

# Kingfisher Family Practice John Coupland Hospital

## Inspection report

Ropery Road  
Gainsborough  
Lincolnshire  
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Website: No website available for this service

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## Overall summary

We carried out an announced comprehensive inspection on 24 January 2017 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.

### **Background**

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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The provider which is Kingfisher Family Practice is registered with the Care Quality Commission to provide surgical procedures in conjunction with and located at John Coupland Hospital, Ropery Road, Gainsborough, Lincolnshire, DN21 2TJ.

A GP partner employed by Kingfisher Family Practice is the registered manager for this service. 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. The registered manager is also the lead clinician for this service who carries out all surgical procedures.

Kingfisher Family Practice provide a one-stop-shop, community day case service for carpal tunnel syndrome and trigger finger surgery for patients over the age of 16 and has been operating since 2010. This service is commissioned by all four clinical commissioning groups (CCG) within Lincolnshire and is a demand led service,

# Summary of findings

clinics are held on a monthly basis, at John Coupland Hospital in a surgical day case unit environment. John Coupland Hospital is a community hospital managed by Lincolnshire Community Healthcare Trust (LCHS).

Patients are referred into this service by their registered GP via an electronic choose & book system or by a GP referral letter. The provider employs a support administrator who co-ordinates this service and is based at Kingfisher Family Practice.

The service is managed by a team of staff which includes a GP partner / lead clinician, a practice manager, a business manager and a carpal tunnel support administrator. Nursing support is provided by staff employed to work at John Coupland Hospital by LCHS and includes a healthcare support worker (HSW), nursing staff are managed by a surgical sister.

The provider is not required to offer an out of hours service. However, patients are provided with a 24 hour emergency help line number for use in an emergency. Also, patients who need emergency medical assistance out of corporate operating hours have the option to seek assistance from alternative services such as the NHS 111 telephone service or accident and emergency. This is detailed on the Kingfisher Family Practice website and its patient guide.

## Our key findings were:

- There was an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. The surgical day case unit had adequate arrangements in place to respond to emergencies and major incidents.
- A process was in place to ensure all patients undergoing a planned surgical procedure were screened for Multi Resistant Staphylococcal Aureus (MRSA) infection.

- Surgical pathways were completed in accordance with the 'World Health Organisation' (WHO) surgical safety checklist.
- Staff sought patients' consent to care and treatment in line with legislation and guidance. Before patients received any care or treatment they were asked for their written consent and the provider acted in accordance with their wishes.
- The provider did not have an effective tracking system in place to ensure they were aware of any post-operative complications for those patients who were required to have their sutures removed by their own GP practice to ensure these patients can be monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The provider actively encouraged patient feedback and acted upon it.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The provider and John Coupland Hospital each had a comprehensive business continuity plan in place which ensured staff knew how to deal with events that affected the service.

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

- Review processes in place to ensure the provider has a tracking system to ensure they are aware of any post-operative complications for those patients who are required to have their sutures removed by their own GP practice to ensure these patients can be monitored.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

- The provider held evidence of Hepatitis B & C status and HIV for staff who had direct contact with patients' blood for example through carrying out surgical procedures and use of sharps.
- A process was in place to ensure all patients undergoing a planned surgical procedure were screened for Multi Resistant Staphylococcal Aureus (MRSA) infection.
- The surgical day case unit had adequate arrangements in place to respond to emergencies and major incidents.
- The provider did not have an effective tracking system in place to ensure they were aware of any post-operative complications for those patients who were required to have their sutures removed by their own GP practice to ensure these patients can be monitored.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The lead clinician was trained to Safeguarding level 3.
- There were effective recruitment processes in place and all members of staff had received a Disclosure and Barring Service check (DBS check). (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).
- The provider and John Coupland Hospital each had a comprehensive business continuity plan in place which ensured staff knew how to deal with events that affected the service.
- There were processes in place to ensure that the medicines were safe to administer to patients.
- Surgical pathways were completed in accordance with the 'World Health Organisation' (WHO) surgical safety checklist.

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### Are services effective?

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All members of staff were suitably trained to carry out their roles.
- All patients who attended for surgical procedures received a pre-operative assessment by a member of the nursing team. A care pathway was followed with each patient which included completion of a clinical questionnaire to determine patient symptoms and level of pain prior to having a surgical procedure carried out.
- All patients were seen and assessed by the lead clinician to discuss treatment options available to them.
- The lead clinician received observed surgical practice during carpal tunnel and trigger finger surgical procedures by a consultant orthopaedic surgeon on an annual basis.
- The provider employed a carpal tunnel syndrome administrator who co-ordinated the service. This involved liaising with referring NHS GP practices within Lincolnshire when receiving incoming patient referrals.

