

# Mount Gould Local Care Centre

## Quality Report

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

### Ratings

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mount Gould Local Care Centre (also known as Sentinel Healthcare South West (Community Interest Company)) on Thursday 24 November 2016. For the purposes of this report Mount Gould Care Centre will be referred to as Sentinel Healthcare or the provider.

Overall Mount Gould Care centre (Sentinel Healthcare) is rated as good .

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Clinical risks to patients were assessed and well managed. Environmental and organisational risk assessments were being developed to ensure they identified and mitigated risk.
- Governance processes were monitored on an annual cycle. Environmental health and safety and infection control processes were checked as services were used and monitored on an annual rolling programme.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Sentinel Healthcare used patient feedback, clinical audit, service reviews and significant incident report monitoring to monitor outcomes for patients. A Sentinel Healthcare quality account was provided each year which stated how the organisation would meet clinical effectiveness, patient satisfaction, promotion of self-care and how to manage complaints and significant events.
- Sentinel Healthcare were working with Devon, Cornwall and Somerset Clinical Education Provider Network to provide an additional facility to ensure a consistent approach to safeguarding in the South West.
- Sentinel Healthcare provided diabetic education to newly diagnosed insulin diabetic patients. This was provided by a multidisciplinary team of dieticians and nurses and in various locations to suit patient's needs.

# Summary of findings

- Sentinel Healthcare were communicating with external businesses and stakeholders to understand how they could help support better lifestyle options and reduced dependence on the NHS.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients were complimentary about the service, staff and access to treatment.
  - Appointments were 20 minutes or longer if needed which benefitted patients with complex issues.
- There was a clear leadership structure and staff felt supported by management.
- Sentinel Healthcare proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
  - Sentinel Healthcare had performed a review of care homes in Plymouth, West Devon and the South Hams to understand the diagnosis rates of residents with undiagnosed dementia. The results have been presented at a Parliamentary and CCG level and were

currently shaping some of the way services will be commissioned in the future. Sentinel Healthcare had also worked with the Plymouth Dementia Action Alliance. As a result Sentinel Healthcare had been awarded a Dementia Action Alliance – Friendly City award – in recognition of their efforts.

The areas where the provider should make improvement are:

Continue to develop governance processes to more clearly identify, record and manage risks at all centres where clinical care and treatment is provided. For example further development of:

- Systems to monitor medicines management, equipment safety, control of infection, and environmental health and safety in buildings not within control of the provider.
- Systems to more formally record and report issues within the centres used.

Fully maintain induction records to demonstrate staff have received suitable support, appraisal and induction.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

Sentinel Healthcare is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety at Sentinel Healthcare.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The provider had clearly defined and embedded systems, processes and policies in place to keep patients safe and safeguarded from abuse.
- Clinical risks to patients were assessed and well managed. However, due to the nature of the way the services were delivered, some systems and processes for environmental and organisational risk assessments had not yet fully implemented to identify and mitigate risk in all locations where clinical care and treatment is provided. However, these were under development.

### Are services effective?

Sentinel Healthcare is rated as good for providing effective services.

Good



- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The organisation used patient feedback and clinical audit to monitor the effectiveness of the service.
- There was evidence of personal development plans for all staff. The majority of staff had received an appraisal and those that had not had a date booked for this to be completed.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Sentinel Healthcare had a contract with a nationally recognised supermarket to provide a 'Tour' of their Plymouth store to see how food labelling works and how patients could best utilise their shop to help optimise the management of their long term condition.
- Sentinel Healthcare were working with Devon, Cornwall and Somerset Clinical Education Provider Network to provide an additional facility to ensure a consistent approach across to safeguarding in the South West.

# Summary of findings

## Are services caring?

Sentinel Healthcare is rated as good for providing caring services.

- Data from surveys carried out by Sentinel Healthcare showed high patient satisfaction for several aspects of care. For example, patients said they felt Sentinel Healthcare offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

Sentinel Healthcare is rated as good for providing responsive services.

