

## Medicare Reading Limited

# Medicare

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection of Medicare Reading Limited in Berkshire on 21 February 2018 to ask the service the following key questions; are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that this service was not providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this service was not providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

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

##### **Are services responsive?**

We found that this service was not providing responsive care in accordance with the relevant regulations.

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

We found that this service was not providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Medicare Reading Limited is an independent health care provider. They offer private GP services for adults and children and a range of other private health care services including dermatology and gynaecology. The services are mainly aimed at the Polish speaking communities in Reading but are offered to the whole community. Appointments are offered with Polish and English speaking doctors and health care professionals specialising in a variety of areas. Additionally, the doctors can request investigations (electrocardiograms, blood tests, scans and x-rays) to assist diagnosis. If appropriate, the doctors can oversee treatment and management as a main point of contact. Medicare Reading Limited also provides dental treatment. The dental service was inspected separately. The dental report can be found by selecting the 'all reports' link for Medicare Reading Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Medicare Reading Limited is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care

# Summary of findings

Act 2008 (Regulated Activities) Regulations 2014. Some of the services available at Medicare Reading are exempt by law from CQC regulation. Therefore we were only able to inspect the regulated activities as part of this inspection.

The provider has a 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:

- The service did not have clear systems to keep patients safe and safeguarded from abuse.
- Systems for sharing information with a patient's GP did not enable them to deliver safe care and treatment placed patients at risk of harm
- The system for urgent referrals exposed patients to the risk of harm.
- The service was unable to provide evidence that the work of all its clinicians was undertaken in line with national UK guidelines.
- The service did not always share relevant information with a patient's GP when necessary.
- Prescribing was not audited or reviewed to identify areas for quality improvement.
- Patients reported they generally felt involved in decision making about the care and treatment they received.
- The facilities and premises were appropriate for the services delivered.
- Patients with a long-term condition did not receive an annual review to check their health and medicines needs were being appropriately met.
- There were insufficient arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had a governance framework but this did not support the delivery of safe, effective and responsive care.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure patients are protected from abuse and improper treatment.
- Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or investigation.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

## Summary of any enforcement action

We are now taking further action in relation to this provider and will report on this when it is completed.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was not providing safe care in accordance with the relevant regulations.

- The service did not have clear systems to keep patients safe and safeguarded from abuse. Procedures for safeguarding placed children and vulnerable adults at risk of harm. Safeguarding training was not completed to an appropriate level and the staff's safeguarding knowledge was not sufficient to mitigate risks to patients.
- We reviewed the system for responding to medicine and safety alerts and found these were not actioned appropriately.
- We found the systems for sharing information with a patient's NHS GP did not enable them to deliver safe care and treatment placed patients at risk of harm.
- We looked at the system for dealing with patient correspondence regarding care and treatment delivered externally. We found that the system for urgent referrals exposed patients to the risk of harm.
- The provider told us on the day of inspection that their computer system did not allow the service to conduct searches for particular types of patients, for medicines prescribed or for diagnosed conditions.
- The provider told us that they did not have the ability to conduct medicine reviews as they could not search for the information within their computer record system.
- The provider told us they were unable to monitor and review clinical activity.
- The systems and processes for taking action or sharing learning from significant events were inadequate.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The service maintained appropriate standards of cleanliness and hygiene.

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### **Are services effective?**

We found that this service was not providing effective care in accordance with the relevant regulations.

- The provider could not demonstrate they had appropriate processes in place to assess the doctor's competency for the work they were undertaking.
- The service was unable to provide evidence that the work of all its clinicians was undertaken in line with national UK guidelines.
- We saw examples of prescribing undertaken and found national guidelines were not always followed and there was no documented rationale for alternative treatments provided.
- Prescribing was not audited or reviewed to identify areas for quality improvement.
- There was no formal programme in place for clinical audits or quality improvement to assess the service provision.
- The provider did not have a clear approach for supporting and managing staff to assess their performance, clinical care, or decision making.

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### **Are services caring?**

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

- Patients reported they generally felt involved in decision making about the care and treatment they received.
- During our inspection we observed a relaxed and friendly atmosphere at the service and members of staff were courteous and helpful to patients whilst treating them with dignity and respect.

# Summary of findings

- Chaperones were available on request and patients had an option of whether they saw a male or female doctor.
- The service respected and promoted patients' privacy and dignity.

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

We found that this service was not providing responsive care in accordance with the relevant regulations.