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### Are services caring?

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

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff had received training in confidentiality and the Mental Capacity Act.

# Summary of findings

- Curtains were provided in the surgical theatre to maintain patients' privacy and dignity during surgery.
- All patients were greeted by a member of the nursing team and their pre-operative assessment was carried out in a private room to discuss their needs.

## Are services responsive to people's needs?

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

- The surgical day case unit had good facilities and was well equipped to treat patients and meet their needs.
- The provider ensured all patients received a pre-operative assessment with both a nurse and a lead clinician to ensure patients were fully informed and aware of their treatment options.
- The service was demand led and clinics were held once a month, primarily on a Tuesday afternoon at John Coupland Hospital in a surgical day case unit environment. The provider continually monitored demand levels for this service and increased the number of clinics required to meet demand.
- Face to face translation services were available for patients whose first language was not English. Sign language interpreter services were also available.

## Are services well-led?

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

- The provider had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 provider proactively sought feedback from patients and carried out an annual audit based upon the results which it acted on. John Coupland Hospital proactively sought Friends and Family Test feedback based on the surgical day case unit, monthly results were promoted in the unit and also on their website.

# John Coupland Hospital

## Detailed findings

### Background to this inspection

The inspection was carried out on 24 January 2017. Our inspection team was led by a CQC Lead Inspector and was supported by a GP Specialist Advisor.

Prior to the inspection we had asked for information from the provider regarding the service they provide.

We carried out an announced, comprehensive inspection on 24 January 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

. During our visit we:

- Spoke with a range of staff including, a GP who was the lead clinician for this service who carried out surgical procedures, surgical sister, clinical team leader, three nurses, health care support worker, practice manager, business manager and a carpal tunnel support administrator.

- Reviewed the personal care or treatment records of patients.
- Reviewed four CQC comment cards where patients and members shared their views and experiences of the 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.

We were unable to speak with patients during our inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. Both the provider and John Coupland Hospital had systems in place for knowing about notifiable safety incidents.

As this service was provided in conjunction with the provider and John Coupland Hospital, both parties had their own incident reporting processes in place. Where any incidents may have been reported to a member of staff at John Coupland Hospital in relation to their attendance for a surgical procedure, incidents would be reported in the first instance through the hospital reporting system and the nurse in charge would be the first port of call. Incidents of this nature would be dealt with jointly between John Coupland Hospital and the provider.

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.

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the nurse in charge of any incidents or significant events that occurred in the surgical day case unit and there was a recording form available on the hospital computer system which would then be submitted to the risk management team.
- In the event of an incident being reported through the hospital incident reporting process in relation to this service, the hospital would communicate with the provider to ensure the provider was aware of this incident.
- Staff told us significant events in relation to this service would be discussed in both hospital and provider level meetings and staff were invited to attend.
- We saw evidence of a serious incident reporting policy.
- The provider held a record of significant events which was held at Kingfisher Family Practice and included details of investigations and actions taken as a result of the significant event.

- The provider carried out a thorough analysis of the significant events.

There had been one significant event reported to the provider for this service which was approximately six years ago, we saw evidence that this had been investigated and discussed in a clinical meeting. The provider also delivered this type of service from another location and we saw examples of two significant events in relation to patients who had attended for surgery at this location. We saw evidence of lessons learned and actions taken as a result of these significant events. We reviewed safety records and incident reports. We also looked at John Coupland Hospital's electronic incident reporting system.

### Reliable safety systems and processes (including safeguarding)

The provider and John Coupland Hospital had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse who used this service, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The provider had a safeguarding adults and children policy in place which clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead clinician who carried out all surgical procedures was trained to Safeguarding level 3, we saw evidence that this had been completed in 21 January 2017. Nursing staff employed by LCHS were in the process of completing a six month in-depth safeguarding adults and children course which included extended subjects such as female genital mutilation (FGM) and child sexual exploitation. We saw evidence of the requirements of this training programme during our inspection.
- We reviewed a personnel file for the lead clinician and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Medical emergencies

# Are services safe?

The surgical day case unit had adequate arrangements in place to respond to emergencies and major incidents.

