

Midlands Community Services Ltd

# Midlands Community Services Ltd

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 27 March 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

### **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.

Midlands Community Services Limited (MCS) is based in Brewood, Staffordshire and provides a vasectomy and carpal tunnel decompression service through the NHS for patients living in Staffordshire and Stoke on Trent. MCS is managed from Brewood Medical Practice and the directors of the company are also the GP partners at the practice.

Clinics are provided at the following sites:

- Brewood Medical Practice, Brewood, Staffordshire
- Cobridge Health Centre, Stoke on Trent
- Bentilee Health Centre, Stoke on Trent
- Stafford General Infirmary, Stafford
- Cannock Chase Hospital, Cannock
- Samuel Johnson Hospital, Lichfield

Dr A Houlder is the registered manager for MCS. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

In preparation for the inspection, 14 patients provided feedback about the service they had received (10 vasectomy and four carpal tunnel). Feedback obtained clearly demonstrated positive outcomes for patients. Patients spoke highly of the care and treatment they had received from the clinic. They described staff as friendly, efficient, helpful and caring. They also commented that staff put them at their ease during the procedure. Staff we spoke with told us they were well supported in their work and were proud to be part of a team which provided a high quality service.

## **Our key findings were:**

- Patients received detailed and clear information about their proposed treatment which enabled them to make an informed decision.
- Patients were offered convenient, timely and flexible appointments at a location of their choice.
- Staff helped patients be involved in decisions about their care. Patients were provided with patient information packs containing written pre and post treatment literature.
- There was a transparent approach to safety with demonstrably effective systems in place for reporting and recording adverse incidents.
- There were effective procedures in place for monitoring and managing risks to patient and staff safety. For example, there were arrangements to prevent the spread of infection.
- The service had a structured programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- There was effective leadership, management and governance arrangements in place that assured the delivery of high quality care and treatment.

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

- Seek assurances that appropriate risk assessments are in place at the sites managed by other providers.
- Ensure that information about any relevant physical or mental health conditions is obtained for all newly appointed members of staff.
- Consider recording that the cleanliness of rooms had been checked prior to each clinic.
- Consider maintaining a log of significant events, which would assist the process of reviewing significant events over time for any trends.

# 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.

- Systems were in place to check the identity of all patients prior to offering them an appointment.
- The service carried out appropriate staff checks in accordance with the regulatory requirements.
- There was an effective system to manage infection prevention and control (IPC). There was a designated infection control lead and an infection control policy in place. Staff had received training and demonstrated a clear understanding of responsibilities in relation to infection prevention and control.
- There were effective systems to assess, monitor and manage risks to patient safety.
- There was a system and procedure for recording and acting on significant events and incidents. The service learned and made improvements when things went wrong.

### **Are services effective?**

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

- Patients referred to the service were assessed as suitable for the procedure by the referring clinician. However the service provided further counselling for patients if they felt they needed this.
- The service had a structured programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- Staff had the skills, knowledge and experience to carry out their roles.
- The consent process for patients was detailed and effective. The service was aware of recent guidance issued by the Association of Surgeons in Primary Care and Medical Protection Society and had reviewed the consent forms accordingly.

### **Are services caring?**

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

- Staff treated patients with kindness, respect and compassion.
- Staff helped patients be involved in decisions about their care. Patients were provided with patient information packs containing written pre and post treatment literature.
- The practice respected and promoted patients' privacy and dignity.

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

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

- The service provided a vasectomy service and a carpal tunnel decompression service for patients in a community setting close to their home.
- Patients were offered convenient, timely and flexible appointments at a location of their choice.
- The practice took complaints, concerns and comments seriously and responded to them appropriately to continually improve the quality of care.

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

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

# Summary of findings

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- The service had a clear vision and set of values, which were communicated to staff. A culture of openness and honesty was promoted throughout the service.
  - Patient and staff views was encouraged and shared to review, shape and improve the service provided.
  - Staff received induction and role specific training in addition to appraisal, supervision, coaching and mentoring. Staff felt well supported, respected and valued by their colleagues and their leaders. Regular clinical governance meetings took place and these were documented.
  - There were a variety of regular and comprehensive reviews in place to assess and monitor the quality and performance of the service. Effective systems and process were in place for learning and improving.
  - The provider had not sought assurances that appropriate risk assessments were in place at the sites managed by other providers.
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# Midlands Community Services Ltd

## Detailed findings

### Background to this inspection

Midlands Community Services Limited (MCS) is an organisation registered with the Care Quality Commission (CQC) based at Brewood Surgery, Kiddemore Green Road, Brewood, Stafford, ST19 9BQ. MCS provides a vasectomy and carpal tunnel decompression service through the NHS for patients living in Staffordshire and Stoke on Trent. MCS is managed from Brewood Medical Practice and the directors of the company are also the GP partners at the practice.

