

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

Integrated Care Centre

New Radcliffe St, Oldham, OL1 1NL

Tel: 0161621383

Date of Inspection: 22 July 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
Cleanliness and infection control	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Pennine MSK Partnership Ltd
Registered Manager	Mrs. Ann Todd
Overview of the service	Pennine MSK Partnership Ltd works closely with NHS Oldham. It provides a service for orthopaedics and rheumatology patients and patients with chronic pain. The service is based in the Integrated Care Centre in Oldham town centre.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During our inspection we looked at the electronic records of six patients. Treatment options and choices had been discussed with patients, and it was recorded where advice had been given. At each appointment we saw the history of the patient's condition was considered and future plans recorded.

We saw that all areas of the service were visibly clean. Hand wash and decontaminate was provided in all clinic rooms, and a selection of disposable gloves were also available.

The service was based in the newly built Integrated Care Centre that opened in 2009. There was a patient car park next to the building and lift access to all floors. The provider had a contract with the Integrated Care Centre who were responsible for the upkeep of the building and some aspects of the prevention and control of infection.

We saw that times of clinics were arranged according to the needs of patients. Staff worked on a variety of employment contracts that were flexible and usually allowed them to cover clinics at short notice.

All aspects of the service were regularly assessed and action plans were monitored to ensure improvements were made.

Patients spoke positively of the service. Their comments included "Everything is smashing here" and "If you have any questions they'll tell you the answers straight, which is what you need".

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.

Patient's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We saw that patients first accessed the service via the NHS 'choose and book' service. This gave them the choice of dates, times and locations for their appointment. One of the key objectives of the service was to give patients care closer to their home. As well as the main site in the centre of Oldham patients could be seen at satellite sites in the area, for example in Saddleworth, Failsworth, or at the Royal Oldham Hospital. The service provided appointments until 8pm three evenings each week, and there were occasional Saturday morning clinics.

Patients were seen in individual sound proofed rooms. The patients we spoke with told us they were always given enough privacy and were always treated respectfully by all the staff.

The Registered Manager told us patients were sent a generic information leaflet with their first appointment confirmation. After this the information they were given was for their specific condition or treatment. We saw that numerous information leaflets were available for patients. Information was also provided on the notice boards in the waiting areas. In addition we saw evidence that external support groups were brought to the attention of patients.

The provider had introduced a 'shared decision making' scheme. Staff had received training in motivational interviewing skills from a consultant psychologist. Patients were encouraged to make sure they had the answers to three questions; "What are my options", "What are the pros and cons of each option" and "How do I get help to make the decision that is right for me". There was a banner in the waiting area to make patients aware of the scheme and we saw posters in the clinic rooms to prompt patients and staff.

We looked at the electronic records for six patients. It had been recorded when treatment choices were discussed, and we saw patients had been asked for their opinion. There was a record of what information had been given to patients, and whether the information was

given verbally or in leaflet form. Patients received a copy of the correspondence that was sent to their GP.

We saw the results of the satisfaction survey completed by patients in April 2013. All respondents said they were satisfied with the information provided to them prior to their appointment. Everyone was also satisfied with the attitude of the clinician and the explanations they provided.

We spoke with four patients. They all spoke positively of the service. One patient said their appointment had been inconvenient, and when they telephoned the service to change it, they were given a choice of alternative dates and times. Patients told us "I was really apprehensive but they put me at ease and explained what was happening as they went along", "If you have any questions they'll tell you the answers straight, which is what you need" and "Staff have been very helpful. I get more information here than from my doctor".

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

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Pennine MSK Partnership Ltd mainly provided a service for orthopaedics and rheumatology patients and patients with chronic pain.

We looked at the electronic records of six patients. During all appointments information was recorded about the history of the patient's condition, the examination during the appointment and the plan treatment. Rheumatology patients had a 'disease activity score' calculated at each appointment. This determined whether the signs and symptoms of the condition had reduced or stopped, and if treatment needed to be adjusted.

During appointments medical professionals assessed patients' quality of life by using a specific assessment tool. This gave indications of how a condition affected people over a long period of time.

