We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Oldham Integrated Care Centre

New Radcliffe Street, Oldham, OL1 1NL
Tel: 01616213400

Date of Inspection: 22 November 2013
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We inspected the following standards as part of a routine inspection. This is what we found:

- Respecting and involving people who use services: Met this standard
- Care and welfare of people who use services: Met this standard
- Cooperating with other providers: Met this standard
- Safeguarding people who use services from abuse: Met this standard
- Staffing: Met this standard
## Details about this location

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<tr>
<td><strong>Registered Provider</strong></td>
<td>Virgin Care Blackpool LLP</td>
</tr>
<tr>
<td><strong>Registered Manager</strong></td>
<td>Mrs. Alyson Marie Wadsworth</td>
</tr>
<tr>
<td><strong>Overview of the service</strong></td>
<td>Oldham integrated care is an independent service run by Assura Blackpool LLP, providing dermatological and sexual health services. The dermatology clinic is accessed by referral from healthcare professionals, usually GPs. The sexual health clinic accepts referrals from healthcare professionals and self referrals.</td>
</tr>
</tbody>
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| **Type of services**        | Community healthcare service  
Doctors consultation service 
Doctors treatment service |
| **Regulated activities**    | Diagnostic and screening procedures 
Family planning 
Surgical procedures 
Treatment of disease, disorder or injury |
When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 November 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

This inspection focused on the dermatology clinic provided by the service at this location. The service provider also runs a sexual health clinic from this location which we focused on at our last visit and was found to be compliant.

During this inspection we spoke in private with three people who were using the service and three relatives who were accompanying two of them. Everyone was positive about the care and treatment they had received on this visit.

We also spoke in private with one clinician and with four managers as a group.

People were treated with respect and had their dignity maintained. Staff were described as "very pleasant".

People were involved in discussion about their assessment and treatment plans. Comments included "the explanation was good" and "they explained everything to me".

There was good communication and cooperation between this service and other health professionals involved in the care and support of the patients.

Staff had received training in connection with what to do in the event of a safeguarding concern. People using the service who we asked, told us they felt safe with the staff they had met.

Sufficient staffing levels to meet the needs of the patients were maintained when the clinic was running.

You can see our judgements on the front page of this report.
More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Respecting and involving people who use services  ✔  Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

During this inspection we spoke in private with three people who were using the service and accompanying relatives of two people. We also spoke in private with one clinician and with four managers as a group. Everybody we spoke with reported positively on the service provided while at the clinic.

People using the service and their relatives who we asked said they were treated with respect and had their dignity maintained. One person said "everyone is nice to you" and that "the overall report [of the inspection] should reflect how nice it is".

We were told that all staff have "customer care" training which included how staff's attitude and approach affected respect and dignity. The training also included aspects of equality and diversity.

We were told that each treatment room had a curtain so that if required, patients could remove any clothing in private. An appropriate curtain was seen in the treatment room we looked at. We were also told that chaperones could be provided if necessary. This was confirmed by the clinician we spoke with.

The clinician we spoke with believed they treated people with respect and maintained their dignity. He added that the process for allocating appointments meant that patients were not kept waiting for more than a few minutes. This was, in itself, seen by the clinician as a way of being respectful to individuals. Patients who we asked, confirmed that they had been seen on time.

People told us that treatment options were explained to them clearly.
Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare.

Reasons for our judgement

We were told by the management team that all the clinicians employed by the service also worked with the NHS. All the patients seen at the service were assessed and referred by their GP. The referrals were then assessed and prioritised before an appointment was offered. Each patient was then seen by a consultant or a GP Associate Specialist (a GP with a specialist interest and experience in dermatology) for an assessment of their condition. This assessment dictated future treatment planning.

We looked at a small sample of treatment records. These appeared to be appropriately maintained and recorded the initial referral, subsequent assessment and planned course of treatment, or onward referral.

The clinician we spoke with confirmed that the process described by the management team was what happened in reality.

We were told that because all appointments to the service were planned and there was no provision for a ‘walk-in’ service, there was ample opportunity to provide any interpreters who were required. The management team also told us that the service had a contract with "language line" which provided an immediate interpretation service over the telephone. We were told this was because, very occasionally, the initial referral from a patient's GP had not identified the need for an interpreter, when one was required.

The patients and relatives who we asked all said treatment options had been explained to them at this visit. One person said "the explanation was good" and another said "they explained everything".
Cooperating with other providers  
Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

The management team told us that access to the dermatology clinic was only by referral from the patient's GP. They also told us that the patient and their GP were written to after each appointment to confirm the assessment and subsequent treatment plan.

If a patient was referred on to a hospital the service had an administrative process for following the referral up to ensure the relevant information had been received and was being acted on by the hospital. We were also told that patients were advised to personally chase up appointments with the hospital.

Following a patient's assessment they would follow one of several options. These included being discharged back to the patient's GP; longer term follow up and treatment at this service; routine referrals for systemic drugs or referral to secondary care at a hospital.

We looked at a sample of records which provided evidence that the relevant pathways had been followed and appropriate information passed on.

The management team told us that cooperation between the service and other healthcare professionals was good. There was one area for potential communication loss because the hospitals' systems required them to communicate the outcome of any treatment to the patient's GP, not to this service. The management team told us that NHS hospital processes were beyond their control although they were actively working to address this issue.
Safeguarding people who use services from abuse  ✔ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We were told that both clinical and administrative staff at this service had received training in connection with safeguarding vulnerable adults and children. We were shown a training matrix (chart) which provided evidence of this.

We were told that the service's safeguarding procedures and training included triggers to assist in identifying when a referral onto a safeguarding authority may be appropriate. The repeated failure of a child to attend the service after being referred was given as an example of a possible trigger.

The clinician who we spoke with confirmed that they had received safeguarding training both in their role within the NHS and from the service provider.

All patients and their relatives who we asked said they had felt safe throughout their visit to the clinic. Staff were described by two people as "very pleasant".

The management team and the clinician who we spoke with all confirmed that a chaperone would be provided if required.
Staffing  ✔  Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people’s needs.

Reasons for our judgement

The dermatology clinic only dealt with planned appointments and did not provide any "walk-in" or emergency services. The availability of the clinic at this location was irregular, but entirely responsive to keeping appointments which had been made.

The service was located in a large, seven story building accommodating a range of full and part-time health care services provided by both the NHS and other independent sector service providers. Administrative staff employed by this service met patients at reception and accompanied them to the relevant treatment room where they were seen by a clinician. Nurses and Health Care Assistants assisted in the dermatological minor surgery clinic, but not in the general clinic dermatology clinic as they were not needed there.

The nature of the service meant that staff and management were aware of the number and times of all appointments made. This enabled the service provider to ensure that sufficient numbers of staff were always available. Members of the management team told us that clinicians were provided from a "pool" of dermatologists in the north-west of England. Consequently in the event of the planned clinician not being available, cover could be provided at short notice.

The clinician who we spoke with told us that in their view amongst the best thing about the service was the efficiency of the management and administrative support. They said patient notes were always made available and that patients turned up on time. They added "a lot of work goes into that".

Patients and relatives who we asked confirmed that they had been seen in line with their appointment time and by appropriate staff.
We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
### How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

<table>
<thead>
<tr>
<th><strong>Met this standard</strong></th>
<th>This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.</th>
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<tr>
<td><strong>Action needed</strong></td>
<td>This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.</td>
</tr>
<tr>
<td><strong>Enforcement action taken</strong></td>
<td>If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.</td>
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How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

**Essential standard**

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

**Regulated activity**

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.