

SMC (Brighton) Limited

# SMC (Brighton) Ltd

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 14 May 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The service delivers community ear, nose and throat (ENT) services to NHS patients within Brighton and Hove, Lewes and High Weald and community vasectomy services to patients within Brighton and Hove. These services are provided under NHS contracts.

There are two registered managers who are both GPs and shareholders of the company. 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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection and spoke to patients on the day of inspection. We received feedback about the service from 78 people, all were positive about the service, although two also contained negative comments about staff attitude. Patients told us that they were treated professionally in a caring manner.

#### **Our key findings were:**

# Summary of findings

- The service routinely reviewed the effectiveness and appropriateness of the care they provided. They ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.

There were areas where the provider could make improvements and should

- Review and improve how patient safety alerts are recorded.
- Review and improve recording of staff immunisation status.
- Review and improve the recording of decisions where actions identified in risk assessments are postponed.
- Review the frequency that clinical governance information is disseminated to staff, including contract staff.

# 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 service had safe systems, processes and risk assessments in place to keep staff and patients safe. Staff had the information they needed to provide safe care and treatment and shared information as appropriate with other services. The service had a good track record of safety and had a learning culture, using safety incidents as an opportunity for learning and improvement.

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### **Are services effective?**

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

The service provided care and treatment in line with research based guidelines, and had systems in place to ensure that all staff had the skills and knowledge to deliver care and treatment. Information to plan and deliver care and treatment was available to appropriate staff. Consent was recorded prior to treatment, and the service routinely monitored performance.

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### **Are services caring?**

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

The service treated patients courteously and ensured that their dignity was respected. The service involved patients fully in decisions about their care and provided all information prior to the start of treatment.

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### **Are services responsive to people's needs?**

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

The service actively monitored complaints, compliments and suggestions to ensure that the services offered and appointment times met the needs of their patients.

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### **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 for the service and the service leaders had the knowledge, experience and skills to deliver high quality care and treatment. The service had systems and processes in place to identify and manage risks and to support good governance. The service actively engaged with staff and patients to support improvement and had a culture of learning.

We found that improvements should be made relating to the governance arrangements. This was because the recording of mitigating risk where identified actions were postponed, staff immunity status, patient safety alerts and the dissemination of clinical governance information could be improved.

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# SMC (Brighton) Ltd

## Detailed findings

### Background to this inspection

SMC (Brighton) Ltd is run by SMC (Brighton) Limited, who also run a large NHS GP practice located in the same building. SMC (Brighton) Ltd provide community ear, nose and throat (ENT) and vasectomy services to NHS patients within Brighton and Hove. ENT services are also provided to NHS patients from Lewes and High Weald.

There are two GP partners who are clinical leads (one male, one female), one GP partner with a specialist interest in vasectomy, three contract GPs with a specialist interest in ENT, a contract ENT associate specialist and a contract specialist vasectomy consultant. SMC (Brighton) Ltd is supported by one nurse, one health care assistant, a practice business manager and one dedicated administrator. Other reception and administration support is provided by staff from the GP practice. All staff work part time within the service, and are shared with the GP practice run by the provider, except for the contract staff.

Patients can access the service by telephone between 8am and 6:30pm Monday to Friday. ENT clinics are run weekly, with some evening appointments and vasectomy clinics are run monthly. Additional clinics are provided when demand is high for services.

The service is provided from the ground and second floor of a converted office building in the city of Brighton with wheelchair access. The service has a minor surgery suite, two ENT treatment rooms and administrative areas. The building is shared with other healthcare providers including another GP practice and a pharmacy.

Services are provided from

2nd Floor, 175 Preston Road

Brighton

East Sussex

BN1 6AG

The provider is registered with the Care Quality Commission to provide the following regulated activities: Treatment of disease, disorder or injury and Surgical procedures.