- Staff working within John Coupland Hospital told us that they were aware of the location of the emergency resuscitation equipment and received annual basic life support training. The lead clinician had completed basic life support training in April 2016.
- There was a trolley located in the surgical day case unit which included a defibrillator oxygen with adult masks and Epipens (Epinephrine) which is for the emergency treatment of life threatening or severe allergic reactions) We saw evidence that this equipment was checked on a regular basis to ensure it was fit for purpose. A first aid kit was located on the ground floor and an accident book was available.
- There were emergency medicines located in the surgical theatre which was located in the surgical day case unit. These medicines were easily accessible to staff in the event of an emergency. All these medicines were stored securely and were in date and regular checks were carried out of emergency medicines including expiry dates and documented.
- A piped oxygen supply was installed in the surgical theatre room. There was an adult mask attached. Surgical procedures were not carried out on children.
- The provider and John Coupland Hospital each had a comprehensive business continuity plan in place which ensured staff knew how to deal with events that affected the service.

## Staffing

This service was demand led and surgical procedures were carried out by a suitably trained and qualified GP. This GP had previously trained and was employed as a consultant to carry out carpal tunnel and trigger finger surgical procedures within a hospital day surgery unit. This GP received regular clinical supervision and mentorship sessions and annual competency assessments by an orthopaedic consultant surgeon whilst carrying out surgical procedures. There was adequate nursing staff levels in the surgical day case unit during surgery to support the GP. A HCSW also provided support to the GP and was in attendance during surgical procedures being carried out.

All members of staff employed by both the provider and LCHS who were involved in this service had received a Disclosure and Barring Service check (DBS check). (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).

The provider had effective recruitment and training policies in place. We saw evidence of a whistleblowing policy and all staff we spoke with understood this policy.

We saw evidence of medical indemnity for the lead clinician who was registered with the General Medical Council (GMC). The practice manager carried out regular checks of GMC registration. We saw evidence of the lead clinician's GMC registration check carried out by the provider.

## Monitoring health & safety and responding to risks

The provider had systems and processes in place to ensure risks to patients were assessed and well managed. For example:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a comprehensive health and safety policy in place and was accessible to all members of staff electronically. We observed that this policy was in date.
- The surgical day case unit had adequate fire safety equipment in place and all equipment had been serviced on a regular basis. A fire action plan was on display informing patients and staff what to do in the event of a fire. Fire doors were clearly identified and were free from obstruction, staff told us that regular fire drills were carried out.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

## Infection control

The surgical sister employed by LCHS was responsible for ensuring appropriate standards of cleanliness and hygiene were maintained throughout the surgical day case unit. During our inspection we had restricted access to patient areas including the surgical theatres used by the lead clinician. We found the surgical theatre used to be clean throughout; surfaces and equipment were visibly clean; clinical waste bins had been emptied and sharps were appropriately stored and secure. The theatre had its own cleaning schedule in place which was followed daily. We observed privacy curtains had been replaced on 3 January



# Are services safe?

2017. The HCSW we spoke with told us the surgical theatre was cleaned down between each surgical procedure before the next patient was invited in. They explained the cleaning process in detail.

All staff involved in the provision of this service including the infection control lead had received infection control training. John Coupland Hospital had an infection control policy in place which had last been reviewed in March 2016. We saw evidence that infection control audits were undertaken for example, an audit of the surgical theatre had been carried out in June 2016 which had highlighted non-compliance in relation to a hand washing trough, we saw evidence that action had been taken to correct this issue. We also saw evidence of a surgical day case unit audit which had been carried out in July 2016. We observed hand sanitizing dispensers were available in all patient areas for patient and staff use. We saw evidence that the lead clinician had completed infection control training in December 2015.

It was a contractual requirement for the provider to ensure that 'The World Health Organisation' (WHO) surgical checklist was used when appropriate, on all patients requiring a surgical procedure using local or general anaesthetic. (the provider only carried out surgical procedures using local anaesthetic). WHO is a series of checks that all operating staff must complete. For example, they included the identity of the person, sterility of instruments and equipment and sterility of the theatre. We saw evidence of surgical pathways completed in accordance with the WHO surgical safety checklist.

John Coupland Hospital had a risk assessment in place for Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Suitable processes were in place for the storage, handling and collection of clinical waste.