Comprehensive records provided medical professionals with full information about a patient's medical history, including any blood tests or x-ray results. We saw that treatment plans were discussed with patients. Where several treatments plans had been considered the reasons for each were recorded. We saw an example of a patient requesting their medication be stopped due to the side effects. Following a discussion with a consultant nurse they decided to reduce their medication for a short time and then their plan would be reassessed. The patient had been informed of what action they should take if unpleasant side effects continued.

We saw that lifestyle advice that could affect a patient's condition was discussed during appointments. All staff had been trained to give advice on smoking cessation to patients who were smokers. This was because smoking had several particular detrimental effects on people with rheumatoid arthritis. All staff had been trained in basic life support.

The service had a 24 hour rheumatology advice line. Patients recorded their concerns on an answering machine that was checked regularly from 9am to 5pm Monday to Friday. The Registered Manager told us that the advice line was well used and they received 15 to 20 calls a day. They always responded to patients and if they needed to be seen they were usually given an appointment within a week. They had the flexibility to have an extra

clinic if there was the demand, or patients could be added to the end of an existing clinic list.

We spoke with four patients and they all spoke positively about the service. Their comments included "I can't fault the service. They're been really good" and "Everything is smashing here".

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

Patients were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

During our inspection we looked at the patient waiting areas, patient toilets, clinic rooms, the occupational therapy room, phlebotomy room and the theatre that was used for carpal tunnel release surgery. All areas appeared to be visibly clean. The provider had a contract with the Integrated Care Centre, who provided the majority of services in relation to the prevention and control of infection. Waste management also formed part of the contract. The clinics were cleaned twice a day and the toilets several times a day.

A comprehensive cleaning schedule was displayed in the public area. The Registered Manager told us if they had any issues regarding the cleaning or any other aspect of infection control they contacted the cleaning manager directly. However, they said this was extremely rare as they found the quality of cleaning to be high.

Hand wash basins were in all the clinic rooms. These had elbow operated taps. Over all the sinks were dispensers containing fluid for hand washing and hand decontaminating. The correct hand wash technique was displayed with a note reminding staff that hands must be physically clean before being decontaminated. Sharps bins for contaminated equipment were in all the rooms. These had all been dated when they were opened, and they were secured to a wall. A selection of disposable gloves was in each clinic room.

The Registered Manager told us they used single use instruments that were individually packed. We saw these pre-packed instruments in the theatre. There was a separate scrub area next to the theatre for staff to prepare for the surgical procedures.

The patients' toilets were clean and there was a supply of liquid hand wash and paper towels, and a foot operated pedal bin.

All relevant staff had been trained on aseptic non touch technique (ANTT). ANTT is a technique to keep a patient as free from hospital micro-organisms as possible by identifying the key sites and not touching them directly or indirectly. All except one staff member had been assessed in the previous six months to ensure they were competent in the correct hand washing technique. The remaining staff member's assessment had been arranged.

We saw an audit of facilities and procedure for preparation of injectable medicines in clinical areas. This was carried out by staff involved in aseptic services at The Pennine Acute Hospitals NHS Trust in February 2013. This covered areas of preventing and controlling infection and we saw that any areas where improvements could be made had been highlighted and action had been taken.

The patients we spoke with told us they always found the building and clinic rooms to be clean. One patient commented "It's really clean, including the toilets. It's all brand new".

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

Patients, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

Pennine MSK Ltd is located in the Integrated Care Centre in Oldham town centre. The Integrated Care Centre was newly built and opened in November 2009. Health and wellbeing services, including GP practices, dentistry and other services are provided by the centre.

Pennine MSK Ltd had their consulting rooms and theatre on the second floor of the building. Staff were based on the sixth floor. The provider leased the space from the Integrated Care Centre, who was responsible for ensuring the building was safe and fit for purpose.

There was a patient car park next to the Integrated Care Centre and the building was easily accessible for people with mobility difficulties. Passenger lifts were available. The Pennine MSK Ltd patient waiting area was spacious. Seats of varying heights and with a variety of armrests were provided to meet the needs of the patients.