- Sentinel Healthcare staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patient's satisfaction about access to the service was positive.
- Information about how to complain was available and easy to understand and evidence showed Sentinel Healthcare responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

Sentinel Healthcare is rated as good for being well-led.

- Sentinel Healthcare 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 it.
- There was a clear leadership structure and staff felt supported by management. Sentinel Healthcare had a number of policies and procedures to govern activity and held regular governance meetings.
- Some governance systems and processes, whilst in place, required further oversight and development to ensure opportunities to implement mitigating actions were routinely carried out
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of

Good



# Summary of findings

openness and honesty. Sentinel Healthcare had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

- Sentinel Healthcare proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## What people who use the service say

The Sentinel Healthcare organisation was not included on the national patient survey system. However, the organisation provided an annual quality report which contained feedback from patients. This document was produced for stakeholders and the general public and was available on the sentinel website. We looked at the 2014/15 and 2015/16 reports. Satisfaction surveys included questions about confidence in the service, length of waiting time, time for discussion, involvement in discussions and information from staff. The results were collected from 317 patients and the scores were graded one being poor and five being excellent. The results for 2015/16 showed satisfaction rates of 4.8 out of five. For example, one question read 'whilst at hospital using the service how do you feel you were treated. Results showed that patients scored Sentinel Healthcare 4.7 out of five.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 19 comment cards which were all positive about the standard of care received. Patients talked of the caring and professional manner of staff and told us of an excellent, prompt and positive experience.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients were complimentary about the services received, the speed of access and the cleanliness of the location. Patients said they had been provided with explanations about why they were attending the service and who they would be seeing. They explained they were offered choice of location and treatments and said the GPs involved them in all aspects of their treatment from initial examination through to post treatment care. For example, they were asked what they hoped to achieve by having the treatment and were told how their recovery could be improved .

## Areas for improvement

### **Action the service SHOULD take to improve**

Continue to develop governance processes to more clearly identify, record and manage risks at all centres where clinical care and treatment is provided. For example further development of:

- Systems to monitor medicines management, equipment safety, control of infection, and environmental health and safety in buildings not within control of the provider.
- Systems to more formally record and report issues within the centres used.

Fully maintain induction records to demonstrate staff have received suitable support , appraisal and induction.

# Mount Gould Local Care Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a CQC inspection manager, GP specialist adviser and a practice manager special advisor.

## Background to Mount Gould Local Care Centre

Sentinel Healthcare South West Community interest Company (CiC) is owned by shareholders of General Practitioners and Practice Managers in Plymouth. Sentinel Healthcare provide services for patients and medical professionals in Plymouth, South East Cornwall, South Hams and West Devon from Mount Gould Local Health Centre and other locations in the area.

Sentinel Healthcare is an NHS funded organisation covering Plymouth, South East Cornwall, South Hams and West Devon offering assessment and treatment services for patients, as well as training and development opportunities for health professionals.

Sentinel's main location is registered as Mount Gould Local Care Centre. The other locations are managed through service level agreements with location providers.

Sentinel Healthcare has a standard NHS contract. This is a contracting route available to enable primary care organisations (PCO) to commission or provide primary medical services within their area.

Sentinel Healthcare are registered with CQC to provide regulated activities such as, diagnostics and screening, treatment of disease, disorder or injury and surgical procedures. Sentinel Healthcare provides services in locations that are close to the patient population reducing the need to visit large acute hospitals in the locality.

Sentinel Healthcare operates from up to 14 clinical centres which are rented from location providers. These include community hospitals, GP practices, Derriford hospital and community centres. The organisation also rents other locations for health education purposes. These include libraries, football clubs, village halls and hotel conference facilities.

The organisation is led by a strategic director and operations director who coordinate a team of up to 20 administration staff and 30 clinical staff. These include GPs with special interest (GPwSI), extended scope practitioners (physiotherapists), podiatrists, occupational therapists, hospital consultants, osteopaths, nurses, practice nurses and health care assistants.

