

Sloan Medical Centre

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Sloan Medical Centre as part of our inspection programme of a new provider registration. This was our first rated inspection for the service that was registered with the Care Quality Commission (CQC) in September 2016.

The registered provider for the service is Pioneer Health Care Limited who provide secondary care dermatology consultations and minor surgical procedures at this location under a contract with Sheffield Teaching Hospitals NHS Foundation Trust to patients on the NHS waiting list. The registered provider has a 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 organised and delivered services to meet patients' needs. There was an overarching governance framework in place which supported the delivery of quality care.
- The provider had systems and processes for monitoring and managing risk.
- Staff said they felt supported and were proud of the work they did and of the quality of service they provided.
- We saw staff and patient feedback was acted on. Patient feedback was positive about the service.
- There was a strong focus on continuous learning and improvement across all levels of the organisation.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Sloan Medical Centre

Pioneer Health Care Limited is an independent organisation which provides secondary care dermatology consultations and dermatology minor surgical procedures in the community at Sloan Medical Centre, 2 Little London Road, Sheffield. They have a satellite clinic at Norfolk Park Medical Practice, 227 Park Grange Road, Sheffield S2 3TA. The satellite clinic was not visited as part of this inspection.

The leadership team consists of four directors, working alongside consultant dermatologists, a nurse, health care assistant and administrative staff. Patients are referred into the service by their NHS GP through a subcontract arrangement with The Sheffield Teaching Hospitals NHS Foundation Trust. Between 1 April 2021 and 22 February 2022, the service saw 2490 new patient referrals, 3727 follow up appointments were carried out and 561 minor surgical procedures performed.

The provider is registered with CQC to provide the regulated activities, treatment of disease, disorder or injury and surgical procedures at this location to patients aged over 18 years.

The office opening hours for patient enquiries is Monday to Friday 8am to 5pm. The consultants normally hold clinics on the following days:-

Mondays 9.30am to 5pm (alternate weeks)

Tuesday 1pm to 5pm (2nd and 4th Tuesday of the month)

Thursday 1pm to 5pm

Friday 4pm to 7pm and 9am to 4pm at the satellite site.

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. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting an interview with the registered manager using video conferencing
- Staff completing interview templates
- Requesting evidence including documents relating to the management of the service from the provider prior to the inspection
- Reviewing patient feedback received by the provider
- A short site visit

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

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

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

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- The provider had oversight and monitored the safety risk assessments carried out at this location. 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 vulnerable adults and children from abuse.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider ensured appropriate environmental risk assessments had been completed, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system for staff, tailored to their role.
- 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.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

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. For example, the provider sent a letter to the patient following their appointment with a copy going to their GP and their hospital records.

Are services safe?

- The service was aware that they were required to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. For example, urgent referral into the hospital's multi-disciplinary team (MDT) meeting for new cancer diagnosis to ensure early treatment.

Safe and appropriate use of medicines

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

- There were appropriate systems and arrangements in place for managing medicines, including emergency medicines and equipment.
- The service kept prescription stationery securely and monitored its use.
- The service does not prescribe any controlled drugs.
- Consultant doctors prescribed to patients and gave advice on medicines in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- Processes were in place for checking storage of medicines used for local anaesthetic.

Track record on safety and incidents

The service had a good safety record.

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

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, pain management had been discussed and reviewed at the team meeting following feedback of discomfort from one patient.
- 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 acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a system in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good because:

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. They also followed the British Association of Dermatology (BAD) guidelines.
- The provider had a suite of clinical protocols. There was a referral pathway management protocol with standard operating procedures included which were regularly reviewed at the clinical governance meeting.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in quality improvement activity. For example, the service was registered and accredited by a national quality management service who carried out regular quality audits/benchmarking to ensure quality standards were being met and maintained.