Prior to the inspection we gathered and reviewed information from the provider. During our visit we:

- Spoke with a range of staff, including GPs, a specialist consultant, nurses, a health care assistant, the practice business manager and administrative and reception staff.
- Observed how patients were being cared for in the reception area.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the service used to deliver care.
- Reviewed documents relating to 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.

# Are services safe?

## Our findings

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

### Safety systems and processes

The clinic had clear systems to keep clients safe and safeguarded from abuse.

- The provider had policies in place for safeguarding children and vulnerable adults. Nursing staff had received some training in safeguarding but the provider was unable to demonstrate that this was to an appropriate level in relation to protecting children and vulnerable adults. There was a nominated safeguarding lead within the service. There was clear contact information accessible to staff for local child and adult support teams. Staff demonstrated an understanding of how to identify and raise a safeguarding concern.
- We saw evidence that recruitment checks had been carried out prior to employment including proof of identity and a full employment history. The clinic carried out staff checks, including checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken. (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).
- There were clear systems to manage infection prevention and control. One of the registered nurses was the infection control lead. An infection control audit had been carried out however, the action plan did not clearly demonstrate how the risk identified by one postponed action had been mitigated. The service recorded the immunity status of clinical staff for hepatitis B and influenza but we found that the service was not recording staff immunity status for diseases such as measles, chicken pox and rubella. The service told us that they were planning to complete a register of immunity status for all staff at the end of this month.
- The clinic ensured that equipment was safe and maintained according to manufacturers' instructions. Electrical and clinical equipment had been tested within the past year.

- There were systems for safely managing healthcare waste. Clinical waste bins within clinic rooms had been clearly labelled. Sharps containers were available in each clinic room. These were labelled, dated and signed as required.

### Risks to patients

- There were systems to assess, monitor and manage risks to patient safety. Health and safety risk assessments which affected the whole building were carried out a building level, including premises, fire safety and Legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All staff received basic life support training and there were emergency medicines available in the treatment room.
- The service had defibrillators and oxygen with adult and children's masks available on both floors that services were provided from in the premises. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the Service and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The provider had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- The provider held copies of the professional indemnity arrangements for all clinical and medical staff.

### 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 and were 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. Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

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

# Are services safe?

- The systems for managing medicines, including medical gases, and emergency medicines and equipment minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

## Track record on safety

The clinic had a good safety record.

- There were policies and procedures in relation to safety issues.
- The clinic monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The clinic had arrangements in place to receive and comply with patient safety alerts, recalls and rapid response reports issued through the Medicines and Healthcare products Regulatory Authority (MHRA). However, the recording of patient safety alerts was not sufficient to determine clearly whether action was required or completed.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

## Lessons learned and improvements made

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

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology

- They kept written records of verbal interactions as well as written correspondence.

The clinic learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses.
- The provider encouraged a learning culture and staff described a no blame environment where they felt empowered to report concerns or incidents.
- There were adequate systems for reviewing and investigating when things went wrong and the learning was also shared with the GP practice run by the parent company. The clinic learned and shared lessons, identified themes and took action to improve safety in the clinic. For example, an incident occurred where the minor operations suite was double booked. The service discovered this the day before the clinic was due to be run. All the patients were contacted and action included apologising to the patients, the provision of clinical advice and rebooking the appointments. The incident was investigated and the learning was shared with all of the services operating from the building, as a result the room booking system was updated so that all room bookings must be made by email.
- Learning was shared regularly at service meetings with the GP practice, however these did not include visiting clinicians. Clinical governance meetings for this service were held twice a year where information was shared with visiting staff. The clinical leads told us that if learning required sharing with visiting clinicians prior to the clinical governance meeting this would be done on an individual basis.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice and standards such as the National Institute for Health and Care Excellence (NICE) and the Faculty of Family Planning and Reproductive Healthcare. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Monitoring care and treatment

The service had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the service conducted monthly audits of the services to monitor outcomes and complication rates.

