The Butchery

Inspection report

7 The Butchery
Sandwich
CT13 9DL
Tel: 01304626050

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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 at The Butchery. We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 18 May 2022. The service is an NHS funded community ears, nose, and throat (ENT) outpatients clinic and is operated by Primary Care ENT Ltd.

The provider 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.

Our key findings were:

- Patients were protected from the risk of abuse as staff had received training in the safeguarding of vulnerable adults/ children. There were written instructions for staff to follow in order to report suspected abuse.
- There was an effective complaints system available.
- The service had direct access to ear, nose and throat (ENT) waiting lists and ENT operating lists. This meant that patients did not have to attend the hospital for a consultation prior to a procedure and were placed on the operating list in a more effective manner.
- Patients had good outcomes because they received effective care and treatment that met their needs.
- The service received positive feedback from patients saying they were treated with a caring attitude and were informed about their treatment.

We found the following areas of outstanding practice:

- Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.
- Feedback from people who use the service, those who are close to them and stakeholders is continually positive about the way staff treat people. People told us that staff go the extra mile and the care they receive exceeds their expectations.
- Patients who were seen in the clinic and where clinically indicated, were given open access to the clinic for a period after they have been "discharged". This minimised delays for patients to be seen again for the same problem by avoiding the need to go back to their GP and wait for another referral. Patients instead could contact the clinic secretary directly and request a review appointment. This was particularly helpful for patients who have recurrent conditions such as nose bleeds, vertigo attacks and recurrent ear infections requiring frequent micro suction.

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to The Butchery

Primary Care ENT

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Primary Care ENT provide community outpatient Ear Nose and Throat (ENT) clinics. They are staffed by appropriately qualified medical practitioners. These clinics are held at local hospitals and GP surgeries. The Butchery is located within the same premises as a GP service and shares facilities such as the reception and waiting area.

Primary Care ENT Ltd is currently made up of the registered manager/nominated individual as the clinical provider and an administrative assistant who manages the logistics of the clinic. This assistant is employed by Primary Care ENT for three days a week.

Regulated activities include; doctors consultation and treatment service and diagnostic and treatment services. The registered manager is Dr Jonathan Webster and has been the nominated individual since June 2020.

At the three hospital sites (Victoria, QEQM and Spencer) there are also nurses/Health Care Assistants that support the clinic. These staff members are employed by the hospital and it is the hospital that maintains and ensures up to date mandatory training. While working in the ENT GPSI (GP with a Special Interest clinic) the hospital procedures and policies are followed.

The service opened in 2020 and sees and treats patients aged five years and over with an ear, nose or throat problem that are registered with a GP practice within the commissioning boundaries of the three CCGs (Clinical Commissioning Groups) (Canterbury and Coastal, South Kent Coast and Thanet). Patients younger than four are referred to secondary care ENT. In addition patients detained under the Mental Health Act will generally not have access to a community clinic and if they have an ENT problem then it is likely they would be referred to and seen in secondary care.

The weekly community clinics held at each hospital site are located in designated outpatient clinic areas which are run by the different hospitals.

Appointments are available at three locations, on three different days of the week in both the morning or afternoon

Only NHS patients were seen and treated at this service.

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.

Good

Are services safe?

We rated safe as Good because:

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

Safety systems and processes

- 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. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

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

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 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.

Good

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 minimised risks. The provider did not hold controlled drugs The service kept prescription stationery securely and monitored its use.
- Medications were prescribed to patients on FP10 Community Prescriptions which were dispensed by community pharmacies. A log of medications prescribed was kept by the provider for audit purposes.

Track record on safety and incidents

The service had a good safety record.

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

Lessons learned and improvements made

The service learned/did not learn and made/make improvements when things went wrong.

- There was a system for recording and acting on significant events.
- 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, during a clinic at Deal Hospital a patient mistakenly picked up another patient's clinic notes which had been left on the desk from the previous consultation. She walked out with them and noticed that she had them and returned them to the clinic. The provider had now switched to electronic health records with cloud-based storage. EMIS (Educational Management Information System) Web.
- 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 for knowing about notifiable safety incidents.

Good

Are services effective?

We rated effective as Good because:

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).

Effective needs assessment, care and treatment

- 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.
- Staff assessed and managed patients' pain where appropriate.
- The provider used EMIS Web clinical system to manage patient records. All referral letters and clinic letters were scanned onto the patient's notes.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The provider completed an audit for example, on CT Scanning. However,there had been no two cycle audits as the next audit was scheduled to take place in 2022.

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) were registered with the General Medical Council (GMC) 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, scans and blood tests.
- 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.
- 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.
- The provider had risk assessed the treatments they offered.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.

Good

Are services effective?

- 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.
- 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.

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated treat patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received
- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs.
- 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.
- 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.

Privacy and Dignity

The service respected/did not respect 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.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.

