

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

## The Apollo Centre

Wartling Rd, Eastbourne, BN22 7PF

Date of Inspection: 30 September 2013

Date of Publication:  
November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Eastbourne Healthcare Partnership Limited
Registered Manager	Mr. Graham Willoughby
Overview of the service	Eastbourne Healthcare Partnership (EHP) is a joint venture with the GP practice at Princes Park Health Centre. A range of services for adult NHS patients is provided by EHP at The Apollo Centre. There is a radiology service for patients referred by their GP or other primary care and community clinics. The orthopaedic service treats musculoskeletal conditions and includes an osteoporosis scanning service.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

## Contents

*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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	5
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	8
Supporting workers	9
Assessing and monitoring the quality of service provision	11
<b>About CQC Inspections</b>	12
<b>How we define our judgements</b>	13
<b>Glossary of terms we use in this report</b>	15
<b>Contact us</b>	17

## Summary of this inspection

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### Why we carried out this inspection

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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 unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We spoke with five patients on the day of the inspection. We also spoke with three clinicians, two administrative staff and the registered manager.

We found that staff understood the consent process. Patients told us that they felt well informed and involved in decisions about their care. Patients were happy with the care and treatment provided. They welcomed good, local services that provided easy access to appointments for their care and treatment. Referrals to other health specialties were well managed.

There were safeguarding procedures and training in place. Staff told us that they felt well trained and supported for their roles and responsibilities. We found patient surveys had been undertaken and there was monitoring of the quality of the services provided.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

Two of the patients we spoke with had used the services for some time, one having attended both the orthopaedic and radiology services. They said that they received good explanations of any proposed treatment or diagnostic procedures. Information was available and they felt able to ask any questions. We heard that the staff were approachable and communicated clearly with, "No jargon." They told us that they were part of the decisions made regarding their care and treatment. One patient described how they were asked for, and gave, verbal consent for treatment.

The other three patients were attending the x-ray service for the first time. We observed explanation provided to two other patients before their x-ray was undertaken. They were provided with time to ask questions. We were shown the form that all relevant female patients signed regarding pregnancy. This meant that staff were obtaining, and acting in accordance with, patients' wishes and consent.

All the staff we spoke with demonstrated a good understanding of the consent process in relation to the services they provided. The orthopaedic service clinicians described how they provided information, advice and guidance. This included the various options for treatment as well as the benefits and any risks involved. All staff understood verbal and implicit consent. Written consent was not usually required for the services provided. We were told that any patients who lacked capacity to consent were accompanied by a carer. No treatment or x-ray would be undertaken against a patient's wishes.

We saw evidence of discussions recorded in patient records that we looked at. One of the orthopaedic service clinicians had attended specific training that focussed on shared decision making between clinicians and patients. We saw the minutes of one of their regular meetings where it was recorded that this had been discussed with the other clinicians. Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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All the patients we spoke with said that they were happy with the care and treatment provided to them. One patient said that it was, "Very good." Another said that the staff were very helpful. They all appreciated such a good, local service. We were told that the waiting times were, "Quicker than at the hospital." Everyone said that they had no problem making appointments. One patient said that they, "Had no problem getting the appointment brought forward."

Patients were referred to the orthopaedic and radiology services by their GPs, physiotherapists and other primary care and community clinics. We saw evidence of referral letters in patients' records that we looked at. We also saw the imaging request forms that included clinical details. There was additional medical history completed for patients having osteoporosis screening.

The radiographers checked each referral to ensure that it fitted the criteria for the service. The appointment was then booked with the patient. We were told that staff prioritised suspected fractures and chest x-rays. We observed a patient who had walked in directly from their GP. They were x-rayed on the same day. We were told that they accommodated walk in patients wherever possible.

Staff showed us where they included any extra information, such as additional patient history or the reasons why they had taken an extra x-ray view, on the patient documents that went to the radiologists for reporting. Following the procedure, all x-rays were sent for reporting using the electronic and digital systems used by the independent company that provided the diagnostic radiology services. We saw that there was a service level agreement (SLA) in place between them and Eastbourne Healthcare Partnership. The SLA fully described the service to be provided and included the management of any urgent findings in respect of patient care and treatment. This ensured that there was good communication between the two service providers.

Patients told us that they received their results quickly. We saw evidence on the day that the majority of the x-ray reports from the previous two working days had been received. Administrative staff monitored all outstanding reports and checked reasons for any delay.

All x-ray reports were checked by the radiographers and any queries raised with the radiologist concerned. Standard reporting letters were used and either scanned, faxed or posted to the GPs. Examples we looked at were complete and reported in a timely manner.

