Uttlesford Health

Inspection report

Radwinter Road
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Date of inspection visit: 07 December 2022
Date of publication: 20/11/2023

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?	Requires Improvement
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? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out our first announced comprehensive inspection at Uttlesford Health on 7 December 2022 as part of our inspection programme following the registration of a new service.

Uttlesford Health Limited patient service is run and managed from office premises at Saffron Waldon Community Hospital, Saffron Walden. Uttlesford Health provides regulated activities at two sites within Essex. We did not visit the other site as part of the inspection.

The business manager 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:

- Safeguarding procedures were in place, however systems to record the monitoring of this training required strengthening.
- Infection Prevention and Control (IPC) action plan management required strengthening.
- The service had learned and made improvements when things went wrong.
- The service reviewed and monitored care and treatment to ensure it provided effective services.
- Systems to ensure staff had the skills and knowledge to carry out their roles required improvement.
- Staff treated patients with kindness, respect and compassion.
- The service took account of patients needs and preferences.
- There were systems and processes for learning, continuous improvement and innovation.

The areas where the provider **should** make improvements are:

- Strengthen systems and processes to monitor and evidence completion of mandatory training, in particular to ensure there is a central system to record all completed training, including training undertaken outside of the organisation.
- Formalise a process to assess and manage IPC risk management action planning with partnerships stakeholders.
- Continue to embed structures, processes and systems to support good governance and management, working closely with partnership organisations.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Overall summary

Chief Inspector of Healthcare

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a second CQC Inspector and a specialist adviser.

Background to Uttlesford Health

Uttlesford Health is the trading name for Uttlesford Health Limited providing independent healthcare services as a private limited company organisation and registered at Companies House.

Uttlesford Health has two locations from which regulated activities are provided. This inspection was undertaken at the location known as Uttlesford Health , provided at the outpatient department at Saffron Walden Community Hospital, Saffron Walden, Essex, with administrative services managed from office premises on the same site. Satellite services are provided at Nuffield House Health Centre, Harlow, Essex.

Uttlesford Health is commissioned to deliver a range of NHS funded services for the local GP practice in Uttlesford. Uttlesford Health work with local commissioning groups, NHS England and other organisations. It provides NHS services only to people aged 18 year and older.

Services provided on behalf of the NHS include dermatology, cardiology, gynaecology, ear microsuction and non scalpel vasectomy. In addition, the provider supports the additional roles reimbursement scheme (ARRS) for two local Primary Care Networks (PCN), assisting with recruitment, induction, education and development needs.

Uttlesford Health operates from the headquarters at: Building 5, Ferguson Close, Saffron Walden Community Hospital, Radwinter Road, Saffron Walden, Essex, CB11 3HY.

The service is led by a chair and acting chief executive officer and a board of directors who coordinate a team of administrative and clinical staff. Clinical staff include GPs and GPs with specialist interest (GPwSI), clinical pharmacists and cardiac physiologists.

The service operates from

• 09.00hrs to 17:00hrs Monday to Friday

The website is www.uttlesfordhealth.org

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.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

- Not all staff had received appropriate levels of safeguarding training aligned to their roles.
- We identified Infection Prevention and Control (IPC) actions plans had not been completed within the specified timeframes.

Safety systems and processes

The systems to keep people safe and safeguarded from abuse required strengthening.

- 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. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse but these required strengthening. Whilst the majority of staff had received up-to-date safeguarding and safety training, we found gaps in systems used to record the level of training of staff appropriate to their role and in line with national guidance. During the inspection the provider advised that systems to record external training required strengthening and therefore we could not be assured that all staff had completed training appropriate to their role. Staff we spoke with knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- 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. 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 adults who may be vulnerable.
- System to manage infection prevention and control required strengthening. There was limited evidence that IPC audits had been undertaken by the provider. A manager told us that IPC audits were undertaken by another provider from which clinical space was rented. There was limited evidence to demonstrate that the provider had oversight of IPC risks and actions, which may have affected patient safety. In addition an IPC audit had been undertaken with local commissioners, we saw that not all actions identified had been actioned. Immediately after the inspection evidence confirmed action had been taken to ensure that there was future oversight and coordination with other providers to manage IPC risks.
- 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. For example a fire risk assessment had been undertaken in August 2022, low and medium actions had been identified and there was a plan in place to manage the actions identified with external providers. In addition, the provider had oversight of risk assessments carried out at satellite locations.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- 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.