Spillage kits were provided to deal with the spillage of bodily fluids such as urine, blood and vomit.

A process was in place to ensure all patients undergoing a planned surgical procedure were screened for Multi Resistant Staphylococcal Aureus (MRSA) infection. During admission pre-operative assessment with a nurse, all patients were asked if they have had a positive MRSA result in the past, if so, these patients would be screened prior to any surgical procedures being carried out and the procedure would be postponed until results were received.

All patients received MRSA screening upon discharge following surgical procedures carried out. We were informed that there had not been any MRSA alerts relevant to this service since 2015. The provider was required to report details MRSA positive patient results to the commissioning CCGs as part of their contractual reporting requirements.

The provider held evidence of Hepatitis B & C status and HIV for staff who had direct contact with patients' blood for example through carrying out surgical procedures and use of sharps.

## **Safe and effective use of medicines**

During our inspection we looked at the systems in place for managing medicines. LCHS were responsible for the overall management of medicines used within John Coupland Hospital. We observed medicines were stored appropriately. There were processes in place to ensure that the medicines were safe to administer to patients.

Both the provider and LCHS had a process in place in relation to the receipt of national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). The provider and staff employed by LCHS had communication systems in place in relation to alerts which may related to those used by the lead GP who carried out surgical procedures. We saw examples of MHRA alerts received and reviewed during our inspection. We were informed that LCHS held a quarterly medicines management committee in which any incidents reported which involved medicines used for this service would be reviewed during this meeting. The provider would be invited to these meetings in the event of any incidents being reported. We were informed that although this process was in place, there had been no medicines incidents reported in relation to this surgical service.

We were told by the lead clinician that the only medicines used during procedures were Kenalog which is an injectable steroid and Xylocaine which is a local anaesthetic. These medicines were purchased by LCHS for use at John Coupland Hospital through a contracted pharmaceutical supplier and were stored in the surgical theatre for use by the GP who carried out surgical procedures. LCHS had medicines management policies in place in relation to the use of these medicines.



## Are services safe?

The lead clinician did not prescribe any medicines therefore no blank prescription forms were held in stock for this service.

During our inspection we observed a fridge which stored injectable items and observed these were stored

appropriately. We saw that there was a process in place to check and record fridge temperatures on a daily basis. We saw evidence of a cold chain policy in place which had been regularly reviewed. (cold chain is the maintenance of refrigerated temperatures for vaccines).

# Are services effective?

(for example, treatment is effective)

## Our findings

### Assessment and treatment

All patients who attended for surgical procedures were assessed by a member of the nursing team who were required to complete a care pathway with each patient which included completion of a clinical questionnaire to determine patient symptoms and level of pain prior to having a surgical procedure carried out. Patient analgesia requirements were discussed during pre-assessment and also upon discharge. The nurse checked information such as allergies, current medications and problems with the patient against information available to them on the patient summary care record within the clinical system. Patients were also required to complete a lifestyle questionnaire to obtain a baseline assessment of the patient which included current lifestyle trends such as smoking and alcohol status and level of exercise and diet. During this assessment, patient observations were monitored such as blood pressure and a moving and handling risk assessment was completed if required. The patient would then be seen and assessed by the lead clinician to discuss treatment options.

During our inspection, we saw examples of patient pathways which were in place for each stage of the process from booking the appointment, the patient arrival at the surgical day case unit, nurse pre-operative assessment process, obtaining patient consent, surgical theatre pathways and discharge of the patient.

All patients were given advice sheets following either carpal tunnel syndrome steroid injection or decompression or trigger finger surgery which also gave patients information in the event of any emergency during the out of hours period. This also included information in relation to analgesia which was available over the counter from a local pharmacy should patients have required this both prior to and following surgical procedures being undertaken. Patients were given a 24 hour helpline number to ring should they require advice. Patients who attended for carpal tunnel surgery were required to have a nerve conduction study carried out, arranged by their own NHS GP prior to carpal tunnel surgery being carried out.

The provider carried out an annual audit of this service which included patient feedback on the quality of the service received. A process was in place to ensure every

patient was given a feedback form to complete upon discharge from this one-stop-shop service. Patients who lived locally to John Coupland Hospital were required to return to the surgical day case unit 10 days following their surgical procedure being carried to have their sutures removed. During the suture removal appointment, should the nurse have become aware of any complications following surgery, the nurse would report this to the provider. All other patients were provided with a letter addressed to their referring GP practice to advise them of the need for suture removal for these patients 10 days following surgery. The provider did not have a formal process in place to ensure the provider was aware of any complications for the group of patients who had their sutures removed by their own GP practice.