There is a headquarters at 6 Research Way, Plymouth, PL6 8BU where many of the administration tasks are coordinated from. The registered location address is Mount Gould Local Care Centre, Mount Gould Road, Plymouth, PL4 7QD. During our inspection we visited both these locations.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

# Detailed findings

part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about Sentinel Healthcare and asked other organisations to share what they knew. We carried out an announced visit on Thursday 24 November 2016. During our visit we:

- Spoke with 12 members of staff and spoke with four patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public 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?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform Sentinel Healthcare manager of any incidents and said there was a recording form available on Sentinel Healthcare's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, interim action was taken to ensure safety and wellbeing of the patient. Patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. All incidents were reported to the board for information and review and given to the clinical leads if required.
- Sentinel Healthcare carried out a thorough analysis of the significant events.

We reviewed four safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in Sentinel Healthcare. For example, an investigation was carried out after a patient experienced a clinical complication arising from a routine procedure. It was found that the procedure was conducted appropriately by the providers staff and no harm came to the patient. However, staff identified that further information about complications and how to reduce these would be included on the post-operative advice leaflet given to the patient before they attended for the procedure. We saw this information had been included on the documentation.

### Overview of safety systems and processes

Sentinel Healthcare had clearly defined and embedded systems, processes and policies in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff using the computer system. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, nurses to level two and administration staff to level one.
- Chaperone policies were in place. Sentinel Healthcare staff rented rooms from other providers and as a result were limited in insisting chaperone posters were displayed. However, Sentinel staff informed patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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).
- Sentinel Healthcare maintained appropriate standards of cleanliness and hygiene where they worked and had informal systems in place to report concerns. For example, the lead infection control nurse explained that they did an informal check before each session and had reported the state of cleanliness at one centre they used. This was then cleaned immediately by the provider. We observed the premises to be clean and tidy. A Sentinel Healthcare nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with current guidance. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits had been performed by the host provider but independent audits had not yet been undertaken by Sentinel Healthcare for all centres used but had been identified and included on an action plan by the provider.
- The arrangements for storage of medicines, including emergency medicines at the centres used by Sentinel Healthcare kept patients safe (including obtaining, recording, handling, storing, security and disposal). We noted the systems used for the management of

## Are services safe?

medicines were not fully effective; we found two boxes of local anaesthetic used by staff which had passed the use before date and had not been removed for disposal. These had not been identified through the provider checking processes. The expired medicines were removed immediately following identification and we saw that further in date anaesthetics were available.

- The provider had recently made a decision not to prescribe products for patients and consequently did not hold stocks of prescription pads. Should patients require prescribed medicines they were referred back to their GP.
- We reviewed five personnel files and found appropriate pre-employment recruitment checks had been undertaken on four of the five staff. We noted references for the fifth member of staff had not been obtained where staff had been employed after a period working as a temp through an agency. The provider explained how the period the temporary staff worked for them enabled them to judge the character and capabilities of the person better than a reference; particularly for younger staff with short working careers. One file did not contain evidence that a member of staff had a current valid professional registration but this was immediately amended following a review of inspection notes and clarification from the provider.. For the rest of the files we saw proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. There had been no system or process to evidence any physical or mental health conditions which may affect staff. However, we were informed, and noted, this had been identified through a recent recruitment audit and was going to be implemented for new staff joining the organisation.

### Monitoring risks to patients

The provider rented space from external providers including community hospitals, GP practices and community centres. Risk assessments were in place to ensure that only suitable activities were carried out within suitable premises. For example, educational sessions were held in local venues including libraries, sports centres and village halls, whilst clinical procedures, including surgical procedures were carried out within appropriate treatment centres.

- The two centres we visited displayed a health and safety poster which explained who to contact if issues identified.
- We were informed at both centres we visited that emergency call alarms tested weekly by building management staff (receptionists) as well as other alarms such as fire.

Staff told us they visited each centre used on an annual basis to complete a 'working together' document which collected such information as confirmation of insurance, infection control audit, last CQC visit and review of serious incidents. We found systems and processes which documented these checks had been completed for one of the 14 centres used for clinical procedures and evidence was not provided to gain assurances that each centre was fit for purpose. The provider responded positively to this identification and outlined plans for extending their checks.

