The White Rose Surgery

Inspection report

Exchange Street
South Elmsall
Pontefract
WF9 2RD
Tel: 01977642412
www.whiterosesurgery.co.uk

Date of inspection visit: 19 July 2023
Date of publication: 03/08/2023

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 well-led?	Good

Overall summary

This service is rated as Good overall. We previously inspected the service in April 2019 when we rated it good overall and for all key questions.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services well-led? – Good

We carried out a focused inspection at The White Rose Surgery in response to provider notifications to us of safety incidents linked to failures and errors in patient referrals. During this inspection we therefore examined the key questions of safe, effective and well-led. The key questions of caring and responsive were not examined and retained ratings of good.

CQC inspected the service in April 2019 and asked the provider to make improvements regarding the need to:

- Review and improve procedures for the date checking of emergency medicines and equipment.
- Review and improve procedures to give greater assurance that consultants had received appropriate annual mandatory training.
- Continue to follow up on actions identified in the last Infection Prevention and Control Audit.

We checked these areas as part of this focused inspection and found these points had been actioned.

The service delivers a range of health and care services including day care, diagnostic services and outpatient clinics and procedures for patients who access the service via an NHS referral. Referrals were either direct into the service or via a sub-contract delivered on behalf of another CQC registered provider.

At the time of the inspection the provider was in the process of appointing a new 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.

Our key findings were:

- The provider had systems in place to manage the safe and effective delivery of services.
- When any adverse incidents occurred, we saw that relevant statutory notifications had been made, thorough investigations had been undertaken and that learning and improvements had been put in place to prevent recurrence.
- The provider routinely reviewed the quality and effectiveness of services provided through clinical audit, and from receipt of patient feedback.
- Governance procedures were in place, and there were plans to strengthen these in the future.
- Care and treatment had been delivered in line with evidence-based guidelines.
- The service had undergone third party audit and accreditation.

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

- Implement regular structured infection prevention and control audits across the organisation.

Overall summary

- Examine the need to standardise the production of clinical notes in the patient records system to reduce possible delays.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a GP Specialist Advisor.

Background to The White Rose Surgery

The White Rose Surgery independent doctors service operates from:

Exchange Street, South Elmsall, Pontefract, West Yorkshire, WF9 2RD.

We visited this location as part of the inspection.

The Phoenix Health Solutions Limited at The White Rose Surgery is registered with the Care Quality Commission to deliver the following regulated activities:

• Diagnostic and screening procedures

• Treatment of disease, disorder or injury

• Surgical procedures

The provider delivers a range of activities for NHS patients who are referred either directly through themselves or via a sub-contract with another registered independent provider.

Services provided under their own Any Qualified Provider (AQP) contract commissioned by NHS West Yorkshire Integrated Care Board include:

- Direct Access Adult Hearing Loss
- Minor Hand Surgery–Carpal Tunnel Service
- Gastroenterology
- Ophthalmology
- Physiotherapy Services

Care includes diagnostics, day care, outpatient clinics and aftercare.

Services provided under the NHS standard sub-contract to increase waiting list capacity include:

- Gynaecology
- Urodynamics for bladder and incontinence issues.
- General surgery which includes minor procedures requiring local anaesthetic on a day care basis.
- Pain management.
- Oral and maxillofacial
- Ultrasound for gynaecology services.
- Nerve conduction.
- Ear Nose and Throat, diagnosis and management (non-aesthetic).
- Neurology
- Haematology
- Endocrinology
- Colorectal
- Ophthalmology

The provider delivers services from modern facilities. Parking, including parking for those with mobility issues, is available at a car park next to the location.

Services delivered under their own AQP were for patients who were aged 18 years or over. Services delivered under the sub-contract include patients who are under the age of 18, as well as adults.

Patients are drawn in general from the Wakefield area.

In addition to consultation facilities the service has an operating theatre, recovery area, audiology facilities and an endoscopy suite. Home visits are available as part of the adult hearing service.

The service operates 7 days a week from 8am till 6pm.

The service is staffed by 4 directors, 3 heads of service, 1 head of operations, 1 business support manager, 1 assistant business support manager, 2 nurses, 2 health care assistants, 11 ward clerks and 1 medical secretary. Other staff including consultants and other clinicians are provided on a contractual or agency basis.

