Care Quality Commission

Communitas Clinics Ltd

Communitas Clinics

Inspection report

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Date of inspection visit: 23 October 2018
Date of publication: 28/12/2018

Overall summary

We carried out an announced comprehensive inspection on 23 October 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Communitas Clinics (run by Communitas Clinics Ltd) delivers consultant-led community dermatology and ear, nose and throat assessment and treatment services for the NHS.

The Managing 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.

Two hundred and thirty three people provided feedback about the service. Two hundred and ten of the comments cards we received were wholly positive in their comments.

Our key findings were:

- There were a number of areas of risk that had been formally risk assessed and were being effectively mitigated. Risks associated with staff who were not fit and proper and from infection had been partially mitigated at the time of the inspection, and further action was taken shortly after the inspection.

Summary of findings

- The service learned and made improvements when things went wrong.
- Audit was used to check care was delivered according to operating procedures.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff were allowed regular time for personal development, meetings to review their progress and annual appraisals.
- Patients said they were treated with compassion, dignity and respect.
- Information about how to complain was available and easy to understand.
- There was a clear leadership structure and staff felt supported by management.

There were areas where the provider could make improvements and should:

- Review the improved processes for managing risks to ensure that they are operating effectively.
- Consider developing documented protocols for checking that adults accompanying children too young to consent have parental responsibility.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Communitas Clinics

Detailed findings

Background to this inspection

Communitas Clinics (run by Communitas Clinics Ltd) delivers consultant-led community dermatology and ear, nose and throat assessment and treatment services for the NHS.

Patients are referred to the service by their GPs. The service has indicated that it treats more than 500 patients a month. Children over the age of six months and adults are assessed and treated.

The care is provided by consultants, GPs with special interest, clinical assistants, specialist nurses and a dedicated support team.

Care is provided from thirteen satellite clinics in Croydon, Bexley, Greenwich, Sussex, Surrey Downs and Barking, Havering and Redbridge. These are all locations run by NHS GP providers and the service uses rooms, reception and chaperone staff and has access to emergency equipment under written service level agreements.

Only one clinic was visited for this inspection, at 83 Brigstock Road, Croydon. This is where the Communitas services are run from. There is also an NHS GP practice and a separate dermatology service at the 83 Brigstock Road address, with the same CQC registered manager. We did not inspect the NHS GP or the separate dermatology service as part of this inspection.

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist advisor with a special interest in dermatology and a GP with a special interest in ear, nose and throat.

Before we inspection we reviewed information already held by CQC and information submitted by the provider for the inspection.

During the inspection, we received feedback from people who used the service, interviewed staff, made observations and reviewed documents.

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

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

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

Are services safe?

Our findings

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse, but they were not fully implemented.

- The provider conducted safety risk assessments. It had safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service 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 service had a recruitment policy that specified the checks that would be carried out. This said that Disclosure and Barring Services (DBS) checks would be reviewed for all staff employed by the service. 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). However, it did not specify how the checks would be carried out. DBS checks are not generally transferable between employers unless the person has signed up for specific update service. The service had accepted DBS checks requested by other employers, in one case that had been requested two years prior to the start date with the service, with no formal risk assessment. There was no systematic approach to DBS checking after a person was in post – the practice reviewed checks carried out by other organisations where these were supplied by the employee. Shortly after the inspection, the service sent us an updated recruitment policy which stated that the service would request DBS checks for all staff (enhanced for clinical staff and chaperones), and gave some conditions for using a previous certificate (including completion of a full risk which demonstrated sound reasons and clear assessment of the risk of not obtaining a full DBS check before a person takes up post). The policy said that a further DBS check will then be required. We saw evidence that this had been distributed to staff. An action plan sent with the policy said that DBS checks would be requested, by 8 November 2018, for all clinical staff for whom the service had not completed its own checks previously.
- The service had not assumed, but not assured, that the NHS GP practices who provided reception staff and chaperones under service level agreements at the satellite locations had carried out appropriate recruitment checks to ensure staff were fit and proper for their roles. Details of the service's expectations were not documented in the service level agreement (SLA). Shortly after the inspection we were sent an updated service level agreement, referring to the regulations that govern the recruitment of staff and to a new statement of compliance, which listed the specific recruitment checks required. The SLA said that this must be signed annually by each organisation providing staff. An action plan sent with the documents said that all organisations providing staff would sign an updated SLA and a statement of compliance by 30 November 2018.
- All staff employed by the service received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff employed by the service who acted as chaperones were trained for the role and had received a DBS check. The service had not assumed, but not assured, that the NHS GP practices who provided staff under service level agreements had provided up-to-date training required for the role, including in safeguarding, relevant safety and chaperone training. The updated service level agreement and statement of compliance we were sent shortly after the inspection detailed the training that staff must have annually.