- The facilities and premises were appropriate for the services delivered.
- The services were offered on a private fee basis. There was a range of payment options available to patients.
- Patients with a long-term condition did not receive a regular review to check their health and medicines needs were being appropriately met.
- There was no documented evidence of actions taken following complaints being raised.
- The provider did not have a hearing loop to assist hearing impaired patients
- Medicine reviews were not undertaken by the provider as they reported their system did not allow them to do so.

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

We found that this service was not providing well-led care in accordance with the relevant regulations.

- There were insufficient arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had a governance framework but this did not support the delivery of safe, effective and responsive care.
- The provider's vision to deliver high quality care and promote good outcomes for patients was not always supported by effective governance processes.
- The significant levels of risk found at this inspection was a direct result of the provider not ensuring appropriate systems had been implemented to effectively identify, manage and mitigate risk.
- There was a leadership structure in place and staff felt supported by management.
- The service encouraged and valued feedback from patients and staff.

# Medicare

## Detailed findings

### Background to this inspection

Medicare Reading Limited (also known as Medicare Polscy Lekarze) provides private GP services to adults and children and a range of other private health care services including dermatology and gynaecology. The registered provider is Medicare Reading Limited.

Services are provided from:

- Medicare Reading Limited, 603 Oxford Road, Reading, Berkshire RG30 1HL

Medicare Reading Limited was founded in 2013 and is located in converted privately owned premises within Reading, Berkshire. All Medicare Reading Limited services, including GP services, are provided from the same premises, which contain two treatment rooms, two dental suites and an office. There is an open plan reception area and waiting area with seating.

The team at Medicare Reading Limited consists of two doctors (one female and one male) on the specialist register for internal medicine, undertaking general practice services, ultrasound and electrocardiograms, three gynaecologists (two female and one male), one dermatologist/allergist/venereologist (female), one dermatologist/venereologist (male), a practice manager and three receptionists.

Medicare Reading also provides GP services to patients from foreign countries that require medical assistance whilst visiting the UK from abroad. These are mostly one-off consultations.

Medicare Reading has core opening hours of Monday to Sunday from 7am to 11pm. This service is not required to offer an out of hours service but does offer an emergency out of hours contact number on its website and patient

literature. Patients who need urgent medical assistance out of corporate operating hours are also requested to seek assistance from alternative services such as the NHS 111 telephone service or accident and emergency.

The inspection on 21 February 2018 was led by a CQC inspector who was accompanied by a GP specialist advisor, a practice nurse specialist advisor, a second CQC inspector and a translator.

During our visit we:

- Spoke with a range of staff, including an internal medicine doctors who provides GP services, a gynaecologist, the practice manager who manages the full range of services, including the GP services, and a receptionist.
- Spoke to three patients and observed how patients were being cared for in the reception area.
- Reviewed comment cards where patients and members of staff shared their views and experiences of the service.
- Looked at information the service used to deliver care and treatment plans.
- Reviewed documents relating to the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Safety systems and processes

The service did not have clear systems to keep patients safe and safeguarded from abuse.

- The practice manager had conducted a variety of non-clinical safety risk assessments which included a disabled access risk assessment, a fire risk assessment, a practice cleaners risk assessment, a violence and aggression towards staff risk assessment and two general premises and equipment risk assessments. We saw examples of safety policies which were communicated to staff.
- Procedures for safeguarding placed children and vulnerable adults at risk of harm. The safeguarding lead was the practice manager and they had completed level two children's safeguarding training. Four of the doctors, who provided services to children and/or sexual health services, had only completed level two children's safeguarding training. The service had not undertaken any safeguarding risk assessments and was unable to provide assurance that staff were competent to deal with safeguarding issues. For example, we identified a concern relating to a reported accidental injury of an 11 week old child. The doctor had not documented any consideration of any safeguarding implications.
- When the provider had identified a safeguarding concern they were unable to provide evidence that any follow up action had been undertaken. For example, we identified a significant event related to a safeguarding concern by a non-clinical member of staff when a parent/carer 'inappropriately shouted' at a child within the premises. The member of staff had felt sufficiently concerned to report this to the safeguarding lead within the practice. However, there was no documented evidence of any action being taken following this event.
- The practice manager told us they had not made any safeguarding referrals within the last 12 months.
- The provider subsequently provided evidence that all members of staff had undertaken level three safeguarding training online on the day following the inspection. They did not provide evidence that the training was properly designed, delivered and evaluated and that staff knowledge and competence had improved as a result.
- Staff who acted as chaperones were trained for the role and had received a DBS check. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). There were chaperone posters available throughout the premises.
- We looked at staff files and found the appropriate recruitment and staff checks were not always undertaken. For example we found a receptionist, who also acted as a chaperone, had not had any checks to ensure there was satisfactory evidence of conduct in previous employment.
- Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- The service maintained appropriate standards of cleanliness and hygiene. We saw there was an effective system to manage infection prevention and control. The practice manager was the infection control lead and all staff had received infection control training. We saw a hand hygiene audit and a cleaning risk assessment was completed. There were spill kits available in the event of a body fluid spillage.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste and we saw a waste audit was completed.
- There was an up to date fire risk assessment, staff had received fire safety training and the service carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use. Throughout the inspection we observed all clinical equipment had been calibrated where relevant to ensure it was working properly. The service had a variety of other risk assessments in place to monitor safety of the premises and staff such as a lone worker risk assessment and a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