The service has a web presence at www.phoenixhealthsolutions.co.uk

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

Before visiting the service's locations, we looked at a range of information that we hold about the service. We reviewed information submitted by the service in response to our provider information request and undertook interviews with staff both prior to the inspection visit and during our visit. Before and during our visit, we reviewed documents and clinical records, and made observations relating to the service and the locations it was delivered from.

This was a focused inspection, and we examined the following 3 questions:

- Is it safe?
- Is it effective?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Good

Are services safe?

We rated safe as Good because:

The provider had systems in place which kept patients safe. We saw that when incidents had occurred the provider fully investigated these and put in place measures to prevent recurrence.

Safety systems and processes

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

The provider had conducted safety risk assessments. For example, we saw that assessments had been undertaken for manual handling and lone working. In addition, it had appropriate safety policies, which had been regularly reviewed, and which were communicated to staff including contracted and agency staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and ongoing training.

The service had systems to safeguard children and vulnerable adults from abuse. Staff we interviewed, and those who submitted questionnaires to us, were clear about their role in safeguarding vulnerable individuals. The service had appointed safeguarding leads who were known to staff. Staff informed us how they would protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

The service had systems in place which gave assurance that an adult accompanying a child had parental authority.

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.

When we examined personnel files, these showed that a small number of staff had not been trained to the appropriate level in relation to safeguarding. Following the inspection, we were sent evidence to show that this training had been subsequently completed.

Staff who acted as chaperones were trained for the role and had received a DBS check.

The last infection prevention and control (IPC) audit had been undertaken in 2019, the provider told us that this had been due to the impact of COVID-19 and their inability to book a third-party audit. The provider was aware of this concern and had arranged a new audit to be undertaken on 24 July 2023. However, apart from this issue, we saw that control measures were in place for IPC. This included:

- The provider had actioned areas which had been raised for improvement in previous audits and assessments. This included recovering seating and had undertaken a phased refurbishment of consultation and treatment rooms.
- Control measures were in place for Legionella, and environmental testing had been undertaken for high-risk activities/ areas such as the assessment of theatre ventilation air change rates.
- Staff had received IPC annual training.
- Disinfection and sterilisation procedures were in place.
- IPC controls, or elements of IPC controls had been examined as part of external accreditation for the service.
- Environmental spot-checks had been undertaken.

Good

Are services safe?

The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We saw that maintenance issues were discussed, and that decisions had been made to replace and upgrade equipment. Electrical safety testing and calibration had been undertaken on a regular basis.

We saw that clinical waste and other healthcare waste was generally well managed. The clinical waste storage area was secure, and the provider had a waste contract in place with an authorised carrier.

The provider had undergone a review of flexible endoscope decontamination facilities. This review determined if endoscopy decontamination facilities were fit for purpose and met the requirements of the NHS and independent healthcare sector in the UK. The review undertaken in 2022 showed overall provider compliance with the current standards.

Risks to patients

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

The provider had developed a suite of standard operating procedures to support the safe delivery of services such as endoscopy. For example, these included procedures for emergency medicines and resuscitation, operational endoscopy procedures, and a training and development programme for nurses and support workers in endoscopy.

There were arrangements for planning and monitoring the number and mix of staff needed. The provider had several contracted consultants, doctors and other clinical staff. We saw that clinics were built around clinical capacity. If necessary, agency staff were also utilised.

There was an induction system for staff which included contracted and agency staff, as well as permanent staff. This induction was tailored to individual staff roles.

At the time of inspection personnel records appeared not fully complete and failed to give full assurance that clinical and non-clinical staff had detailed their immunisation status in line with national guidance. Following the inspection, the provider sent us evidence which showed that they had the necessary assurance of staff immunisation status.

Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections. Staff had received specific training to support deteriorating patients who may have sepsis.

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 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.

Good

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.

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 in the event that they cease trading.

Safe and appropriate use of medicines

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

The systems and arrangements for managing medicines, including controlled drugs, and emergency medicines and equipment minimised risks. However, at the time of inspection we found that the provider had no processes in place for the recording and monitoring of prescription stationary. Following the inspection, the provider sent us evidence that a new procedure had been put in place to record and monitor prescription stationary once it entered the site.

The provider prescribed Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They had adopted a Controlled Drugs Policy, however this was not specific to their own organisation. Following our inspection, the provider sent us a copy of the revised policy which was specific to their own organisation.

Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

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.

The provider met with 2 other providers on a regular basis to share best practice and to discuss safety including patient safety issues. In addition, the provider met with both the commissioners for their substantive AQP contract, and contract holder for their sub-contracted services on a regular basis to discuss operational issues including safety incidents.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Good

Are services safe?