The orthopaedic service consisted of a consultant orthopaedic surgeon, a physiotherapist and podiatrist. We were told that the physiotherapist was usually the first patient contact with the service. An assessment was undertaken and a treatment plan agreed. We were told that their role was to explain the various pathways and options to the patients. We looked at five patient records and saw evidence of assessments, treatment notes and onward referrals to other specialties such as the dietetic service. Pathology and radiology results were seen as well as all patient visits recorded.

The orthopaedic surgeon told us that the aim of the service was to reduce attendance at the local hospital. The majority of patients seen did not require any hospital treatment. For the few that did need to access the hospital, all assessment and diagnostic investigations were already done and the results available. A few patients discharged from the service required further treatment a few months later. These patients could telephone directly to access the service again. We saw examples of the letters sent to GPs that included the patient assessment and treatment provided.

Patients' needs were assessed and care and treatment was planned and delivered in accordance with these. There were systems in place for working with partner provider organisations. There were systems in place to refer patients on within the NHS acute and community services.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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All staff we spoke with told us that they had undertaken safeguarding training that covered child protection and vulnerable adults. We found that staff understood what abuse meant and were clear about what action they would take. We were shown examples of training completed in May 2013.

We saw the Eastbourne Healthcare Partnership safeguarding policy and guidance. Relevant contact numbers were available and staff told us that they knew where to find them. We found that the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.



**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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The patients we spoke with told us they had confidence in the staff and that they were all, "Very professional."

Staff told us that some of their training, such as resuscitation, was done at the GP practice together with their staff. We saw evidence that this was completed in February 2013. Staff said that they had fire and health and safety training. Administrative staff told us that they had relevant IT training for their role. We saw evidence of training records on the Eastbourne Healthcare Partnership electronic system. This was a shared system with the GP practice and all staff had access to it. They were in process of uploading all policies and protocols. We saw that this was near completion. This meant that all staff had access to the policies. These included a whistle blowing policy.

Clinical staff told us that they had annual appraisals with the clinical lead at Eastbourne Healthcare Partnership. This covered their skills, how to enhance them as well as any concerns they may have about their role. Whilst there was no formal supervision in place, the two radiographers worked closely together and met once a year with the radiologists. In addition, the lead radiographer was working with another radiographer from a partner provider to bring their protocols in line with each other. This would ensure that patients who used both services had their procedures under the same protocols. The orthopaedic service held audit meetings every two months attended by the three clinicians and the service's administrative support staff. We saw the minutes of the last two meetings. Staff told us that they use the meetings as supervision. We saw discussions regarding prescribing and patient referrals. The radiology staff had staff meetings approximately four times a year and we saw minutes from the last two meetings.

Clinical staff completed continuing professional development (CPD) requirements with their professional body and attended local meetings. The lead radiographer attended the National Osteoporosis conference and said that they discussed complex or interesting cases with the orthopaedic surgeon. The orthopaedic surgeon also teaches at the Musculoskeletal Teaching Faculty of a university. The Enhanced Scope Practitioner physiotherapist underwent a CPD check by the Health and Care Professions Council within the last two years. Their practice is also monitored by the local NHS Trust.

All the staff we spoke with told us that they worked well as a team and felt well supported. They said that they had regular access to the relevant partners and senior management to discuss clinical and business matters. We saw an example of staff involvement and influence in deciding whether to continue a specific part of service provision. An administrative member of staff told us that they had, "a voice." This meant that staff were supported to enable them to deliver care and treatment safely and to an appropriate standard.

## 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 people receive.

### Reasons for our judgement

We found that patient surveys had been undertaken in March 2013. These demonstrated positive results. The surveys were analysed and included individual patient commentary. The reports identified where improvements could be made, for example the provision of more disabled parking spaces. This work was carried out in June. This meant that patients had an opportunity to comment on and influence the service.

The regular staff meetings covered quality and efficiency topics as well as general management of the service. The orthopaedic service was collecting data on musculoskeletal injections and pain against current evidence. These will be analysed and reported for discussion at their audit meeting. Another example of monitoring the quality of one aspect of the service provision was seen. This was about an on-going staff discussion that included patient expectations and the capacity required to provide a quality service.

There was a significant event reporting process in place with a form for staff to complete. Staff we spoke with were aware of the process. Any incidents would be discussed at the Executive Board. However, no significant events had occurred in the last 12 months. There was also a complaints policy and process in place. Complaints leaflets were seen to be available for patients in the waiting area. Two complaints had been received in the last 12 months. We saw that appropriate action had been taken for the one received in July 2013. This meant that the provider had systems in place to monitor the quality of the services provided and identify and manage risk to both patient and staff safety.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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



## Contact us

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