Procedures are carried out at number of sites around the county, including two health centres in Stoke on Trent and local hospitals in Stafford, Tamworth and Lichfield. We only visited Brewood Medical Practice as part of this inspection.

The vasectomy service is commissioned by a number of the Clinical Commissioning Groups in Staffordshire and the carpal tunnel decompression service is commissioned through Staffordshire and Stoke on Trent Partnership NHS Trust.

The staff team consists of two community surgeons (GPs), a lead nurse, two health care assistants, two administrators and a business manager. One of the community surgeons is a member of the Association of Surgeons in Primary Care. Clinics are usually held on Tuesday afternoons, Thursday mornings and all day Friday but vary due to the GP commitments and demand. A monthly clinic is held on a Monday in Lichfield. Additional clinics can be arranged, including at weekends, to meet increase in demand.

We inspected Midlands Community Services Limited on 27 March 2018 as part of our inspection programme. Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser.

Before visiting we reviewed a range of information we hold about the service and asked the service to send us a range of information. This included information about the complaints received in the last 12 months and the details of their staff members, their qualifications and training. MCS provided information on the day of the inspection that included audits and policies. We sent patient comment cards two weeks prior to the inspection to gain feedback from service users. We spoke with staff from the service that included the community surgeons, infection control lead nurse, business manager and administration staff.

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 care in accordance with the relevant regulations.

### Safety systems and processes

The service had clear systems to keep patients safe and safeguarded from abuse. Staff had received training in safeguarding and equality and diversity. Staff understood their responsibilities, had access to a safeguarding policy, and a designated safeguarding lead member of staff.

All referrals were received from other NHS providers. This enabled the provider to check the identity and details of patients on the NHS electronic data base. Staff confirmed these details when they contacted patients to arrange appointments.

The provider carried out staff checks on recruitment and on an ongoing basis, including checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken for all staff employed. (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). We reviewed the recruitment records held for three staff, one of whom had been employed since the provider had been registered with the Care Quality Commission. We found all of the required documentation had been obtained with exception of information about any physical or mental health conditions. The business manager had been made aware that this information needed to be obtained during the inspection of the GP practice. They assured us this information would be obtained when new staff were recruited.

Information in the minor surgery room informed patients that staff were available to act as chaperones. However, two members of staff were always present when procedures were being carried out. Designated staff who acted as chaperones were trained for the role and had received a DBS check.

There was an effective system to manage infection prevention and control. The lead nurse was the designated infection prevention and control lead and was responsible for staff training. Discussions with them demonstrated they had a clear understanding of their role and responsibilities to ensure appropriate standards of cleanliness and hygiene

were maintained. Staff had access to an infection control policy and had received training. External cleaners were contracted to maintain the cleanliness within the building and cleaning schedules were in place.

Clinics were carried out in a number of buildings that were not owned or managed by MCS. Staff told us that they checked the cleanliness of each room used before commencing the clinic and no issues around cleanliness had been noted. However this was not documented.

The provider ensured that their facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

The provider had undertaken risk assessments for the Brewood site. These included a health and safety, fire and legionella risk assessments. All electrical equipment was checked to ensure that equipment was safe to use and clinical equipment was checked to ensure it was working properly. Fire checks and drills were carried out.

### Risks to patients

The provider had arrangements in place to respond to emergencies. Clinical staff and health care assistants had completed training in emergency resuscitation and life support to ensure they were able to respond appropriately to any changing risks to patients' health and wellbeing during their treatment.

Emergency medicines and equipment were easily accessible to staff during clinic times and stored in a secure area. All staff we spoke with knew of their location. The clinic had emergency resuscitation equipment available including an automatic external defibrillator (AED) and oxygen. The clinic also had medicines for use in the event of an emergency. Records completed showed regular checks were carried out to ensure the equipment and emergency medicine was safe to use.

Staff told us they knew the location of the emergency medicines and equipment at each of the sites used for clinics. This information was documented and available to staff at all times.

Staffing levels and the skill mix of staff were planned and reviewed to ensure patients received safe care and

# Are services safe?

treatment. Each clinic had two members of clinical staff present, a doctor and health care assistant, specifically trained for the role. Arrangements were in place to cover holidays.

The service had professional indemnity arrangements in place for the GPs who conducted vasectomies and carpal tunnel decompression. The provider had group professional indemnity in place with covered the role of the health care assistant. All clinical staff were up to date with their professional registration and revalidation.