There was a health and safety policy in place which stated the principles were to provide and maintain a healthy and safe working environment. We saw that Sentinel Healthcare staff had awareness but not full control of health and safety systems for the centres they used in order to keep patients and staff safe. For example, staff had access to control of substances hazardous to health (COSHH) documents kept for all chemicals and cleaning materials used at the headquarters. We saw a clinical waste bin was not securely locked to prevent its removal at one of the treatment centres. This was out of the control of the provider but was raised and addressed by the host provider shortly after the inspection.. Systems and processes had not yet been fully established between the provider and all location managements to ensure waste management security arrangements met current requirements. We saw evidence that medical equipment calibration and safety checks had been performed on equipment owned by the provider but despite requesting, evidence they had not currently been provided by host providers to demonstrate equipment provided by all centres was safe and suitable for use.

We were told faults and damage at any centre was reported internally to a member of staff who then reported to the building manager. However, there was no formal system or process in place to demonstrate when the issue was reported or resolved. Evidence from the provider indicated this was introduced shortly after the inspection. The

## Are services safe?

building manager confirmed the provider did approach them when problems arose and their onsite handyman carried out immediate repairs. The provider confirmed there were no outstanding maintenance works.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Administration staff ensured appropriate medical and nursing staff were available for each service provided.

### **Arrangements to deal with emergencies and major incidents**

The provider had adequate arrangements in place to respond to emergencies and major incidents.

- Staff were aware of how to alert staff to any emergencies. For example, at Mount Gould local care centre and the main site, there were alarm bells in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received annual basic life support training provided by the provider. There were local arrangements within each centre regarding the location of emergency equipment and medicines. Staff explained that one site had decided to not keep emergency medicines and the provider had provided this for use during their own clinics. These were checked and found to be within expiry dates.
- We were informed that there were defibrillators and oxygen available at each centre where clinical care and treatment was provided. A first aid kit and accident book were available.
- The location of emergency medicines varied at each location. Staff explained that these were easily accessible to staff in a secure area. All the emergency medicines we checked were in date and stored securely.
- Sentinel Healthcare had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Mount Gould Local Care Centre assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The provider had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### Management, monitoring and improving outcomes for people

The provider used patient feedback, clinical audit, service reviews and significant incident report monitoring to monitor outcomes for patients. A provider quality account was provided each year which stated how the organisation would meet clinical effectiveness, patient satisfaction, promotion of self-care and how to manage complaints and significant events. The provider was in the process of looking at similar types of service provision to provide a national average to compare findings against.

Sentinel Healthcare was not an outlier for any clinical targets.

There was evidence of quality monitoring including clinical audit.

- We looked at six audits. The majority of these were one cycle audits as the service was new and not had time to embed or repeat audits to show improvements made had been implemented and monitored. We saw examples of repeated audits for minor operations to look for trends in complications and effectiveness of treatments. The audits showed a low complication rate and positive patient outcomes. Management staff were in the process of finding similar services in the country to compare rates. Other audits included dermatology audits to ensure appropriate procedures were being performed and reviews of diabetic education services to ensure effective service delivery.
- Management staff met with multidisciplinary staff to discuss services. For example, we saw minutes of a musculo skeletal clinical governance meeting to discuss referral rates, activity patient attendance and timeliness of service provision.