### Risks to patients

- Staff understood their responsibilities to manage emergencies on the premises.



# Are services safe?

- All staff received annual basic life support training.
- There were two emergency medicines cupboards on the ground floor. They were easily accessible to staff and all staff knew of their location. On the day of the inspection, the cupboard in the doctor's consulting room had a broken lock, the key was in the cupboard throughout the day and the door was wedged open. The emergency medicines cupboard in the dentist room also had the key stored in the cupboard throughout the day. Both rooms were not lockable. These concerns were immediately resolved once highlighted.
- All the medicines were checked monthly and were in date. There was no atropine available on site which is used when fitting and removing intrauterine devices (IUD) for family planning purposes (atropine treats slow heart rate in emergency settings). The provider told us they had not undertaken a risk assessment regarding the need for atropine and there was no overall risk assessment for the contents of the emergency medicines.
- The service had a defibrillator and oxygen available on the premises. The defibrillator pads, battery and the oxygen were all in date and the oxygen cylinder was full. A first aid kit and accident book were available.

## Information to deliver safe care and treatment

Information needed to deliver safe care and treatment was not always available to the relevant staff in a timely manner and we found evidence of inconsistent care and treatment of patients and a lack of effective systems or processes to ensure risks to patients were assessed, monitored and mitigated.

- We found the systems for sharing information with a patient's NHS GP, where they had one, did not enable them to deliver safe care and treatment placed patients at risk of harm. We were told by the practice manager that the providers policy was to ask for consent to share information with a patient's NHS GP (if registered with one) at the point of registration only. Following this treatment would be given regardless of whether they had consent to share information with a patient's GP.
- Where a patient had either told the provider that they did not have a registered GP or that they did not consent for their GP being informed about the medicines they were being prescribed, there was no clinical rationale

for the decision to prescribe recorded in the patient's records that we reviewed on the day of inspection. For example, we saw records which indicated that a patient was prescribed inhalers for asthma on a number of occasions. The service did not communicate with the patient's regular GP to ensure their asthma was being appropriately managed and to ascertain whether the GP was also prescribing any inhalers. Using reliever inhalers regularly can be a sign of poorly controlled asthma, which increases the risk of an asthma attack, the outcome of which could be a serious risk to life. There was no documented evidence of the rationale for this in the patient's notes.

- Patients who do consent to share information with their GP were charged an administration fee. The provider told us they had not undertaken a risk assessment to determine whether this fee deterred patients from consenting to share information when it was appropriate to do so.
- We looked at the system for dealing with patient correspondence regarding care and treatment delivered externally. We found that the system for urgent referrals exposed patients to the risk of harm. For example, we looked at the records for a patient which showed that the patient was seen in August 2017 with symptoms indicating a potential cancer diagnosis. The symptoms should be treated under a two week wait referral due to the severity of the risk. A letter was recorded as posted to the patient's GP requesting they refer him for further treatment with the urological team. The letter was not marked as urgent and confirmation of receipt was not received. In September 2017 it was recorded that the provider attempted to call the GP practice and there was no answer. No further documented actions had been taken since. There is a risk that this patient was not appropriately referred and that they had not received any treatment.

## Safe and appropriate use of medicines

We saw systems for managing medicines increased risks to patients.

- The service kept an electronic secure clinical record for each patient that attended a consultation. The provider told us on the day of inspection that their computer system did not allow the service to conduct searches for

# Are services safe?

particular types of patients, for medicines prescribed or for diagnosed conditions therefore evidence that actions had been taken to mitigate risks to patients was not available.