The provider monitored their contractual performance monthly and were achieving 100% in all of their targets except one. This was the target for patients returning ejaculate samples following vasectomy procedures. The service had reviewed how patients were contacted if they failed to return a sample and a new procedure where patients were sent a letter and then if the sample was still not returned the service would try to contact the patient by telephone. If the patient still failed to return a sample, the service wrote to inform the patient's own GP that they had failed to return the sample.

### Effective staffing

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

- Staff had appropriate knowledge for their role, for example, the contracted ear, nose and throat (ENT) clinicians all had diplomas in ENT.

- 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.
- The service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The service ensured the competence of staff employed in advanced roles by audit of their clinical records.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included medical records and relevant test results. When paper referral forms were received into the service they were scanned onto the patients records in a timely manner by an administrator then by reviewed by a clinician.

Information regarding care and treatment was shared with the patient's own GP.

### Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- Patients were assessed and given individually tailored advice.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health and would signpost patients to other services or voluntary organisations where appropriate, for example stop smoking, sexual health and wellbeing services.

### Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Written consent was also obtained for vasectomy procedures.

# Are services caring?

## Our findings

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

### **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.
- 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.

- They ensured patients were provided with all the information they needed to make decisions about treatment prior to treatment commencing.
- They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

### **Privacy and Dignity**

The service respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect.
- There were private consultation and treatment rooms with privacy curtains.
- Trained medical chaperones were provided for all vasectomy procedures.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### **Responding to and meeting people's needs**

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences. The provider understood the needs of its patients and tailored services in response to those needs. For example; the service offered some evening ear, nose and throat (ENT) appointments. The facilities and premises were appropriate for the services delivered.

### **Timely access to the service**

Patients were able to access care and treatment from the service within an acceptable 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 completed regular reviews of patient satisfaction which included their satisfaction with appointment and waiting times.

The provider monitored referral trends and where demand was high provided additional clinics.

### **Listening and learning from concerns and complaints**

The provider told us they took complaints and concerns seriously but had not received any complaints in the last two years. The complaints policy described an appropriate system for handling complaints and a patient information leaflet advising patients how to complain was available in the waiting area.

# Are services well-led?

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

## Our findings

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

We found that improvements should be made relating to the governance arrangements. This was because the recording of mitigating risk where identified actions were postponed, staff immunity status, patient safety alerts and the frequency that clinical governance information was disseminated to staff could be improved.

### Leadership capacity and capability;

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

- There were registered managers in post who understood their responsibilities.
- The clinical team had the experience, capacity and skills to deliver the clinic strategy and address risks to it.
- Staff were knowledgeable about issues and priorities relating to the quality and future of services offered. For example, staff were aware of changes to clinical pathways which may affect the patients the service could treat in the future.
- There were effective processes for planning the future of the services, the provider was aware of future commissioning of these services.

### Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality care within the community and promote good outcomes for patients. There was a clear vision and set of values. The provider had a realistic strategy and supporting business plans to achieve priorities. Staff were aware of and understood the vision, values and strategy and their role in achieving them.

### Culture

The culture of the service encourages candour, openness and honesty. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. Staff stated they felt respected, supported and valued. They were proud to work in the service and were given opportunities for personal development.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. The service had structures, processes and systems to support good governance and management were clearly set out, understood and effective and assured themselves that they were operating as intended. We noted that clinical governance meetings specific to this service were held twice a year.

### Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Service leaders had oversight of incidents.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The service had plans in place and had trained staff for major incidents.
- The service implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

However, we noted that arrangements for recording of staff immunity status, the assessment of risk due to postponing actions identified in the infection control audit and the recording of patient safety alerts could be improved.

### Appropriate and accurate information

The provider acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.

# Are services well-led?

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

- 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 used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## **Engagement with patients, the public, staff and external partners**

The provider involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. Patients

were asked to complete a feedback form on the day of their first appointment with the service and a further feedback form when they were discharged from the service.

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

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.