Chequers Health Group Ltd

Inspection report

Chequers Health Centre
Rushlake Drive
Bolton
BL1 3RL
Tel: 01204928850
www.chequershealth.co.uk

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

Ratings

Overall rating for this location	Good
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Chequers Health Group Ltd as part of our inspection programme.

Chequers Health Group is an independent healthcare organisation established to offer a range of private services and services delivered on behalf of the NHS. These include an audiology service, diagnostic service and laboratory testing, fertility and family planning service, and musculoskeletal services and surgical procedures including non-therapeutic circumcisions. The service is led by GPs and Consultants.

At the time of the inspection the service was still in its infancy and was only providing non-therapeutic circumcisions.

The service is registered with CQC to provide the following regulated activities: Diagnostic and screening procedures; Treatment of disease, disorder or injury; Maternity and midwifery services and surgical procedures.

The Chief Executive Officer is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like 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.

Our key findings were:

- There was an open and transparent approach to safety and an effective system in place to report and record incidents.
- There were governance and monitoring systems in place.
- There were systems and processes in place to safeguard patients from abuse and staff were able to access relevant training to keep patients safe.
- There were recruitment and selection processes in place, however these were not consistently documented.
- There were infection prevention and control policy and procedures in place, however these were not fully implemented.
- The clinicians were aware of current evidence-based guidance and had the skills and knowledge to deliver effective care and treatment.
- All members of staff maintained the necessary skills and competence to support patients.
- The service had arrangements in place to respond to medical emergencies.
- Information about services and how to complain was available.
- There was a clear vision to provide a personalised, high quality service.

Overall summary

- The provider had systems in place to monitor the quality of their treatment and make improvements where necessary.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The area where the provider **must** make improvements as they are in breach of regulations is:

- Ensure care and treatment is provided in a safe way to patients.

The areas where the provider **should** make improvements are:

- Monitor the new system introduced to check parents had the necessary parental authority to give valid consent is effective.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor and was supported by a second CQC inspector.

Background to Chequers Health Group Ltd

Chequers Health Group Limited is an independent healthcare organisation established to offer a range of private services and services delivered on behalf of the NHS, these include an audiology service, diagnostic service and laboratory testing, fertility and family planning service, and musculoskeletal services and surgical procedures including non-therapeutic circumcisions. At the time of the inspection the service was still in its infancy and was only providing non-therapeutic circumcisions. The service is led by GPs and Consultants.

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Bolton, BL1 3RL

01204 928850

https://chequershealth.co.uk

The service is open Monday to Friday 9am to 5pm.

The circumcision clinic operates on Saturdays and Sundays.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting evidence from the provider before the inspection.
- A shorter site visit
- Asking the provider to share details with people using the service to give feedback on care via the CQC website.

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.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

We identified safety concerns that were addressed soon after our inspection. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor.

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse, however we found these were not consistently implemented.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- There was a clear written recruitment policy and procedure in place, which outlined the staff checks to be carried out at the time of recruitment and on an ongoing basis where appropriate. However, following the review of four staff files, we found implementation of the policy and procedure was inconsistent and not all recruitment checks in accordance with the policy could be evidenced, for example, references and ID checks were not always documented. Immediately after the inspection we were provided with evidence of a new checklist for recruitment to ensure all the information required is obtained and held on file.
- Disclosure and Barring Service (DBS) checks were undertaken where required, however we found there was a lack of written risk assessments in place for staff deemed not to need a DBS check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Immediately after the inspection we were provided with evidence a new risk assessment process had been put in place.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check from another employer in line with the organisation policy, however the service was in the process of applying for a new DBS.
- There was a lack of robust systems in place to manage infection prevention and control (IPC). For example, we found in one treatment room clinical equipment had not been thoroughly cleaned and waste bins were dirty. There was an IPC policy in place which stated a bimonthly audit would be carried out, but we found only an environmental audit had been completed, not a full infection control audit. We also noted despite cleaning schedules being in place these were not used and there was not an enhanced protocol in place for minor surgery. Soon after the inspection we were provided with copies of the revised policy and procedure and evidence that the cleaning schedules had been implemented. They also shared details of a new minor surgery checklist which they had implemented following the inspection.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

Requires Improvement

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were suitable medicines and equipment to deal with medical emergencies. These were shared with another provider, who took responsibility for checking the equipment and medicines. Speaking with staff they confirmed that emergency equipment was available when required, for example, on weekends when the service ran the non-therapeutic circumcisions' clinics.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including local anaesthesia, emergency medicines and equipment minimised risks.
- The service does not currently prescribe medicines.
- Local anaesthetic was used and was securely stored in the surgery room. There were systems in place to check the expiry date of local anaesthetic the batch number and expiry date were recorded in the patient notes.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong.
- 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 had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had mechanism in place to disseminate alerts to all members of the team where required.