- Following the inspection the provider told us they had been told how to perform a keyword search of their system. This did not include the attachments section and relied upon the clinicians inputting the appropriate information into the clinical record.
- Prescriptions were handwritten on a prescription pad and then were scanned and uploaded into the attachments section of the clinical record system. We saw examples where the doctor had not correctly recorded the same treatment given in the notes section to match the uploaded prescription.
- We reviewed the system for responding to medicine and safety alerts and found these were not actioned appropriately. The practice manager gave us a log of alerts received by the provider which included signatures of clinicians when they had read the information. We saw an alert relating to Sodium Valproate (issued in April 2017 and July 2017) that was not documented on the log. The practice manager told us it was on her to do list and this alert had not yet been actioned.
- Sodium valproate is used to treat epilepsy alongside acting as a mood stabiliser for bipolar disorder. Birth defects caused by the drug could be passed down to children. Unborn babies exposed to Sodium valproate during pregnancy are at very high risk (30-40 in every 100) of neurodevelopment disability. Patients should have been identified and there must be evidence of action taken.
- The practice manager told us that there was no documented evidence that any of the alerts received had been actioned appropriately.

- The provider told us that they did not have the ability to conduct medicine reviews as they could not search for the information within their computer record system.

## Track record on safety

The provider did not have appropriate safety systems.

- There was a lack of risk assessments in relation to safety issues identified throughout the inspection.
- The provider told us they were unable to monitor and review clinical activity. This did not enable them to understand risks and give a clear, accurate and current picture that led to safety improvements.
- Patient records were stored appropriately and the provider was registered with the Information Commissioner's Office and had a procedure in place to govern information governance and data protection.

## Lessons learned and improvements made

The service had an awareness of the need to review and investigate when things went wrong and staff told us they would inform the practice manager of any incidents. The systems and processes for taking action or sharing learning were inadequate.

- We saw a log of two significant events within the service over the last 12 months. There was no documented evidence of actions taken to ensure learning was communicated to all relevant staff following these events.
- Staff were able to describe the rationale for Duty of Candour, Regulation 20 of the Health and Social Care Act 2008. This relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.



# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this service was not providing effective services in accordance with the relevant regulations.

### Effective needs assessment, care and treatment

The provider told us their clinicians were expected to work within current national guidelines. The provider told us there was no checks in place to monitor the performance of the service and the clinicians which would have enabled the provider to assure themselves that treatment was given appropriately and that accurate, complete and contemporaneous records were kept in regards of all patients.

The service was unable to provide evidence that the work of all its clinicians was undertaken in line with relevant national UK guidelines, or had a documented rationale for alternative treatment provided when it had not been prescribed in accordance with these guidelines.

We saw examples of prescribing undertaken and found national guidelines were not always followed and there was no documented rationale for alternative treatments provided. For example:

- A four year old child (with a documented diagnosis of a respiratory tract infection) was prescribed an antibiotic that did not follow national guidelines for the management of respiratory tract infections. The documented examination did not include observations which are recommended for the exclusion of sepsis in unwell patients, such as capillary refill, respiratory rate, pulse, oxygen saturation, leaving the patient at risk of harm from receiving inappropriate treatment for a respiratory tract infection and not having had an adequate assessment to exclude the presence of sepsis.
- We saw an example of a patient with no regular GP, who had been diagnosed with Diabetes by the provider a number of years previously. They had attended the service on numerous occasions for further prescriptions and blood tests. Blood tests showed that their blood glucose levels were higher than recommended and the patient should have had a diabetic review. There was no evidence that this patient had received a diabetic review at any point since May 2014. There was no documented evidence of foot checks being done or discussion about

referral for diabetic eye screening following best practice guidance. There were no plans in place to follow up with this patient and to ask him to attend for a review of his long term condition.

Two of the provider's doctors offered general practice services. They were registered doctors with the GMC and on the specialist register for internal medicine. The provider could not demonstrate they had appropriate processes in place to assess the doctor's competency for the work they were undertaking.

### Monitoring care and treatment

There was no formal programme in place for clinical audits or quality improvement to assess the service provision. The practice manager told us that Medicare Reading did not presently review the clinical work and prescribing of their doctors to ensure of the quality and safety of prescribing carried out by the clinicians they employed.