During our inspection, we looked at monthly audits which had been completed between August 2016 and December 2016 which highlighted feedback from patients which was rated as either good or excellent. The results of these audits were discussed in quarterly meetings.

### Staff training and experience

All members of staff involved in this service were suitably trained to carry out their roles. We looked at training records for the lead clinician who carried out all surgical procedures and saw that he was appropriately trained and qualified to carry out these types of procedures. We also saw evidence that they had received all mandatory training including basic life support and infection control. The lead clinician had previously trained and worked in orthopaedics and had completed further training in carpal tunnel surgery. We were informed that the lead clinician received observed surgical practice by a consultant orthopaedic surgeon on an annual basis to ensure his competency to carry out these procedures. We saw evidence of the most recent positive report dated 12 December 2015. We also saw evidence that a further session was booked to take place in February 2017.

### Working with other services

The provider employed a carpal tunnel syndrome administrator who co-ordinated the service. This involved liaising with referring NHS GP practices within Lincolnshire when receiving incoming patient referrals. The referring GP provided the service with relevant patient information including medical history of the patients and summary care record information to ensure the lead clinician could

# Are services effective?

(for example, treatment is effective)

appropriately triage each patient. Upon discharge of each patient, the lead clinician would provide the referring GP with clinical outcome information. Each patient was provided with verbal and written post procedure information upon discharge and were required to attend their NHS GP practice six weeks following their procedure being carried out for a follow up appointment.

## **Consent to care and treatment**

Staff sought patients' consent to care and treatment in line with legislation and guidance.

Before patients received any care or treatment they were asked for their written consent and the provider acted in accordance with their wishes. The provider had a comprehensive consent policy in place. Consent was discussed during a pre-operative assessment with the lead clinician. We noted patients were given information about their treatment options, procedures, risks and benefits, where appropriate which was discussed during this

assessment and patients were required to sign a written consent form. We saw evidence of signed consent during a review of patient care records for carpal tunnel syndrome surgery.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw evidence that the lead clinician had received training in the Mental Capacity Act (MCA) 2005 in June 2016.  
Where a patient's mental capacity to consent to care or treatment was unclear the lead clinician assessed the patient's capacity and, recorded the outcome of the assessment.
- Face to face interpreter services were available for patients whose first language was not English as an additional method to ensure that patients understood the information provided to them prior to treatment. Sign language interpreter services were also available.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

The provider and John Coupland Hospital each had a patient privacy and dignity policy in place.

- Curtains were provided in the surgical theatre to maintain patients' privacy and dignity during examinations, assessments and procedures.
- All patients were greeted by a member of the nursing team and their pre-operative assessment was carried out in a private room discuss their needs in private.
- All staff involved in this service had received training in confidentiality. Staff we spoke with understood the importance of confidentiality and the need for speaking with patients in private when discussing services they required.

### **Involvement in decisions about care and treatment**

During our inspection, we were invited to observe a patient having a pre-operative assessment with a member of the nursing team with consent from the patient. During this assessment, we observed that the patient was fully involved during this assessment and was allowed sufficient time to ask any questions or discuss concerns. This assessment included basic observations being taken such as blood pressure monitoring and a discussion of the patient's medical history. Following assessment, the patient then received an assessment by the lead clinician who discussed treatment options in detail and sought consent in line with legislation and guidance.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

- Access to the surgical day case unit was on the ground floor and was suitable for disabled persons. Patient toilet facilities were located on the ground floor. There was a ramp at the main entrance for disabled patients and all surgical day case unit facilities were located on the ground floor.
- The reception desk was located in the patient waiting room near the patient entrance and was of a lower level suitable for patients in wheelchairs.
- Face to face translation services were available for patients whose first language was not English. Sign language interpreter services were also available. This ensured patients understood their treatment options. Both services were available by prior request at the point of referral.
- All patient referrals were subject to a ten week 'referral to treatment' target. Referrals were received via an electronic choose & book referral system or via secure NHS.net email. The provider was required to review all incoming referrals into this service within two working days an appointment would be made for the patient within one week of the provider receiving the referral. If the appointment could not be booked within ten weeks of the date when the referral was received by the provider the referral would be sent back to the referring GP to offer them the option arrange treatment elsewhere within a sooner timescale.
- We observed health promotion information was available for patients in the waiting room.
- All patients received a pre-operative assessment by both a nurse and a lead clinician.