Requires Improvement

Are services safe?

- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, the provider had an information sharing protocol in place with partnerships providers and voluntary organisations.
- 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.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. For example we saw a process in place for the management of sharps injuries.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Requires Improvement

Are services safe?

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, significant events were discussed at Board level meetings and shared with local clinical commissioner to share learning.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Good

Are services effective?

We rated effective as Good because:

- The service reviewed and monitored care and treatment to ensure it provided effective services.
- The provider had systems to keep clinicians up to date with current evidence based practice.
- The provider worked with other organisations to deliver effective care.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Performance was monitored by the local commissioners.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, an audit had been undertaken to review the outcomes for patients referred to cardiology services. The audit reviewed the diagnosis, and subsequent patient pathway and outcomes. The audit had identified action points and we saw that further audits were planned to monitor performance.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

Good

Are services effective?

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.
- There were speciality specific patient pathways in place which described clearly the conditions in and out of scope, for example cardiology, gynaecology and vasectomy pathways.
- We saw minutes to demonstrate that the provider worked with and communicated with other stakeholder organisations to plan outpatient services.
- 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. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. Care and treatment for patient in vulnerable circumstances was usually completed by the patient's usual GP.
- 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. The service shared identified risks with the patient's GP practice.
- 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:

- The service sought feedback on the quality of clinical care patients received.
- Staff protected patients' privacy and dignity.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- 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 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:

- The service organised and delivered services to meet patients' needs. The service understood its patient profile and had used this to meet their needs.

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.
- Patient surveys were used to improve the service, for example we saw evidence that patients were requested to complete a questionnaire of the vasectomy service: the survey reviewed the booking experiences for patients; from booking to pain management and overall experience.
- 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.
- The service demonstrated that they understood the needs of the local health community and had used this understanding to fill health care gaps, support additional service and meet patient's needs. For example, providing a GP with specialist interests gynaecology services which included supporting perimenopausal and postmenopausal women.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. The service had plans in place to manage backlogs in waiting times due to the COVID-19 pandemic.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. The service had not received any complaints within the 12 months prior to the inspection.

Good

Are services well-led?

We rated well-led as Good because:

- There was a developing leadership structure in place. Staff had identified actions needed to continue to build on this.
- The service had a clear vision to deliver high quality care and promote good outcomes for patients.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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. Leaders told us the aims of the service were to provide the highest standard of locally based, GP led, specialist interest outpatient healthcare services to the local population; in a safe environment, using the best available medical and nursing skill and expertise to achieve positive individual health outcomes.
- The service developed its vision, values and strategy jointly with staff and external partners. Staff described examples of working jointly with leaders, for example in developing Standard Operating Procedures.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. For example, staff told us that there was 'great vision for future services'.
- 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.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so, however not all staff had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.

Good

Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff.
- 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 and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out and understood, however these were not always effective. For example we saw that mandatory training had not always been completed by all staff. 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.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. However, we identified gaps in the coordination of risks shared jointly with external partners, for example infection prevention and control risks.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

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

Good

Are services well-led?

- An information sharing protocol was in place with key NHS or private healthcare provider and voluntary organisations.

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
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

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 and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

There were systems to support improvement and innovation work. For example, a GP open access diagnostics cardiology service allowed patients living locally with an agreed range of potential cardiac diagnosis to be referred, triaged and screened and treated within primary care.