The provider had undertaken the following audits:

- A gynaecological medical record audit completed by the practice manager.
- A hand hygiene audit.
- A waste management audit.

Prescribing was not audited to identify areas for quality improvement and the provider told us they did not hold clinical meetings to discuss care and treatment provided. There was no evidence to support the provider undertaking a systematic review of prescribing patterns against best practice standards and did not have a process in place for identifying improvements.

### Effective staffing

- The service had an induction check list for newly appointed members of staff that covered topics such as safeguarding, infection control, fire safety, health and safety and confidentiality.
- The practice manager told us that she hadn't had an appraisal but had conducted regular one to one discussions with clinical and non-clinical staff.
- We saw evidence to confirm that doctors had received an up to date annual revalidation appraisal. We saw records which demonstrated that the doctor had attended various training updates.

# Are services effective?

(for example, treatment is effective)

- The provider did not have a clear approach for supporting and managing staff to assess if their performance was poor or variable.

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

The information needed to plan and deliver care and treatment was not available to relevant staff in a timely and accessible way through the services clinical record system. The service did not always share relevant information with a patient's GP when necessary, maintaining that they were supportive of the patient's right to refuse consent to share their information with the patient's GP.

Patients who did consent to share information with their GP were charged an administration fee. The provider told us they had not undertaken a risk assessment to determine whether this fee deterred patients from consenting to share information when it was appropriate to do so.

## **Supporting patients to live healthier lives**

The reception and waiting area within the service had a range of information leaflets providing information on various conditions, health promotion, support organisations and alternative care providers.

## **Consent to care and treatment**

- We saw a consent policy which set out the practice's approach to consent and the way in which the principles of consent would be put into practice. Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice did not monitor the process for seeking consent.
- The service displayed detailed information about the cost of consultations and treatments, including tests and further appointments. This was displayed on the website and in the reception area.

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

- During our inspection we observed a relaxed and friendly atmosphere at the service and members of staff were courteous and helpful to patients whilst treating them with dignity and respect.
- The clinic was very clean and tidy and the consulting rooms were very well equipped.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed and music was played in the waiting room to ensure that during consultations, conversations taking place could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Chaperones were available on request and patients had an option of whether they saw a male or female doctor.
- Staff were aware of the clinic's zero tolerance policy towards any disrespectful, discriminatory or abusive behaviour or attitudes towards them and would report any concerns to the practice manager.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection, we received six completed comment cards which were all positive about the standard of care received and given. The services were described as very good and professional and the staff very caring.

### Involvement in decisions about care and treatment

- Written and verbal patient feedback told us that they generally felt involved in decision making about the care and treatment they received. However, one patient commented that the doctor made decisions without asking what the patient wanted.
- Staff greeted patients with a smile and introduced themselves by name to the patient and relatives.
- There was patient information literature, available in both English and Polish, which contained information for patients and relatives including procedural information. This information was also available on the services website. Both paper literature and digital literature included relevant and up to date information including what can be treated and the different types of treatment available.
- Staff facilitated patients involvement in decisions about their care. Leaders were not fully aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given) but there were arrangements to meet the broad range of communication needs within their patient population and information and signage in the clinic was in both English and Polish.

### Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect and the service complied with the Data Protection Act 1998. All confidential information was stored securely on computers and staff had received information governance training.
- The reception team had a facility to make outbound telephone calls away from the reception area when necessary to promote confidentiality.
- Appointments for all services provided by Medicare Reading were coordinated and scheduled to avoid a busy reception area and strengthen existing privacy and dignity arrangements.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that this service was not providing responsive services in accordance with the relevant regulations.

### Responding to and meeting people's needs

Services at Medicare Reading Limited could be accessed in person by attending the service or through a telephone enquiry. Appointments could also be booked online. Other information and general enquires could be accessed through the website.

- Medicare Reading was situated on two stories in a converted building. The facilities and premises were appropriate for the services delivered and the two doctor consulting / treatment rooms were on the ground floor with appropriate access for patients with a disability.
- There was a disabled ramp access at the front of the building and appropriate hand rails and pull cords in the toilets.
- The provider did not have a hearing loop to assist hearing impaired patients.
- There was a baby changing facility and staff told us they made arrangements for mothers to breast feed when necessary.
- The services were offered on a private fee basis. There was a range of payment options available to patients.

- Patients with a long-term condition did not receive an annual review to check their health and medicines needs were being appropriately met.
- Medicine reviews were not undertaken by the provider as they reported their system did not allow them to do so.