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. Staff we spoke with told us that they were aware how to raise concerns with managers and said that they felt that they were able to raise concerns without prejudice.

There were 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. We heard from staff that incidents and subsequent learning including changes to processes were shared with them. For example, we saw that safety netting processes had been put in place following the failure of the referral process to send a patient for further tests, and the added issue that this failure had not been identified. As a result of the incident and subsequent investigation a 3 step failsafe process had been put in place to prevent a recurrence.

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. Over the previous 12 months the provider had notified CQC of 2 safety incidents in line with requirements.

When there were unexpected or unintended safety incidents, we saw evidence which showed that the provider gave affected people reasonable support, truthful information and an apology.

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. We saw that the provider kept a log of alerts, and the actions they had taken in response to them. Staff told us that information such as alerts were discussed at briefings prior to clinics, at team meetings and via emails and notifications on the clinical system.

Good

Are services effective?

We rated effective as Good because:

The provider had in place effective measures for the delivery of care to patients in line with national standards. Processes were in place to assess patient needs and plan the delivery of coordinated care.

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.

The provider had developed service specifications and standards for the activities they delivered. This included gastroenterology and ophthalmology.

Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs, and their mental and physical wellbeing.

Clinicians had enough information to make or confirm a diagnosis. The provider referred on patients for other diagnostic services when required.

We saw no evidence of discrimination when making care and treatment decisions.

Staff assessed and managed patients' pain where appropriate. We saw that patients were asked feedback on the treatment and care received. For example, this included feedback on ophthalmology services which assessed levels of discomfort and pain during treatment.

The provider had oversight of specific services delivered. For example, they had established an endoscopy user group. Membership included consultants who delivered care and managers from the service. At group meetings key issues discussed included waiting times, other performance metrics, audits, and complaints and incidents.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

The service used information about care and treatment to make improvements. The provider undertook a programme of clinical audits, and safety and quality assessments. The provider used these to assess effectiveness and drive improvement. For example, an ophthalmology audit undertaken between April and June 2023 showed that of 38 patients treated 37 had achieved an agreed level of visual acuity or better 6 weeks after treatment. 1 patient had a pre-existing condition which meant that they were unable to meet this improvement in acuity. All 38 patients reported no issues with pain linked to the procedure.

Good

Are services effective?

The endoscopy service had been accredited (2022-2027) by the Joint Advisory Group (JAG) on Gastrointestinal Endoscopy of the Royal College of Physicians. The accreditation recognised endoscopy services who had been assessed to have demonstrated that they meet the JAG quality standards. We saw that actions which were identified as being required in the first JAG assessment which took place in January 2022 had been completed by the time of their reassessment in November 2022.

The provider had undertaken a quality report for 2022/23 which aimed to provide the public and commissioners with an insight into the quality of the healthcare services delivered. It included:

- Service improvements made to increase patient experience.
- Improvements to service response times.
- The ongoing maintenance and development of staff competencies.
- Patient safety and improved patient outcomes.
- The identification and management of organisational risk.

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.

Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.

The provider had developed and adopted a competency framework. This was used to evidence staff understanding, and to demonstrate that staff had the necessary skills to deliver their roles. This included evidencing training and instruction undertaken, as well as observed practice of care and treatment delivered. Examples of competencies included competencies for basic wound care, ear irrigation, and testing of blood clotting times.

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. We saw that with some minor exceptions training was generally up to date. Where we identified potential training issues, we were sent evidence after the inspection to show that this training had been subsequently undertaken.

Coordinating patient care and information sharing

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

Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. We saw that there had been 2 recent incidents linked to referrals to secondary care. The first of which was a referral which had not been made, and which had not been identified as not having been made, and the second which related to the referral of the wrong patient for further examination and tests. In both these incidents we saw that the provider had examined them in detail and had put in place procedures to prevent recurrence.

Before providing treatment, clinicians at the service ensured they had knowledge of the patient's health, any relevant test results, and their medicines history via access to their NHS records.

Good

Are services effective?

If the provider assessed a patient as being unsuitable to be treated by the service, they would be informed of this and the referral returned to the originating service. Alternatively, if the provider felt that they were not able to complete treatment or that further tests were required they referred patients on to suitable services as required.