### Access to the service

This was a demand led service and clinics were held once a month, primarily on a Tuesday afternoon from 1.30pm until 4.30 pm at John Coupland Hospital in a surgical day case unit environment. The provider continually monitored demand levels for this service and would increase the number of clinics required to meet demand.

### Concerns & complaints

The provider had an effective system in place for handling complaints and concerns.

- Any complaints which may be received for this service would be managed from Kingfisher Family Practice. Any complaints received would be directed to the carpal tunnel support administrator who would determine whether the complaint was in relation to the provider or John Coupland Hospital. If the complaint was in relation to the provider, the administrator would notify the practice manager who was the designated responsible person who handled all complaints in relation to this service.
- Its complaints policy and procedures were in line with recognised guidance for GPs in England.
- The provider held a record of all complaints received which included a record of all actions taken as a result of complaints received.
- A complaints form was available to help patients understand the complaints system. There was information on how to complain in the patient guide and on the Kingfisher Family Practice website.
- The complaints policy for patients gave details of the Health Service Ombudsmen should they be unhappy with the outcome of their complaint and wish to have their complaint reviewed.

We looked at the complaints log held by the provider at Kingfisher Family Practice however, we were informed that no complaints had been received in relation to this surgical service since it commenced in 2010.

We were informed that complaints in relation to either this service or Kingfisher Family Practice would be discussed in practice meetings and actions would be taken where required and lessons learnt from concerns and complaints to improve the quality of care.

# Are services well-led?

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

## Our findings

### Governance arrangements

The provider had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure in place in relation to this service and staff were aware of their own roles and responsibilities.
- We observed excellent joint working and communication between both the provider and staff employed by LCHS who worked at John Coupland Hospital and were involved in the management of this service.
- Both the provider and LCHS had service specific policies in place which were available to all staff involved in this service. During our inspection we looked at various policies which included consent, safeguarding, infection control, hand hygiene, medicines management, health and safety and incident reporting policies. All policies and procedures were available electronically which all members of staff had access to.
- LCHS had a 'medical assurance process' (MAP) policy in place which was used for partnership contracts such as with AQP providers. This policy set out the processes to be followed by the provider such as for medical indemnity requirements, recruitment of clinicians including locums, recruitment checks required such as DBS checks and set out the requirements and expectations for clinicians working in John Coupland Hospital.
- A comprehensive understanding of the performance of this service was maintained from both the provider, LCHS and staff employed at John Coupland Hospital.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

The provider had a mission statement in place to provide patient centre, quality, ethical and passionate care whilst ensuring team work.

### Leadership, openness and transparency

The lead clinician, management team and staff employed by LCHS had the experience, capacity and capability to run the service and ensure high quality care.

Staff we spoke with told us this service was discussed in regular practice meetings held at Kingfisher Family Practice.

### Learning and improvement

The provider had a strong vision for the future development of this service and its values were clearly embedded within the whole team involved in the delivery of this service. There was a strong focus on continuous learning and improvement at all levels within the service from both the provider and staff employed by LCHS.

The provider and John Coupland Hospital were open to feedback and offered patients the opportunity to reflect on their experiences. The provider encouraged learning from complaints and significant events.

The provider submitted patient feedback results to the commissioner of this service.

During our inspection, we reviewed four CQC comment cards from patients who had used this service. All four comments were positive. Patients told us that staff worked to a very high standard, were caring and professional. Other comments told us that staff put patients at ease and were welcoming and efficient.

### Provider seeks and acts on feedback from its patients, the public and staff

The provider encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The provider had gathered feedback from patients who used this service. Patients were encouraged to complete a patient feedback form upon discharge which encouraged patients to give feedback and a rating about the service they had received. The provider collated this information and carried out an annual audit based upon the results and acted upon it to improve its services to patients. Patient feedback results were also submitted to the commissioner of this service on an annual basis.

John Coupland Hospital collected Friends and Family Test feedback. During our inspection we looked at result based on the theatres only, these results were published on a



## Are services well-led?

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

monthly basis and were displayed in the patient waiting area of the surgical day case unit and also on the

website. Results for November and December 2016 showed that 100% of patients who responded were likely to recommend this ward to friends and family if they needed similar care or treatment.