### Timely access to the service

Medicare Reading had core opening hours of Monday to Sunday from 7am to 11pm.

- Bookings were recorded on an electronic booking system. This included full personal details as well as free text notes that related to the individual patient.
- Patients were able to access care and treatment from the service within an acceptable timescale for their needs.

### Listening and learning from concerns and complaints

The complaint policy and procedures were in line with recognised guidance. This included the practice manager as the designated responsible person who handled complaints in the service. A form was also available at reception for patients to raise complaints or concerns.

We saw a log of two recorded complaints in the previous 12 months, both of which related to communication issues. However, there was no documented evidence of actions taken to ensure learning was communicated to all relevant staff following these events.

# Are services well-led?

## Our findings

We found that this service was providing not well-led services in accordance with the relevant regulations.

### Leadership capacity and capability

The significant levels of risk found at this inspection was a direct result of the provider not ensuring appropriate systems had been implemented to effectively identify, manage and mitigate risk.

The provider told us they had a clear vision to provide a high quality responsive service that put caring and patient safety at its heart. However, the provider did not have a business plan to include improvements to the service such as improving the way treatment was given and in line with current national guidelines.

The service manager was also the registered manager. A registered manager is a person who is registered with the Care Quality Commission and had responsibility for the day to day running of the service.

### Vision and strategy

The provider's vision to deliver high quality care and promote good outcomes for patients was not always supported by effective governance processes.

At the time of inspection, evidence confirmed that the level of care and quality outcomes for patients was not in line with national guidelines. Medicare Reading Limited communicated a passion and drive to improve services provided in the service. However, there was no evidence of quality improvement to identify and mitigate risks within the practice.

### Culture

There was a leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the manager.
- Staff said they felt respected, valued and supported. Staff were involved in discussions about how to run and develop the practice.
- The service told us they had an open and transparent culture. We were told that if there were unexpected or

unintended safety incidents, the service would give affected patients reasonable support, truthful information and a verbal and written apology. This was supported by an operational policy.

### Governance arrangements

The practice had a governance framework but this did not support the delivery of safe, effective and responsive care.

- There were no systems or policies in place to ensure safe prescribing guidelines. The provider told us that there was no policy or framework to ensure the effective management of medicines and support clinicians with their prescribing decisions.
- The system for monitoring and supporting clinical staff did not facilitate any quality improvement. There were no checks in place to monitor the performance of the service. This included no random spot checks for consultations and to ensure accurate, complete and contemporaneous records were kept in regards of all patients.
- Care and treatment records were not always complete, although they were legible and securely kept. We saw evidence to confirm that patient records were not always accurate, complete and contemporaneous.
- We found there was a lack of documented prescribing rationale when patients had refused consent to contact their GP.
- Clinical meetings were not held to ensure safety messages were communicated and clinical care was reviewed.

### Managing risks, issues and performance

There were insufficient arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- Opportunities to learn from risks within significant events were not always recognised and therefore actions were not undertaken to mitigate these risks.
- Systems for safeguarding adults and children from abuse did not identify that appropriate levels of safeguarding training had not been undertaken and that staff did not have the knowledge and competence to identify safeguarding concerns.
- Arrangements for recruitment processes did not ensure appropriate checks were undertaken.
- Systems for sharing information with staff and other agencies placed patients at risk of harm.

# Are services well-led?

- The system for dealing with patient correspondence regarding care and treatment delivered externally did not ensure the delivery of safe care.
- Systems for managing medicines increased risks to patients due to the lack of ability to conduct medicine reviews, to search for specific medicines and conditions related to medicine and safety alerts and to review care and treatment provided.

## **Appropriate and accurate information**

The service acted on appropriate and accurate information. There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. For example, the service was registered and a system was in place to ensure that all patient information was stored and kept confidential. This registration was with the Information Commissioner's Office.

## **Engagement with patients, the public, staff and external partners**

The service encouraged and valued feedback from patients and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. For example:

- It had gathered feedback from patients through feedback and in-house patient surveys. We saw that all feedback and survey results was analysed and that actions were implemented as a result.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- There was a designated section on the services website for updates on the service to help keep patients informed.
- There was a whistleblowing policy in place and staff had been provided with training in whistleblowing. A whistleblower is someone who can raise concerns about the service or staff within the organisation.

## **Continuous improvement and innovation**

There were no systems in place to identify learning outcomes and implement improvements where necessary.