

Enfield Health Partnership Limited

BMI The Cavell Hospital

Inspection report

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Ratings

Overall rating for this service

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 service was previously inspected in March 2018.

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 BMI The Cavell Hospital as part of our ratings inspection programme for Independent Health Providers.

Enfield Community Gynaecology offers consultant led gynaecological consultations from facilities located at the BMI Cavell Hospital, Enfield. The service is commissioned by the local Clinical Commissioning Group and patients access the service via their GP.

Summary of findings

The Service Manager 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.

Fifteen people provided feedback about the service.

Our key findings were:

- The service had systems to manage risk so that safety incidents were less likely to happen.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. Clinical staff ensured that care and treatment was delivered according to evidence-based guidelines.
- Clinical staff were qualified and had the skills, experience and knowledge to deliver effective care and treatment.
- The practice was actively engaged in activities to monitor and improve quality and outcomes.
- Facilities and premises were appropriate for the service being delivered.
- All 15 of the CQC comment cards we received were positive, with key themes being that reception staff were kind, clinical staff were knowledgeable, communicative and compassionate; and that the overall environment was clean.
- There was a proactive approach to understanding the needs of the local community and towards delivering care in a way that met these needs.
- The culture of the service encouraged candour, openness and honesty.
- People could access appointments and services in a way and at a time that suited them.
- We saw examples of inclusive and effective leadership.
- Governance arrangements facilitated the delivery of safe and high quality clinical care.

We saw the following outstanding practice:

- The service employed clinical staff who worked across several CCG areas and was conscious this provided an opportunity to identify and share good practice and learning. The service was able to show examples of when it had used this capacity to benefit patients, including developing guided clinical assessment forms to support GPs making fertility referrals in a way which helped minimise avoidable disappointment and distress to patients who did not meet certain criteria, a process which allowed its clinicians to refer patients directly to hysteroscopy from the triaging stage without being required to attend assessment consultations which were not clinically necessary and sharing learning between CCGs relating to a conservative approach to the management of asymptomatic polyps. In each case, the service or its clinical director developed the improvement in one CCG area and shared this in other CCG areas.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

BMI The Cavell Hospital

Detailed findings

Background to this inspection

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor.

Enfield Community Gynaecology offers consultant led gynaecological consultations from facilities located at the BMI Cavell Hospital, Enfield. The service is commissioned by the local Clinical Commissioning Group and patients access the service via referral from their GP.

The service provides a clinic every Wednesday from The Cavell Hospital between 9am-5pm and occasional clinics on Mondays. A monthly Saturday clinic is also provided at Green Lanes Surgery, Winchmore Hill, a separately registered location. The Green Lanes Surgery location was not visited as part of this inspection.

The service sees 200-500 patients per month across the two sites and has a staffing team consisting of eight gynaecologist specialists, two doctors (who are also the service's directors), three health care assistants, a service manager and three administrative staff. We were advised that the service treats approximately 80% of all gynaecological referrals in the local CCG area. The service does not provide care and treatment to patients under 16 years of age.

We carried out an inspection of Enfield Community Gynaecology on 8 May 2019. The inspection team comprised a CQC inspector and a GP specialist advisor. Before visiting, we reviewed a range of information we hold about the practice. During our visit we:

- Spoke with the clinical director, service manager, one of the doctors and members of the administration team.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed protocols, policies and procedures.

How we inspected this service

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Are services safe?

Our findings

We rated safe as Good because:

The service had clear systems to keep people safe and safeguarded from abuse as well as systems to assess, monitor and manage risks to patient safety and ensured staff had the information they needed to deliver safe care and treatment to patients.

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. 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 although it did not provide services to people aged under 16 years.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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. Chaperoning services were provided by clinical staff who worked at the private hospital in which the service was located. The provider had systems in place to ensure 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. On matters where responsibility for assessing risk was held by the location's host, the provider had ensured it received and reviewed the assessments and worked with the host to mitigate any identified risks.

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.
- The service did not employ agency staff but had a protocol in place to ensure an effective induction could be provided to agency staff if this situation changed.
- Although the location only undertook gynaecology consultations with patients referred by their GPs, it ensured staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When reporting on medical emergencies, the guidance for emergency equipment is in the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

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

- 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.