- The service used information about care and treatment to make improvements. For example, the provider had completed an audit on consent to ensure accurate information, explanation and national standards had been met. The audit confirmed that 100% of the 27 consent forms reviewed had been completed following national guidance. Some areas for improvement around the legibility of handwriting had been discussed with all the clinicians at the governance meeting.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, a wound infection audit had been completed between October and December 2021 which confirmed none of the 16 patients had had an infection following their procedure. An audit of the medication licensed for treatment of acne was completed to ensure the appropriate monitoring tests had been completed at the appropriate time. This had improved following the implementation of a new checklist form designed to capture dates after the first audit cycle. The second cycle confirmed all patients had received the appropriate monitoring at the appropriate time in line with national guidance. All audits were on a rolling programme for continued development.

Effective staffing

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

- All staff were appropriately qualified. The doctors were consultant dermatologists who worked in local hospitals. There was a qualified nurse and health care assistant who supported the consultant dermatologists in their clinics.
- The service had a low staff turnover with the same staff working at the clinic from its onset. There was an induction process in place for all newly appointed staff which staff were able to explain. However, this had not been recorded in personnel files. The operations manager told us this would be documented for any new staff who may start in the future.

Are services effective?

- 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. For example, the nurse was being supported to attend a minor surgery course.

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 the dermatology multi-disciplinary team at The Sheffield Teaching Hospitals NHS Foundation Trust.
- 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. The service had a clear referral criteria of the types of conditions it treated at this location.
- Patient information was shared appropriately (this included when patients moved to other professional services and with the patient's own GP), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service monitored the process for seeking consent appropriately.

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.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- 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.

- Interpretation services were available for patients who did not have English as a first language. The provider was developing some information leaflets for patients in different languages to support patients.
- Patient feedback on the 28 national Friends and Family test feedback forms completed in the last six months told us that they felt listened to and supported by staff and had sufficient time during consultations.

Privacy and Dignity

The service respected respect patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consultations and treatments took place in clinical rooms with the doors closed. There were dignity curtains available in the minor procedure room.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- The provider understood the needs of their patients and there was a clear pathway for patient referrals.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, there was a lift for patients to access the second floor where the treatment rooms were located.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. The provider told us that the waiting list to be seen had been two weeks prior to the onset of the pandemic. The current waiting time to be seen was four to six weeks. This had increased as there had been a pause in face to face consultations recently which had since restarted and the service was currently receiving the majority of the dermatology referrals for Sheffield.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients were referred into the service by their own GP.
- Referrals and transfers to other services were undertaken in a timely way.

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 had received three complaints in the previous 12 months. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, patient information leaflets had been reviewed to ensure patients received improved pre and post treatment information.

Are services well-led?

We rated well-led as Good because:

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 board of directors met on a monthly basis and the full team attended clinical governance meetings quarterly.

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 treated NHS patients and supported the wider health system by reducing waiting times at the local hospital for dermatology services.
- 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.

- Pioneer Healthcare Limited is a small team. We saw that they were supportive of one another and there was a cohesive approach to delivering a quality service.
- The service focused on the needs of patients.
- Staff we spoke with told us they felt respected, supported and valued. They were proud to work for the service.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff 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.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.
- There was a clear organisational structure and staff were clear on their roles and responsibilities.
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- 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.

Are services well-led?

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. There was an open and transparent culture and this was apparent when speaking with staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- The provider, had an overarching governance framework which supported strategic objectives, performance management and the delivery of quality care. Structures, processes and systems to support good governance and management were clearly set out, understood and effective.

Managing risks, issues and performance

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

- There was an effective process to monitor and address current and future risks including risks to patient safety. The provider had oversight of management arrangements of environmental and infection control risks at both sites.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- 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 regular clinical governance meetings where all staff had sufficient access to information.

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.
- There were systems to support improvement and innovation work. For example, the provider had developed a prototype to enhance informed consent and was working collaboratively with the Sheffield Hallam University to fund a PhD student. These areas of development were on hold due to the pandemic. The provider told us they were hoping to re-commence these shortly.
- The service reduced the pressure on the wider health system by reducing waiting times at the local hospital and supported patients by seeing them in their local community.

Are services well-led?

- Staff could describe to us the systems in place to give feedback. For example, staff said they felt able to raise suggestions at the team clinical governance meeting and felt their views were listened to by the senior leadership team.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. For example, the operations manager had been supported to attend a health care management programme and the nurse was being supported to implement more nurse led clinics for conditions regarding tissue viability.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.