At the time of the inspection there was a system to manage infection prevention and control, which was well implemented, but was not sufficiently comprehensive to ensure that all risks were appropriately mitigated.

- There were infection control policies which included procedures for handwashing, the use of personal protective equipment, sharps management, spillage management, cleaning standards and clinical waste management. Staff employed by the service received training as part of induction and annually. There were frequent documented checks of cleanliness and some other infection control risks in clinical rooms, and

documented decontamination procedures. There had been a small audit of post-operative infection rates (25 patients) which found no incidences of post-operative infection and included details of plans to look at all patients undergoing minor surgery on a rolling basis and by clinician. The service carried out regular infection control audits of all of the locations where care was provided, including those managed under service level agreements, which included some checks of cleanliness and of the management of clinical waste. We saw records of Legionella testing for the 83 Brigstock Road location. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- However we identified areas where improvement was required to comply with national guidance on infection prevention and control. The policies specified that staff should provide evidence of immunity to Hepatitis B, but not other infectious diseases. The sharps guidance did not include the requirement to dispose of sharps containers after 3 months, even if not filled, and we found one sharps bin dated 2017. The infection control audit tool did not include details of all of the aspects staff told us that they checked (e.g. Legionella) Although the standard of cleaning appeared to be generally high and checks had been completed, we found some dust on the supports of an examination couch.
- Shortly after the inspection the service sent us evidence of reviewed and improved infection control arrangements, including an updated suite of policies that we saw had been distributed to staff. The policy on staff immunity included all of the infectious diseases recommended by guidance, although the section on monitoring only mentioned two. The action plan said that the service would request evidence on all of the infectious diseases from all clinical staff by 2 November 2018. The updated policies included full guidance on sharps management, which were reflected in updated audit checklists. We were sent emails showing that staff had been sent the checklists and told to check sharps bins immediately. The service had carried out further checks of cleanliness and advised staff of areas that needed to be added to the cleanliness audit. The action plan said that the infection control audit template would be reviewed in more detail (to ensure it met best practice) by 30 November 2018.

The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including that held at satellite locations.

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.
- There was an effective induction system for staff tailored to their role. There was a written checklist and before clinical staff worked at any location they received a service-specific induction tour and were given written guidance on relevant protocols and the emergency equipment in place at the location.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- 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.
- The service had a system in place to retain medical records in line with DHSC guidance.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The service checked the identity of patients by requesting verbal confirmation of their name and personal information. Medical staff were aware of the need to ensure that the accompanying adult had the authority to consent for children too young to do so. Staff told us that they checked verbally that that adults accompanying children had parental responsibility.

Are services safe?

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 emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. In addition to standalone audits on particular medicines, the service had plans to complete a bi-annual review of all prescribing broken down by service and clinician with the first review due to be completed by January 2019.
- 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.

Track record on safety

The service generally had a good safety record, although there were some risks that had not been fully assessed and mitigated.

- There were a number of areas of risk that had been formally risk assessed and were being effectively mitigated, including fire. Risks associated with staff who were not fit and proper and from infection had been partially mitigated at the time of the inspection, and further action was taken shortly after the inspection.
- The service monitored and reviewed activity at all of the places where care was delivered. This helped it to understand risks and 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. After an incident where incorrect hearing test results were recorded for a patient the service completed a thorough analysis to ensure that all factors were considered, and put in place a new protocol in the event of faulty equipment.
- 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

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

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.

- 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.
- Arrangements were in place to deal with repeat patients. If patients needed a follow up appointment they were contacted and offered a choice of available dates and times.
- Staff assessed and managed patients' pain where appropriate.
- The service had won a 2017 Health Service Journal Award for Improving Care with Technology (with Surrey Downs Clinical Commissioning Group). The service developed a real-time referral service to provide timely diagnosis and improve patients' access to services. Using specialist technology GPs in surgeries in Surrey Downs were able to send clinical information and images to the dermatology specialists within the service and receive diagnoses and management plans. Rapid access to a specialist opinion meant the amount of unnecessary secondary care referrals were reduced. In the period studied, over 65% of patients referred to the service avoided a referral to secondary care.