- The provider participated in local audits, accreditation, peer review and research. Staff told us there had been a difficulty finding other similar services to use for national benchmarking.
- Findings were used by the provider to monitor and demonstrate effectiveness of services. For example, an audit of seven patients who had attended the step forward hip and knee pain service in February 2016 showed that five of the seven patients found the service useful and had avoided the need for surgery.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The provider had a structured induction programme for all newly appointed staff. This included e learning of safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, staff who completed induction training could not recall maintaining records of this induction and systems and processes did not evidence induction records in two of the five staff files we looked at.
- The provider could demonstrate how they ensured role-specific training and updating for relevant staff. For example, diabetic training updates.
- The provider provided staff forum and training opportunities for practice nurses in the locality. Courses included immunisation training, management of high blood pressure, contraception, cervical screening and pathology service awareness. Staff could access these training sessions. The provider also facilitated a practice nurse and health care assistant forum for GP practice nurses to access. The forum provided newsletters to keep practice nurses up to date with current guidance, local initiatives and research outcomes.
- The learning needs of staff were identified through a system of training analysis, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. Provider board members had identified that not all clinical staff had received an appraisal within the last 12 months and had introduced an action plan to address this.
- Staff received training that included: safeguarding, infection control, fire safety awareness, basic life

# Are services effective?

## (for example, treatment is effective)

support and information governance. Staff had access to and made use of e-learning training modules and in-house training. A training matrix gave an overview of this mandatory training. We noted four of the 34 staff recorded had not provided evidence of safeguarding adults training, safeguarding children training and basic life support training. (This included three GPs with specialist interest who would have received this training within their own practices and a podiatrist).

Management staff were in the process of reviewing this document to ensure all staff had received all mandatory training and had updated information including professional registration checks.

### 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 provider's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. For example, we saw detailed electronic records which were shared with the patients GP using a shared computer system. These contained advice given to the patient, instructions for the GP regarding further treatment, prescribing and advice. Patients were also given a copy of the consultation.
- The provider shared relevant information with other services in a timely way, for example, when commissioning new services, when referring patients to other services and when providing information to patients GPs following minor surgery.
- Systems were in place to monitor histology (surgical examination of human tissue) results from dermatology and minor surgical procedures.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included effective communication and working relationships with the local acute hospital trusts and also included when patients moved between services.

Specialist computer software was being introduced to enable better management of care and hoped to demonstrate to the commissioners that this will be an effective tool in managing 'pre-diabetes'.

### Consent to care and treatment

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

- Staff understood the relevant consent procedures and decision-making requirements. Staff were able to describe how they gained consent in line with Gillick competency or where a patient lacked insight into their condition. However, not all staff had received training to enable them to fully understand the Mental Capacity Act 2005. The training manager explained this would be added to the provider's mandatory training programme should staff not have received it at their primary work place.
- The process for seeking consent was obtained through written consent records for each procedure offered. For example, joint injection, vasectomy or minor surgery. Written consent was scanned into the patient record system and patient notes had verbal consent clearly recorded alongside the risks and benefits of the treatment proposed.

### Supporting patients to live healthier lives

The provider identified patients who may be in need of extra support. For example they offered:

- An educational tour of a national supermarket chain for patients with diabetes. The tours were aimed to explain food labelling for patients with diabetes. Data from the provider showed that between November 2015 and September 2016, a total of 31 patients had attended and benefitted from this increased awareness to help control their diabetes.
- Other education programmes included; care home diabetic education sessions, group education for newly diagnosed insulin dependent diabetic patients and hosting diabetic interest groups for practice nurses. For example, Sentinel Healthcare ran large scale education sessions and as a result had been asked to run a one off education programme for over 3000 patients over the course of a weekend.
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- Step Forward, a group educational and signposting resource aimed at fully informing patients about their joint pain, how best to manage it and what the local treatment options and alternatives were. This included

# Are services effective?

(for example, treatment is effective)

sessions on weight management, pain relief, exercise and information on physiotherapy and surgical options. These sessions helped reduce the need for patients to receive surgery as a first choice option.

- A Chronic Fatigue Syndrome and ME (myalgic encephalomyelitis(CFSME)) service run by local General Practitioners with a special interest in this condition, working in partnership with Occupational Therapists. The CFSME service used a variety of patient support aids from coloured paper to mindfulness techniques to reduce stress, increase relaxation and obtain the best results for patients. These sessions provided patients with a service closer to their home and often, faster access to support.
- An assessment and treatment musculoskeletal service provided by GPs with a special interest, extended scope practitioners in physiotherapy and a specialist musculoskeletal podiatrist. Patients benefitted from

these services by receiving closer to home treatment, convenient locations for the treatment and in the majority of cases, faster access to the treatment required.