People's individual needs and preferences were central to the planning and delivery of

tailored services. The services were flexible, provided choice and ensured continuity of care.

The provider organised and delivered services to meet patient needs.

The facilities and premises were appropriate for the services being delivered.

The provider understood the importance of flexibility, informed choice and continuity of care.

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. Patients were able to speak directly with the clinic administrator to discuss the appointments and make changes if required. All referral letters were triaged/reviewed by the clinician for appropriateness and urgency, with appointments being allocated according to clinical need only. Patients, if clinically indicated, were given open access to the clinic which avoided delays with needing a new referral from their GP. Clinic letters and onward referrals were dealt with promptly, minimising the delays to the patients clinical journey
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- The provider showed us qualified data taken from the monthly CCG (Clinical Commissioning Group) spreadsheet. We saw that between July 2020 to March 2022 (Included Covid lockdown period) the total number of patients seen by Primary Care ENT was 2234. The number of new (first appointments) was 1041 (46%). The number referred to secondary care (Wait listed) was 89 (4%) and the number of patients discharged was 1297 (58%). The waiting time for a first routine appointment for Primary Care ENT was eight to ten weeks. For quicker appointments, it was two to three weeks. Patients requiring urgent ENT assessment were seen directly by the hospital. In comparison, the current waiting time for routine general ENT at EKHUFT (East Kent Hospitals University NHS Foundation Trust) was 20 weeks.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients who were seen in the clinic and where clinically indicated, could be given open access to the clinic for a period after they had been "discharged". This minimised delays for patients to be seen again for the same problem by

Good

Are services responsive to people's needs?

avoiding the need to go back to their GP and wait for another referral. Patients instead could contact the clinic secretary directly and request a review appointment. This was particularly helpful for patients who had recurrent conditions such as nose bleeds, vertigo attacks and recurrent ear infections requiring frequent micro suction (procedure used for ear wax removal).

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.
- 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 provider had not received any complaints in the last 12 months. However, the service did have a complaints policy and procedures. The provider told us it was part of their process to share any complaints received with all staff so that lessons would be learned.

Good

Are services well-led?

We rated well-led as Good because:

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- There were high levels of staff/colleague satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff/colleague engagement.
- There was compassionate and inclusive leadership at all levels.
- Staff reported that leaders were visible and approachable.

Leadership capacity and capability;

- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- The provider visible and approachable. They worked closely with staff and others.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

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.
- This would improve patient access to a community ENT clinic.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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 needed. As part of ongoing professional development annual appraisals and five yearly revalidations were required to have been undertaken, a minimal number of CPD (Continuing Professional Development) hours was required. This included CPD relating to ENT as well as general practice. Annual appraisals for the provider were available for review. We looked at results of area team benchmarks. This benchmark was a comparison of the scores against appraisees within the area team - NHS England South (South East). This sample was taken on 15 April 2022 and was based on 878 completed cycles. We saw that the provider had scored 100% in all of the 19 categories benchmarked against his clinical work. We looked at further evidence against organisational benchmark a comparison of the scores against appraisees within NHS Kent and Medway CCG (Clinical Commissioning Group). This sample was taken on 15 April 2022 and was based on 156 completed cycles. We saw that again the provider had scored 100% in all of the 19 categories relating to clinical practice.
- In addition it was a requirement of a GP in an NHS practice and as the Registered CQC manager of that practice that mandatory training was completed and we saw evidence for both the provider and administrative assistant.
- There was a strong emphasis on the safety and well-being of all staff.

Good

Are services well-led?

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff. We spoke with the receptionist and a member of the administration team who told us that the provider was visible and approachable. We looked at a summary of feedback from colleagues that included three administration staff and saw that comments included "Dr Webster was very friendly and approachable, he was always very helpful in giving advice and guidance to his colleagues when they need it."

Governance arrangements

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

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

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.
- Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- 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.

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. For example, we saw a summary of 15 colleague's feedback for the provider

Good

Are services well-led?

completed in February 2022 and comments included were - “An excellent colleague. Very knowledgeable and well liked/respected by patient and staff” and "A compassionate doctor, who brings the extra specialties to the service. Supportive with learning. An asset to our team." We also looked at a summary of feedback from 30 patients dated March 2022 and all the comments were positive. For example, "this doctor provides excellent ongoing care very professional and caring I'm very pleased with todays visit" and "absolutely have full confidence in Dr Webster he couldn’t have done any more rang me at home when my appointment got cancelled because of high winds made an appointment for me twice so I could see him as soon as possible nicest doctor ever and so was his assistant " and "Dr Webster provided excellent ongoing care very professional and caring I'm very pleased with today’s visit"

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. The service developed its vision, values and strategy jointly with staff and external partners. For example, a fourth location was planned for Dover, Kent as this represented a significant patient population area and was also geographically isolated from the three main hospitals (William Harvey, Kent and Canterbury and Queen Elizabeth The Queen Mother (QEQM), Margate).