The provider updated the patient's NHS records during their treatment up to the point of discharge. The patients own GP had access to these records. However, it was noted that there was no organisational standardisation in the use of the clinical records system and the production of clinical notes. For example, some consultants directly recorded information themselves, whilst others used handwritten notes which were transcribed by the medical secretary and scanned into the record. This led to variations in turnaround times of up to 10 to 12 days.

The provider had risk assessed the treatments they offered.

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 an accessible way. Following a recent incident, we saw that there were now clear arrangements for following up patients who had been referred on to other services.

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.

The provider had developed information resources which enabled patients to understand better the services they were either due to receive or had received. For example, they had developed a leaflet which explained the endoscopy service.

Risk factors were identified, highlighted to patients, and were communicated to their normal care provider for additional support.

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. We saw that staff had received training in mental capacity.

The service monitored the process for seeking consent appropriately. For example, we saw that the provider had undertaken an audit into gynaecology consent processes in April 2023. The audit we saw indicated that consent was dealt with in an appropriate manner.

Good

Are services well-led?

We rated well-led as Good because:

Management and governance processes were in place to support the safe and effective care and treatment of patients.

Leadership capacity and capability

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

Managers and leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the provider produced an annual quality report which identified areas for improvement and gave an overview of organisational risk management activities.

We were told by staff that managers and leaders at all levels were approachable.

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. Whilst the vision and values had not been directly developed by staff, all of the staff were spoke with understood the aspiration of the provider to deliver care which was outstanding.

Staff told us that they knew how their role contributed to the achievement of the aims and aspirations of the organisation.

The provider had developed monitoring and reporting procedures which tracked progress against the delivery of their overall strategic plans.

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.

Managers and leaders acted on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We reviewed incident and complaint records and saw that these were detailed, included apologies when required, and contained information on how patients were able to escalate their complaint should they feel that they wish to do so.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Good

Are services well-led?

The provider had an open approach to the receipt of concerns or suggestions for improvement raised by staff. Staff told us they felt free to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

There were processes for providing staff with the development they need. This included appraisal, training, and career development conversations. All staff had received regular annual appraisals in the last year.

Staff were supported to meet the requirements of professional revalidation where necessary.

There was a strong emphasis on the safety and well-being of all staff. Whilst staff informed us it was a rare occurrence, they told us that they felt protected from any patient abuse by the provider.

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 individual 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. Oversight and governance meetings were held. These included directors meetings, team meetings, and monthly meetings with commissioners. We were informed that the provider also planned to re-establish their audit and governance group, executive management group and operational management group in the near future. Meetings of these groups had lapsed over the COVID-19 pandemic.

The provider also met on a regular basis with 2 other community providers as part of a patient safety incident response framework. This collaborative meeting discussed common issues and incidents, and shared learning and best practice.

Staff were clear on their roles and accountabilities.

Managers and leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear 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. We saw that the provider had identified key challenges, planned and implemented improvement measures, and tracked and monitored these on a regular basis.

The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audits of procedures and patient outcomes.

Good

Are services well-led?

Managers and leaders had oversight of safety alerts, incidents, and complaints.

The provider had plans in place and had trained staff for major incidents. For example, staff had received fire training.

We saw that the provider had responded quickly and effectively to action areas of concern we raised with them during the inspection. For example, they had quickly developed and implemented a process for the recording of incoming prescription stationary.

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. For example, the provider had established an endoscopy user group, which met to discuss key subjects such as waiting times, complaints, compliments, incidents, and audits.

The service used performance information which was reported and monitored, and management and staff were held to account.

The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address 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

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

The service encouraged and heard views and concerns from patients, staff and external partners, and acted on them to shape services and culture. Following treatment each patient was contacted for their views on the services they had received. We saw that feedback from patients was very positive. In the last 12 months 92% of 1,252 respondents rated their overall experience of the service as either very good or good.

Staff could describe to us the systems in place for them to give feedback, this included via appraisals and direct contact with managers. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. For example, evidence from a recent, but small scale survey of consultants showed that:

- 80% of staff either strongly agreed or somewhat agreed that they were encouraged to come up with new and better ways of doing things.
- 100% of staff were either very satisfied or satisfied with their position.

Good

Are services well-led?

The service was transparent, collaborative, and open with stakeholders about performance. We saw that regular meetings were held with commissioners.

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. We saw that 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.

There were systems to support improvement and innovation work. For example, the provider had a programme of clinical audits. In addition, the provider had undertaken regular spot checks which assessed operating practices, and the condition of the working environment.