Monitoring care and treatment

- The service used information about care and treatment to make improvements.
- Audits had taken place of infection rates after minor surgery, histology samples, adherence to protocols and consent taking and prescribing. We saw evidence of high rates of adherence with protocols and that areas for improvement were addressed with relevant staff members.

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.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate, for example with patient's GPs.
- 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.
- Referrals to the service came from NHS GPs and the service shared details of consultations and any medicines prescribed with the referring GP.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing by the service.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services, for example the referring GP or social services.
- 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 have been referred to other services.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

The service supported patients to manage their own health.

- Where appropriate, staff gave people advice so they could self-care. The service website had links to information leaflets, some educational videos and links to other information resources.
- Risk factors were identified, highlighted to patients and highlighted to their GP provider for additional support, e.g. if prescribed medicines had potential side effects.
- Where patients needs 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?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service had a set of documented values. One of these (Emotional Intelligence) described how the service used empathy, humility and honesty in their approach to patient care.
- Feedback from patients was positive about the way staff treat people.
- 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.

- Feedback from the service's own post consultation survey indicated that staff listened to patients concerns and involved them in decisions made about their care and treatment.
- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available to help patients be involved in decisions about their care, although there were none in easy read (a specific style of information often chosen by people with learning disabilities, although other groups can find it useful too).
- Two hundred and thirty three people provided feedback about the service. Two hundred and ten of the comments cards we received were wholly positive in their comments. 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.

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

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs, for example in the times of appointments that were available. Clinics ran Monday to Friday 9am – 6pm, Saturday 9am – 3pm.
- 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. The service monitored a number of measures of access to care and took action on any poorer than expected performance.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. Waiting times, cancellation rates and patients failing to attend were all monitored.
- Delays to appointments were not monitored systematically, although the service had taken some steps to minimise these (for example, offering doctors a choice of 10 or 15 minutes appointment lengths). Three of the two hundred and thirty three patient comment cards we received mentioned long delays to be seen after appointment times. We fed this back to the service and shortly after the inspection we were sent details of how the service would monitor delays to appointments.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way, with urgent referrals monitored to ensure that patients were seen.

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.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. After one complaint, of a referral that was delayed as it did not comply with local referral pathways, the service developed new guidance for doctors.

Are services well-led?

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

Our findings

Leadership capacity and capability;

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

- Leaders were generally 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.

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. Staff were encouraged to identify colleagues who had acted in ways that particularly reflected the 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 taking into account the needs of patients and local stakeholders.
- 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 were clear that only staff able to treat patients according to the service's values were recruited. The selection process for clinical staff had several stages that had to be passed in order to progress, including a telephone interview with the medical director, a face to face interview, and an observed clinic.
- 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 service responded fully and frankly to patients who complained or who were involved in any incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to 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 received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, 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. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Staff told us about useful and supportive meetings and social events organised by the service.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management, although some systems were not sufficiently comprehensive.

- Structures, processes and systems to support good governance and management were clearly set out, understood and generally effective. The service took action immediately after the inspection on the areas we identified for improvement.
- 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.
- There were systems in place to ensure that clinical staff who worked at remote locations were kept up-to-date with clinical governance procedures.

Are services well-led?

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

- Leaders had established policies, procedures and activities to ensure safety and had systems in place to monitor their operation.

Managing risks, issues and performance

There were clear processes for managing risks, issues and performance, which were well implemented.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety. These were clearly documented and well embedded. We saw evidence that risks were acted upon and actively monitored through the governance processes. Some risks were not comprehensively assessed and mitigated at the time of inspection, and the service acted to improve this immediately afterwards.
- 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. There was clear evidence of action to change services to improve quality.
- The provider had plans in place for business continuity and medical emergencies.

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.
- 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.

- Patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The service asked all patients to complete the friends and family test and carried out regular in-depth patient surveys to get more detailed responses. There was an annual staff survey, which showed high levels of satisfaction. In their regular one-to-one meetings staff were asked to rate their happiness on a scale of one to five, and what could be done to improve their satisfaction. External partners received regular reports on the service's performance.
- 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 was a culture of considering all feedback as valuable, and suggestions from both staff and patients were acted upon. Actions we saw included training and changes to protocols.

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 won an award in 2017 for development of an innovative service (with Surrey Downs Clinical Commissioning Group).
- 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. All staff had time allocated for personal development and were encouraged to access the clinic's library of resources to improve their skills.