Are services safe?

- 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.
- 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 minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- 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 had a system in place to learn and make 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 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
- Each of the consultants and doctors as well as the service manager also held employments in other NHS commissioned services. The provider encouraged the team to share learning from safety events and patient and medicine safety alerts identified at the other locations in which they worked.
- The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

We found that this service had systems to keep clinicians up to date with current evidence-based practice and that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

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 including best practice guidelines published by the Royal College of Obstetricians and Gynaecologists and the National Institute for Health and Care Excellence (NICE).
- 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
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements and clinical audit had a positive impact on quality of care and outcomes for patients. For example, the service routinely audited the rate of failed or abandoned procedures examining the inside of the womb against the national average failure rate. The audit objective was to ensure the service identified patients who were suitable for the procedure as outpatients rather than for a day case procedure (conducted in one day at a hospital under a general anaesthetic).

The first cycle of the audit in 2014 highlighted a 3.4% failure rate. Following interventions such as more rigorous

selection of patients (supported by the use of senior clinicians), a 2015 and 2017 re-audit highlighted that the service's failure rate had reduced respectively to 2.48% and 1.4% which were both well within the national average. A further audit cycle undertaken in 2018 showed the improvement had been maintained. We noted that this audit type was highlighted as best practice by the Royal College of Obstetricians and Gynaecologists.

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 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.

Coordinating patient care and information sharing

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

- The provider had developed a standard referral form to support GPs make clear and appropriate referrals which included all relevant information about the patient and their condition. This had been shared with all GP practices in the CCG area and was embedded in the most commonly used patient management computer system.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- 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. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

Are services effective?

(for example, treatment is effective)

- 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.
- 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. There were clear and effective arrangements for following up on people who had been referred 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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- The clinical director who was a consultant gynaecologist, reviewed every referral to the service within 48 hours of the referral being received. The

provider told us that although it routinely achieved every target around appointment times, it was not an urgent service. If the clinical director considered a patient's needs were clinically urgent, for instance a possible cancer diagnosis, staff redirected the referral to the CCG's referral management service with clear information stating the patient required a more suitable appointments within a timely manner. The provider had worked with the CCG to develop a Standard Operating Procedure to ensure referral management staff understood how to manage redirected referrals.

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?

Our findings

We rated caring as Good because:

Staff treated patients with kindness, respect and compassion and had processes in place to help patients to be involved in decisions about their care and treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. Every patient who attended an appointment was invited to respond to a patient satisfaction survey and we reviewed data for the period between January 2019 and April 2019. This showed, of 58 patients who responded, 100% rated the staff involved in their care as good or excellent, whilst 100% also rated the Doctor or Consultant as good or excellent for listening and answering questions.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

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 and the referral form designed by the provider included a section which encouraged referrers to include details of a patient's communication needs in advance. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during 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.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Patients were given the opportunity to watch their ultrasound scans on a monitor but screens could be turned off if they preferred not to watch.

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

We found that this service was responding to people's needs and providing access to services in a timely manner.

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. For instance, we noted the service had reviewed how the clinical pathway for patients with abnormal uterine bleeding included a step for a consultation which was frequently unnecessary and caused an avoidable delay. The service worked with commissioners to introduce a protocol in which clinicians could refer patients directly to treatment for the condition at the triaging stage instead of requiring a further appointment. This meant people could have their treatment more quickly.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

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

- Patients were able to access care and treatment from the service within an acceptable timescale for their needs. For example, every referral was reviewed by the clinical director within 48 hours of the referral being received and appointments usually took place within four weeks of the initial GP referral.
- The service had analysed responses to a patient satisfaction survey in which every patient who used the service was invited to participate. Responses received between January 2019 and April 2019 showed 98% rated the experience at their most recent appointment as good or excellent, whilst 100% said their access to the clinic was good or excellent.
- Performance data submitted to CCG commissioners highlighted that waiting times, delays and cancellations were minimal. The service told us that patients with the most urgent needs had their care and treatment prioritised.

