

CountryHealth Ltd

# CountryHealth Ltd

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 13 June 2018 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

##### **Are practices safe?**

We found that this practice was providing safe care in accordance with the relevant regulations.

##### **Are practices effective?**

We found that this practice was providing effective care in accordance with the relevant regulations.

##### **Are practices caring?**

We found that this practice was providing caring practices in accordance with the relevant regulations.

##### **Are practices responsive?**

We found that this practice was providing responsive care in accordance with the relevant regulations.

##### **Are practices well-led?**

We found that this practice was 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

CountryHealth Ltd is an independent provider of GP services, which specialises in thyroid health. They offer a range of specialist diagnostic services and treatments, which include complementary therapies, with a focus on functional medicine. They offer health screening for individuals and companies.

This practice is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the practices it provides. There are some exemptions from regulation by CQC which relate to particular types of services and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At CountryHealth Ltd, services are provided to clients under arrangements made by a government department. These types of arrangements are exempt by law from CQC regulation. Therefore, at CountryHealth Ltd, we were only able to inspect the services which are not arranged for patients by a government department. The practice refers patients to affiliated practitioners, for example a counsellor, a reflexologist and a QiGong teacher. (QiGong

# Summary of findings

is a holistic system of coordinated body posture and movement, breathing, and meditation). We did not inspect the affiliated practitioners as they are out of the scope of CQC regulation.

The practice is registered with the CQC under the Health and Social Care Act 2008 to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.

The GP is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the practice. 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 practice is run. The GP is also the nominated individual. (A nominated individual is a person who is registered with the Care Quality Commission to supervise the management of the regulated activities and for ensuring the quality of the practices provided).

We spoke with one patient and received comments cards from six about the service they had received. All the feedback we received was extremely positive, particularly in relation to the comprehensive explanations and advice and how friendly and welcoming the staff were.

## Our key findings were:

- There was an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and managed.
- There was an infection prevention and control policy and procedures were in place to reduce the risk and spread of infection.
- Each patient registered at the practice received a registration health check. An initial GP consultation established the necessary actions to investigate the health need and included taking detailed medical history and a physical examination, if appropriate. This was followed by an action plan, whilst diagnostic tests were completed, if appropriate. Follow up GP consultations were undertaken to review and refine the treatment plan.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Emergency medicines were safely managed. There was evidence that checks had been undertaken, as there were records to demonstrate that medicines near to their expiry date had been ordered and supplied. However there was no record of each monthly check.
- We found some emergency equipment was out of date. This equipment was removed during the inspection. Following the inspection the GP sent an incident report, with an updated checklist.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The consultation and treatment rooms were based on the first floor. Patients with mobility needs could have a consultation in a room on the ground floor, although this needed to be arranged in advance.
- Patients said they were listened to, treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about the practice and how to complain was available and easy to understand. This included a specific children's complaint form, written in a way that children could understand and complete. The practice had not received any complaints in the previous 12 months.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and clients, which it acted on.
- The practice had several policies and procedures which were in place to govern activity.

There were areas where the provider could make improvements and should

- Embed the newly implemented system for recording checks of the emergency medicines and equipment.
- Undertake clinical audits to demonstrate clinical effectiveness.

# 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 practice was providing safe care in accordance with the relevant regulations.

- The provider had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There was a system in place for reporting and recording incidents including significant events and these were monitored to completion. There was a process for sharing the learning within the practice, when appropriate.
- Risk management processes were in place.
- Emergency medicines were safely managed. There was evidence that checks had been undertaken, as medicines near to their expiry date had been ordered and supplied, however there was no record of each check. The GP agreed to start documenting each check of the emergency medicines and equipment.
- The practice had arrangements in place to respond to medical emergencies. Emergency medicines and equipment were available and staff knew where they were stored. We found some emergency equipment was out of date, which the GP removed during the inspection. Following the inspection, the GP sent an incident report, and confirmed the necessary equipment had been replaced and an updated checklist was in place.
- There were effective systems in place to manage infection prevention and control.

### Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

- Each patient registered at the practice and received a registration health check. An initial GP consultation established the necessary actions to investigate the health need and included taking detailed medical history and a physical examination, if appropriate. This was followed by an action plan, whilst diagnostic tests were completed, if appropriate. Follow up GP consultations were undertaken to review and refine the treatment plan.
- Patients prescribed long term medicines were monitored appropriately.
- The practice had some systems and processes in place to drive quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All members of staff were suitably trained to carry out their roles.
- There was evidence of appraisals, induction processes and personal development plans for all staff.
- Staff demonstrated they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The practice did not directly inform the patients' own GP of their treatment, however, they provided clients with a printed copy of their consultation report, which included blood test results to share with their GP, as necessary.