Good

Are services effective?

We rated effective as Good because:

The service had established a range of systems and processes to deliver effective care. However, as this was a newly established organisation delivering limited services, we could only assess how the service planned and delivered non-therapeutic circumcisions.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- Patients who used the service had an initial consultation where a detailed medical history was taken from the patient or parents of the patient where the procedure was being performed on a child or infant.
- For those accessing the non-therapeutic circumcision service, Parents of patients were provided with detailed information regarding the procedure. This included advice on post-operative care. Parents were asked to sign to say they understood the procedure and potential risks. If the initial assessment showed the patient was unsuitable for the procedure this would be documented, and the patient referred to their own GP. After the procedure clinicians also discussed after care treatment with parents and sought to inform them of what to expect over the recovery period and pain management. This was both to allay concern and anxiety from the parents and to prevent them unnecessarily attending other primary or secondary care services. The clinic contacted all patients following the procedure to ensure there were no issues and provided open access to the clinic until the full recovery period was complete.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service had only been operational since March 2021 and currently only offered non-therapeutic circumcisions. They had an audit programme planned to include an annual minor surgery audit. There was clear evidence of action to resolve concerns and improve quality, for example following significant incidents.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff; however, this was not recorded. Following the inspection, the provider shared evidence of completed induction checklists signed by staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.

Good

Are services effective?

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. For those professionals working on a self-employed basis the service has introduced checks to ensure they are competent and up to date with mandatory training such as safeguarding and basic life support. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. This included writing to patients' GPs following procedures where appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health. We were provided with examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment, or medical history precluded them from having procedures in the community.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Processes were in place, should they need to share patient information appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making. For example, the clinic had developed protocols and procedures to ensure that consent for the circumcision had been obtained and documented. Where the procedure was carried out on a child or infant, consent was required by both parents (unless it was proven that the parent had sole control and responsibility for the child). In addition, the provider had a process in place to obtain consent from absent parents. However, the service did not have a system in place to check parents had the necessary parental authority to give valid consent in line with good practice guidance. Immediately following the inspection, the provider shared evidence of a new protocol they had implemented whereby parents would need to provide valid ID.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Good

Are services caring?

We rated caring as Good because:

We observed staff interacting with people using the service with kindness and feedback from those who have used the service was consistently positive.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with people in a way that they could understand. For example, communication aids and pictorial information were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- There was a private space for parents to wait with their children before and after procedures.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

The organisation considered the needs of people using the service and made reasonable adjust to ensure patients were able to access the service.

Responding to and meeting people's needs

The service organised deliver services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others, for example, a hearing loop had been installed.

Timely access to the service

Patients were able access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously. At the time of the inspection the service had not received any complaints.

- There was a clear complaints policy and procedure in place, and this was in line with good practice.
- Information about how to make a complaint or raise concerns was available.

Good

Are services well-led?

We rated well-led as Good because:

The service had developed a clear vision and demonstrated a culture which focused on the needs of patients. They have established a range of systems and processes to support good governance. Where we identified areas in 'safe' where leaders had limited governance oversight, but these were addressed immediately following the inspection. The details of these concerns can be found in the key question safe. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

Good

Are services well-led?

- There were positive relationships between staff and teams.

Governance arrangements

There were systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management had been established, including policies, procedures and activities to ensure safety. However, we found there was a lack of governance oversite of some safety systems. For example, procedures put in place for recruitment and infection prevention and control (IPC) were not being followed. Following the inspection, we were provided with a detailed action plan and evidence of actions completed. This included additional checks put in place to ensure recruitment and IPC are being effectively managed.
- The governance and management of joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- The service 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.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- A process to identify, understand, monitor and address current and future risks was in place, however these were not always implemented. For example, they had not completed a full infection, prevention and control (IPC) audit and recruitment checks were not fully documented. Immediately following the inspection, we were provided with evidence of action taken to address risks, including additional IPC and recruitment checks. Full details can be found in the key question safe.
- The service had processes to manage current and future performance. Plans to monitor performance of clinical staff was planned and this would include audit of their clinical records and consent process. Leaders had oversight of safety alerts, incidents, and complaints.
- There was a programme of clinical audits planned, including a minor surgery audit. As the service had only started to provide services in March 2021, they had not yet completed any full cycle audits.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service 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.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.

Good

Are services well-led?

- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.