- Patients had timely access to diagnosis and treatment. The lead consultant spoke positively about how reviewing each referral for its appropriateness and ensuring that blood tests and other initial assessments had taken place ensure that in many instances treatment could take place on one day as opposed to over two or three appointments. This aligned with comment card feedback we received from patients about timely access to the service.
- Appointments were undertaken by consultants who also provided treatment at NHS secondary care providers. Patients who required further treatment, including surgery, could be added directly to the consultant's list which reduced administrative and other delays.
- The service provided a clinic every Wednesday between 9am-5pm at BMI The Cavell Hospital and occasional clinics on Mondays. The provider also held a monthly Saturday clinic at a separately registered location, based at Green Lanes Surgery, Winchmore Hill. This meant patients who were unable to attend appointments during normal working hours could access the service at a weekend instead.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had processes in place to respond to them appropriately to improve the quality of care. However, it had not received any complaints within the previous two years.

- Information about how to make a complaint or raise concerns was available. Staff told us they would treat patients who made complaints compassionately.
- The service told us in the event of receiving a complaint, they would inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service manager and clinicians had experience of working in other care settings and understood how lessons could be learned from individual concerns, complaints and from analysis of trends and were able to describe how they did this in other locations.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

Leaders had the capacity and skills to deliver high-quality, sustainable care and had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients. The service had a culture of high-quality sustainable care and there were clear responsibilities, roles and systems of accountability to support good governance and management.

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 was aware of significant changes being made to the way primary care services were provided locally and nationally and was developing plans to ensure services could continue as an integrated element of the local health economy.
- The service developed its vision, values and strategy jointly with staff and external partners, including commissioners and secondary care providers.
- 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 told us how they would manage behaviour or performance inconsistent with the vision and values.
- Although the service had not received a complaint within the previous two years, staff and leaders were able to describe the importance of openness, honesty and transparency 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 who were due an annual appraisal had had one in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nursing staff, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- 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.

Are services well-led?

Good 

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

- The service ensured clinical meetings were organised for days when the entire clinical team was available to attend and this was usually one per month on a Saturday.
- 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 and processes in place to ensure oversight of incidents and complaints in the event of either being recorded.
- 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.
- 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 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

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. The service sought patients' feedback by way of the Friends and Family Test. We noted that the most recent Friends and Family Test highlighted that 98% of patients would either "recommend" or "highly recommend" the service.
- Staff could describe to us the systems in place to give feedback. Every patient who attended an appointment was invited to participate in a satisfaction survey and we saw evidence that results from this survey were discussed by the leadership team and with the commissioner. 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. We saw evidence of regular discussions with the commissioners during which the service presented performance data and sought feedback of areas where improvements could be made.

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 employed clinical staff who worked across several CCG areas and was conscious this provided an opportunity to identify and share good practice and learning. The service was able to show examples of when it had used this capacity to benefit patients. For instance, the clinical director worked as a consultant gynaecologist in a neighbouring CCG area and had concerns patients who did not meet the criteria for funded in vitro fertilisation (IVF) treatment were

Are services well-led?

Good 

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

frequently referred for this treatment. The clinical director explained this had often cause avoidable disappointment and distress to patients whose expectations had not been well-managed. They had developed referral guidelines which reflected the criteria for IVF treatment and had shared this alongside a guided assessment form with all GP practices in the CCG area. This meant GPs considering referring a patient for fertility treatment were able to assess the patient's suitability prior to making a referral and this had helped avoid patient's developing unrealistic expectations. We were told the provider had reviewed the effectiveness of this protocol and shared the learning with commissioners at Enfield CCG where it was implemented in 2019.

- The clinical director had also undertaken a clinical audit in a different CCG area, of the traditional clinical pathway followed for patients with abnormal uterine bleeding. This pathway involved an initial consultation with a specialist to assess whether a hysteroscopy was

appropriate. The audit found the majority of consultations caused an unnecessary delay for patients without delivering any benefit, because the referral for a hysteroscopy could have been made directly at the triaging stage. As a result of the audit, the service introduced a process which allowed its clinicians to refer patients directly to hysteroscopy from the triaging stage where this was clinically appropriate. The provider had reviewed the effectiveness of this protocol and shared the learning with commissioners at Enfield CCG who had also agreed to adopt the protocol.

- We saw a further example of the service sharing learning between CCGs relating to a conservative approach to the management of asymptomatic polyps. The service had developed the improvement in the Enfield CCG area and shared this in other CCG areas where clinical staff were employed.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.