, treatment and onward referral if necessary.
- Weekend and evening appointments were available along with telephone and virtual appointments in the pain clinic.
- During the Covid-19 pandemic the provider recognised the difficulties of patients not being able to access face to face appointments. They adapted their service to increase access to tele-dermatology services.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. The electronic web platform used for referrals could be accessed 24 hours a day by GPs and patients.
- Patients feedback showed that patients were satisfied with the response times from the service. We saw that they and their GP received feedback on what care and treatment was required within the required 48 timescales.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way. We saw records that showed that urgent referrals to hospital services were made in the relevant timeframe and this was monitored to minimise the risk of delayed referrals.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

Are services responsive to people's needs?

- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, we saw that the service responded appropriately when a patient was not satisfied with the care and treatment offered to them.

Are services well-led?

We rated well-led as Good because:

The culture of the service and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received annual appraisals in the last year. Staff were supported to meet the requirements of professional re-validation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Vulnerable staff and those who developed anxiety due to the lock down were supported with regular telephone calls, secure staff social media groups, team video calls, emails and staff Newsletter updates.
- Access to psychotherapists was available for counselling support if needed.

Are services well-led?

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

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. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. We saw that the provider completed the British Association of Dermatologists Tele-Dermatology audit annually. Areas covered in the audit included, clinician experience, patient care and information available for patients. No issues were identified from the audit.
- The provider had plans in place and had trained staff for major incidents.

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 in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account. The provider produced monthly and quarterly performance reports for the Clinical Commissioning Groups.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- 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

Are services well-led?

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. Every patient was contacted after their episode of care and asked to provide feedback on the service. The provider was going to amend the questions and ask for comments if the patient gave a negative response, so they had more detail to enable them to make improvements.
- Staff could describe to us the systems in place to give feedback, for example through virtual meetings, e mail and peer groups. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.
- There were systems to support improvement and innovation work. The provider had transitioned to an electronic paperless patient management system and was continuing to develop it in response to incidents and feedback received. It could be accessed remotely, was easy to use and was specifically designed for provider's service.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.