## Information to deliver safe care and treatment

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

- The service received completed referral forms for each patient from other health care professionals.
- Individual care records were written and managed in a way that kept patients safe. The service maintained electronic records for patients. All paper records were scanned on the electronic system.
- The surgical assistant told us they recorded the batch number and expiry date for all medicines administered to patients. Any medicine administered was only done with an accompanying prescription by a doctor.
- The service shared information with the patient's GP by receiving referral letters detailing the patient's condition and personal circumstances and always communicating with them after a procedure had been carried out. The service recorded information electronically on a shared system with the GPs.

## Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues, with the exception of documented assurances from host practice sites that appropriate risk assessments were in place.
- The practice 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.

- There was a system and procedure for recording and acting on significant events and incidents. We saw staff had access to a policy and standard form to record and report adverse incidents and events. A number of significant events had been recorded in the previous 12 months. We looked at these in detail and found that appropriate action had been taken.
- Significant events were often identified through feedback from patients. We saw that significant events were discussed at the bi-monthly clinical governance meetings, which were attended by all MCS staff.
- The practice did not maintain a log of significant events, which would assist the process of reviewing significant events over time for any trends.
- 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 gave affected people reasonable support, truthful information and a verbal and written apology.
- The provider had a system for receiving and dealing with safety alerts.

# 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. 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.

Patients referred to the service had already been assessed as suitable for the procedure by the referring clinician. However, patients were offered further counselling if they felt they needed this. One of the community surgeons was also a member of the Association of Surgeons in Primary Care (ASPC). The service used information and guidance provided by ASPC to inform their practice.

### **Monitoring care and treatment**

The provider reviewed the effectiveness and appropriateness of the care provided. All staff were actively engaged in monitoring and improving quality and outcomes. Audits were carried out to demonstrate quality improvement. The provider shared their results on an annual basis with the ASPC and used the national data provided by the ASPC as a baseline for comparisons. The service had audited post vasectomy sterility rates and infection rates over a number of years. Between April 2013 and September 2015 the service had improved the number of patients who returned a sample for testing post vasectomy. The sterility rates for the samples received was 100%.

The service had monitored and compared their infection rates against the national average provided by the ASPC since April 2013. There had been a reduction in infection rates during the period, although there had been a slight increase (from 0.97% to 1.42%) during 2016/17. This was above the national average (1.05%). Action taken since 2014 to reduce infection rates included all staff changing

into surgical scrubs and better quality surgical drapes. The post-operative booklet given to patients had also been updated and included information about wound care and infections. The service was in the process of repeating both audits.

### **Effective staffing**

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

- The community surgeons had undertaken additional training to enable them to carry out their role.
- The service had developed a specific training programme for the surgical healthcare assistants. Staff who worked in this role had been assessed as competent before they undertook the role and supported the community surgeons in clinic.
- The service understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop.

### **Coordinating patient care and information sharing**

The service routinely shared information with the patients' GP. The provider notified the patient's GP as to whether the patient had attended and received treatment and/or if they had not. Patient information was stored electronically on a shared system with the GPs.

### **Consent to care and treatment**

Staff sought patients consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. The service was aware of recent guidance issued by the ASPC and Medical Protection Society and had reviewed the consent forms accordingly.

Separate consent forms were used for carpal tunnel decompression and vasectomies. All completed forms were scanned into the electronic patient notes. Both consent forms contained details of the potential complications that may result from the procedure.

# 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.

- The practice gave patients timely support and information.
- All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced.

All patients were asked to complete a satisfaction survey on the day of their operation. Patients who had attended for carpal tunnel decompression were contacted two weeks post-operatively by the lead nurse and asked about their experience. Patients who attended for a vasectomy were contacted by email/letter and asked to complete an electronic questionnaire five months post-operatively. The administrative staff reviewed these results each month and passed on any negative comments or issues to the relevant doctor, who would then contact the patient. The service collated the results for both services into an annual report.

We viewed the report dated April 16 – March 17. Both positive and negative comments were recorded in the report.

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

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Patients were provided with patient information packs containing written pre and post treatment literature. A different format could be made available upon request.
- Interpretation services were available for patients who did not have English as a first language.

Staff told us that patients were encouraged to ask questions about any treatment and were listened to. Patients were offered either a one-stop appointment or a counselling appointment if they wished to discuss any concerns that they may have.

### **Privacy and Dignity**

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998. All confidential information was stored securely.
- The minor surgery room at Brewood was located away from the main waiting area. Staff told us that patient privacy and dignity was maintained at all times.

# 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 service provided vasectomy carpal tunnel decompression services for patients in a community setting close to their home. Procedures were carried out at number of sites around the county, including two health centres in Stoke on Trent and local hospitals in Stafford, Tamworth and Lichfield.