- An acute and sub-acute community back pain service run by GPs and osteopaths who worked together to provide a service with specialist input from a cognitive behavioural therapy therapist and exercise programme. These sessions helped reduce the need for high risk medicines as a first choice option. The provider had agreed a first research project looking at how the team help and support people with chronic pain and how they could manage this in a non-surgical way. This was called mechanisms in orthodox and complementary alternative medicine management of back pain (MOCAM).
- Dermatology and cardiology services
- The vasectomy service for the Western locality where patients benefitted by receiving closer to home and convenient locations for the procedure.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in the consulting rooms we looked at to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the provider offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

The provider organisation was not included on the national GP patient survey system run by IPSOS Mori every six months. However, the organisation provided an annual quality report which contained feedback from patients. This document was produced for stakeholders and the general public and was available on the sentinel website. We looked at the 2014/15 and 2015/16 reports. Satisfaction surveys included questions about confidence in the service, length of waiting time, time for discussion,

involvement in discussions and information from staff. The results were collected from 317 patients and the scores were graded one being poor and five being excellent. The results for 2015/16 showed satisfaction rates of 4.8 out of five. For example, one question read "whilst at hospital using the service how do you feel you were treated?" Results showed that patients scored Sentinel Healthcare 4.7 out of five.

### Care planning and involvement in decisions about care and treatment

The four patients we spoke with said they felt fully involved in decision making about the care and treatment they received and had been given options about where to receive their treatment and care. One patient said they had chosen the Mount Gould location because of the ease of parking and access. Patients said they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Patient feedback results showed that patients scored the provider 4.8 out of five for involvement in decision making. One comment read 'received plenty of time to discuss the issues' and 'the doctor took his time to explain what he was doing.'

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The provider was described as an NHS funded organisation covering Plymouth, South East Cornwall, South Hams and West Devon. The organisation offered and treatment services for patients on behalf of the local Clinical Commissioning Group (CCG) and provided training and development for health professionals.

The provider reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified and helped reduce waiting times for patients.

The provider had responded to needs of patients with dementia in the region and had influenced policy within the UK. For example; representatives from the organisation had attended Parliament once a quarter to discuss and influence the way dementia care was delivered in the rural communities. The particular focus was West Devon, South Hams and South East Cornwall. The provider had also been commissioned to perform a review of every care home in Plymouth, West Devon and the South Hams to understand the diagnosis rates of residents with undiagnosed dementia. The results were presented at Parliamentary and clinical commissioning group (CCG) level and were currently shaping some of the way services will be commissioned in the future. Staff had received dementia friendly training from the Alzheimer's Society to provide skills and support to people and had worked with the Plymouth Dementia Action Alliance. As a result the provider had been awarded a Dementia Action Alliance Friendly City award in recognition of their efforts.

### Access to the service

We observed prompt internal service referral. For example, a patient said the GP had explained risks about the X-Ray and checks were made regarding any other recent X-Rays. The GP then referred the patient for the X-Ray which was taken immediately and within 10 minutes the patient was back with the GP reviewing the X-Ray. A treatment plan was then agreed for provision at a mutually acceptable future date.

The provider organisation was not included on the national patient survey system. However, the organisation provided an annual quality report which contained feedback from

patients. We looked at the report from 2015/16. 317 patients responded and scored the service on a one to five rating. One being poor and five being excellent. The results included:

- When asked about the convenience of the appointment patients scored the service 4.3.
- When asked about the length of time patients had to wait between seeing their GP and the services GP patients scored the service a 3.9
- When asked about the length of time patients had to wait at the clinic before being seen by the services staff patients scored the service 4.3
- Patients were asked how likely it would be to recommend the service. The results were 4.8 out of five.