All the clinic rooms had wide doorways and were spacious. Panic buttons were on the walls of all the clinic rooms so that other staff were alerted if a problem occurred. All areas were well decorated and in a good state of repair.

The patients we spoke with told us they liked the building. Clear signage made it easy for them to find their way to their appointment. One patient said "I like the building. It's not like going to the hospital; it's not as daunting". Another patient told us "I think it gives you more confidence when it's all new rather than old and shabby".

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 patient's needs.

Reasons for our judgement

Pennine MSK Ltd employed some staff directly and others on a variety of contracts. The Registered Manager explained that this gave them the flexibility to have clinics at the most appropriate location and on the days required. They told us that each Monday a weekly waiting list position was examined so they were able to plan the clinic sessions to meet the needs of the patients. Clinics were run by a multi-disciplinary team that included consultants, consultant nurses and healthcare assistants.

The Registered Manager told us they did not use bank or agency staff. Most of the medical professionals did not have full time clinic sessions, so if a staff member running a clinic was off work at short notice another staff member could stand in. The exception to this was if a specialised orthopaedic surgeon was off at short notice. In these cases patients' appointments would be rearranged. The Registered Manager told us they had very low sickness rates and high staff retention so it was very rare for clinics to be disrupted due to staff sickness.

Staff told us that some patients had regular appointments over a long period of time. They got to know the needs of patients and were able to arrange appointments accordingly. For example, if they knew in advance that they would need to give an in-depth explanation to a patient, or that they may have a lot of questions, their appointment was scheduled for the end of a clinic session. This meant that other patients were not delayed.

We saw evidence that staff training was monitored. There was an annual training needs analysis for all staff and specialist training was available. The Registered Manager told us they ensured training was up to date and staff worked within their scope.

The Registered Manager told us that extended experience was required for all clinical roles. They also asked for clerical staff to have previous experience. As part of their succession planning they also employed some junior staff to work under supervision while they received training.

We saw the handbooks that were provided for employees and clinicians. These gave information regarding the company and policies that were relevant to the staff members' roles.

Patients told us they were treated well by the staff. One person told us "I always know who I'm seeing and often I'm seen before my appointment time".

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that patients received.

Reasons for our judgement

We saw that the provider issued satisfaction surveys to 100 random patients each month. The survey covered the service patients received before their appointment, the clinic environment and facilities, seeing their clinician, after their appointment and their overall impression of the service. A report on the results was compiled monthly and we saw that action was taken with regard to any improvements that could be made. The results of the most recent satisfaction surveys were displayed on the notice board in the patient waiting area.

A Patient Participation Group (PPG) had been formed. A PPG is made up of practice staff and patients that are representative of the practice population. The main aim of a PPG is to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by the practice. The Registered Manager explained this was a newly formed group and at the time of our inspection they had been involved in ensuring the information leaflets were fit for purpose.

Approximately six months prior to our inspection an external senior consultant provided training to staff around how to conduct meaningful clinical audits.

We saw that all aspects of the service were regularly assessed. Each month certain aspects of the service were checked, including the accident book being reviewed, spot checks on staff's understanding of the confidentiality policy, an environmental check for hazards and the fire and emergency policy checked and circulated to all staff.

We saw a selection of the audits that had been carried out. These included the appropriateness of magnetic resonance imaging (MRI) scans, the referral times of sciatica patients to Pennine MSK Ltd and epidural outcomes. In all cases a report of the results was compiled and an action plan recorded. We saw evidence that the action plans were monitored until they were completed.

Pennine MSK Ltd compiled a monthly 'balanced business scorecard'. This was circulated to staff and kept in staff areas. This gave key information about staff sickness rates, the

staff satisfaction survey results, turnaround times for typing, clinics that were cancelled, the number of new referrals and patient referral to treatment times. Staff told us they liked having this information as it was an incentive to improve on the previous month's performance.

Information about the quality of the service was included on the provider's website. There was also information about the complaints procedure. We saw that complaints were analysed and an annual report was available.

About CQC inspections

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.

✓ Met this standard 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.

✗ Action needed 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.

✗ Enforcement action taken 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.

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.

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