The vasectomy service was commissioned by a number of Clinical Commissioning Groups in Staffordshire and the carpal tunnel decompression service was commissioned through Staffordshire and Stoke on Trent Partnership NHS Trust.

The facilities and premises at Brewood Health Centre were appropriate for the services delivered. The service had a lift to provide access to the first floor. The provider told us but had not documented that they assessed each site prior to agreeing to hold clinics, to ensure the facilities and premises were appropriate.

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

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. Clinics were provided weekly on Tuesday afternoon, Thursday morning and all day Friday. The locations of the clinics were varied depending on the demand in each location. A monthly clinic was provided in Lichfield on a Monday. Patients referred for carpal tunnel decompression were treated within four weeks of receipt of their referral. Patients referred for vasectomies had a two week cooling

off period and then were treated within four weeks (six weeks from receipt of referral). Patients could request an appointment outside of these timescales to meet their personal needs, for example due to work commitments or holidays. The service had a system in place to monitor patients were seen within the specified timescales.

The service was committed to reducing the number of patients who did not attend for appointments. The service had started to contact patients by telephone to remind them of their appointment. They told us this had reduced the number of patients who did not attend and offered patients the opportunity to cancel their appointment, albeit at a late stage. Patients who did not attend received a letter after a month asking them to contact to re-arrange an appointment. If the patient did not respond, they were referred back to their GP.

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

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

- The complaint policy and procedures were in line with recognised guidance.
- There was a designated responsible person who handled all complaints about the service.
- The service had not received any complaints during the previous 12 months.

Although the service had not received any complaints, they reviewed all the comments received from patients via the surveys and verbal feedback. Any issues or concerns were passed to the relevant clinician, who usually contacted the patient for further decision.

# 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.

### Leadership capacity and capability

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

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about their own performance and benchmarked their performance against others.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

### Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice 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.
- The practice monitored progress against delivery of the strategy.

### Culture

Observations made and feedback gained from staff and patients showed the culture of the service actively encouraged candour, openness and honesty. Staff told us they felt confident to report concerns or incidents and felt they would be supported through the process. There was a system and processes in place to enable staff to raise concerns.

There were processes for providing all staff with the development they needed. This included appraisal and opportunities for career development. All staff had been appraised in the last year. Staff told us the organisation supported them to maintain their clinical professional development through training, supervision, coaching and mentoring. The provider was focused and committed to achieving high standards of clinical care and governance and provided staff with the necessary support. Staff told us they felt valued and supported in their work and were very proud to work for the provider.

The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

### Governance arrangements

We found the provider had effective structures, processes and systems of accountability which were clearly set out and understood to support the delivery of the service provided. The provider had a clinical governance programme in place that comprised of audits, adverse incidents, complaints and patient feedback. We saw that information about quality and safety of the service was shared at the bi-monthly governance meetings, which were attended by all staff.

### 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. Health and safety risk assessments had been completed to identify hazards and mitigate potential risks at the main site. However, the provider had not sought assurances that appropriate risk assessments were in place at the sites managed by other providers.
- The practice had processes to manage current and future performance.
- Practice leaders had oversight of incidents, and complaints in addition to external alerts, such as the Medicines and Healthcare products Regulatory Agency (MHRA) alerts that may affect patient safety.
- Clinical audit had a positive impact on quality of care and outcomes for patients.

### Appropriate and accurate information

The practice 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 practice used performance information which was reported, monitored and managed and staff were held to account. Quality and performance information was reported on annually.

# 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 practice used information technology systems to monitor and improve the quality of care. Feedback from all patients was captured through electronic surveys postoperatively.
- The practice 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 encouraged and valued feedback from patients and staff. Immediately after the operation and up to five months post-operatively patients were invited to complete a satisfaction survey asking for their feedback about the service they had received. The comments were reviewed on a monthly basis and any issues discussed at the bi monthly governance meeting. The community surgeons contacted individual patients to further discuss

comments as required. The survey results were collated into an annual report. The majority of comments were complementary about the service received but the report also included negative comments.

The clinic had also gathered feedback from staff during staff meetings, appraisals and general discussion

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation. We saw there

was a focus on continuous learning and improvement at all levels within the service. One of the community surgeons was a member of the Association of Surgeons in Primary Care (ASPC). The service used information and guidance provided by ASPC to inform their practice. They attended the annual conference and training events as appropriate.

The provider made use of internal reviews of audits, incidents and complaints and consistently sought ways to improve the service and shared outcomes with staff. Staff were encouraged to identify opportunities to improve the service delivered through team meetings, appraisals and open discussions. The provider also produced a comprehensive annual report.