We saw the details of one of the surveys. Comments included;

- 'Receiving treatment on the day of consultation was very reassuring and sensible, saving time and money'.
- 'My wife and I were amazed at how quickly we were seen'
- 'Excellent treatment, prompt appointment' and
- 'I only waited for 5 minutes'

We were informed that the majority of patients were seen within the centres used by the provider. However, we were also informed that patients could be seen at home should this be required and that home visits were offered for patients who would find it difficult to travel to one of the sites.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the provider organisation.
- We saw that information was available to help patients understand the complaints system. For example, information about complaints was found on the website or within the annual quality account report.
- All complaints were regularly reviewed by the board of directors.

## Are services responsive to people's needs? (for example, to feedback?)

- When complaints were received and contained issues relating to clinical issues these were also managed as significant events

We looked at 12 complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way. Complaints showed openness and transparency when with dealing with the complaint.

Lessons were learnt from individual concerns and

complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, investigation of a complaint regarding wound dressings in the outpatient dermatology clinic had identified that specific dressings were not available to re dress wounds following examination. The policy and letters to patients were changed to include instructions to bring spare dressings to the clinic.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The provider had a clear vision to 'provide a proactive and innovative leadership role, in the planning and delivery of first class health and social care for the community.'

The provider also had a mission statement which was displayed on the website and within the annual quality account. Staff knew and understood the values. This stated that the organisation would put the patient first, provide more choice, represent value for money, work with NHS organisations and use clinical leadership.

The provider had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The provider had a clinical governance framework which supported the delivery of the strategy and good quality care. There were governance and framework policies in place which were due for renewal in July 2017. These included details of clinical governance, quality and risk management.

This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

However, some governance systems and processes whilst in place required further oversight to ensure opportunities to implement mitigating actions were routinely carried out. For example, systems to monitor and identify:

- Some staff induction training records which had not been fully recorded.
- Missing information within some recruitment files. (These were provided or explained on the day of inspection) and systems introduced to ensure checks were carried out

- The removal of two items of out of date medicines in stock. (These were removed on the day of inspection).
- Evidence of how premises providers carried out infection control audits, health and safety issues and equipment security and safety at all centres where clinical care and treatment was provided.
- Site review records to ensure 'working together' documents were completed and reviewed.
- A formalised record of maintenance reporting (These were addressed on the day of inspection).

### Leadership and culture

On the day of inspection the senior managers and representatives of the board demonstrated they had the experience, capacity and capability to run the organisation and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the senior management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The senior managers and representatives of the board encouraged a culture of openness and honesty. The provider had systems in place to ensure that when things went wrong with care and treatment:

- The provider gave affected people reasonable support, truthful information and an apology
- They kept detailed, clear written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and a board of directors. Staff felt supported by management.

- Staff told us the provider held regular team meetings. We saw minutes of these meetings which covered topics including support, staff training, services and any updates. There were examples to show staff were able to contribute to these sessions.
- Monthly board meetings were held and covered clinical and management issues.

# Are services well-led?

Good 

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

Annual strategy days were held and used as an opportunity to answer staff questions and discuss future development.

- Staff told us there was an open culture within the organisation and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the management team and board of directors. All staff were involved in discussions about how to run and develop the organisation, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the provider.

## Seeking and acting on feedback from 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 gathered feedback from staff generally through staff meetings, appraisals and day to day discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with

colleagues and management. Staff told us they felt involved and engaged to improve how the organisation was run. For example, staff had requested to work within set centres for continuity. The provider implemented this. Staff had also requested further training on the computer system used. Staff had been identified as 'super users' and had been provided with an additional five days training which was then cascaded down to the rest of the staff group.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the organisation. The management and staff team were forward thinking. For example, the vision of the organisation was that 'By 2020 the organisation would be recognised as leaders, experts and a centre of excellence in the cost effective delivery of health and care. Service provision would be in early management and prevention of diabetes, orthopaedics, dermatology, cardiology, ear nose and throat (ENT), vasectomy, chronic fatigue syndrome and myalgic encephalomyelitis (CFSME) and dementia.'

Future development was planned and included introducing expanding current services to other areas and introducing further services including a community allergy service and teledermatology pilots.