### Are services caring?

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

- We saw that staff treated patients with dignity and respect and maintained patient and information confidentiality.
- Patients were involved in decisions about their care and treatment.
- Information for patients about the services available to them was easy to understand and accessible. A schedule of fees was provided before any costs were incurred.

# Summary of findings

- All the patients we spoke with and CQC comments cards we received were positive about the service they had experienced. They reported staff as being friendly and that their care and treatment was thorough, with their needs being listened to and considered.

## Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations.

- The practice offered a free 15-minute pre-registration phone call with the GP, to give patients advice about the practice. Consultations and treatment were available to anyone who chose to use it and paid the appropriate charges. This was identified on the website, practice leaflet and when contacting the practice directly.
- The consultation and treatment rooms were based on the first floor. Patients with mobility needs could have a consultation in a room on the ground floor, although this needed to be arranged in advance.
- After consultation, patients received a personalised health and treatment plan.
- Information about how to complain was available at the practice and on the website. A specific children's complaint form was available which was written in a way that children could understand and complete. A process was in place to respond to complaints and we were advised that the learning would be shared at staff meetings. The practice had not received any complaints in the previous 12 months.
- The provider was open to feedback from patients and acted upon this.

## Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

- The practice had a clear mission 'to help our clients to learn how to become healthier, and take or regain control of their health to get well and stay well'.
- Staff were clear about the mission and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had several policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- Staff told us they felt supported and could raise any issues.
- The practice proactively sought feedback from staff and patients and acted on the feedback received.
- There was a strong focus on continuous learning and improvement at all levels.

# CountryHealth Ltd

## Detailed findings

### Background to this inspection

CountryHealth Ltd is located at Cornwallis Chambers, 23 Great Colman Street, Ipswich, Suffolk, IP4 2AN.

CountryHealth Ltd is an independent provider of GP services who specialise in thyroid health. They offer a range of specialist diagnostic practices and treatments with a focus on functional medicine. The practice refers its patients to affiliated practitioners, for example a counsellor, a reflexologist and a QiGong teacher. (QiGong is a holistic system of coordinated body posture and movement, breathing, and meditation.) We did not inspect the affiliated practitioners as they are out of the scope of CQC regulation. The practice employs one GP, who is also the Director of the company and is responsible for the overall clinical and business management of the practice. They employ a general manager who liaises with the affiliated practitioners, and a receptionist.

The practice provides a service to children and adults and holds a list of registered patients. They offer services to patients who reside in Suffolk and the surrounding areas but also to patients who live in other areas of England who require their services. Appointments are offered on a mainly pre-bookable basis. Telephone consultations are also available and home visits are provided for patients who live within a 15-mile radius of the practice.

The practice consists of a waiting room, a toilet and a reception and administration office on the ground floor. There are three consulting rooms, a clinical room and a meeting room on the first floor of the property. There is no on-site car parking but there is a pay and display car park close by.

The practice is open between 9am and 12 noon and from 1pm to 4pm on Mondays, Tuesdays, Thursdays and Fridays. It is open from 9am to 12 noon on Wednesdays. Patients

who need emergency medical assistance out of corporate operating hours are requested to seek assistance from alternative services such as the NHS 111 telephone practice or accident and emergency. This is detailed on the practice website and its practice guide.

We inspected the practice on 13 June 2018. The inspection was led by a CQC inspector, and included a GP specialist advisor and a second CQC inspector.

Before visiting, we reviewed a range of information we hold about the practice. We also asked the practice to complete a provider information request. During our visit we:

- Spoke with the GP who is also the registered manager and the nominated individual. (A nominated individual is a person who is registered with the CQC to supervise the management of the regulated activities and for ensuring the quality of the practices provided).
- Spoke with the receptionist and the general manager.
- Looked at information the practice used to deliver care and treatment plans.
- Spoke with one patient and reviewed CQC comment cards where patients shared their views and experiences of the practice.

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 practice had clear systems to keep clients safe and safeguarded from abuse.

- The GP was the safeguarding lead at the practice. Clinical staff had received training on vulnerable adult and child safeguarding to level three. Non-clinical staff had received basic safeguarding awareness. Staff were knowledgeable about indicators of abuse and how to refer any concerns. Policies and procedures were in place.
- There was a Caldicott Guardian in place. (A Caldicott Guardian is a senior person responsible for protecting the confidentiality of practice-user information and enabling appropriate information-sharing.)
- The provider had a range of safety policies which were reviewed and communicated to staff. These were accessible to all staff.
- The provider carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. 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).
- Patients were advised they could bring their own chaperone and posters offering a chaperone service were on display at the practice. (A chaperone is a person who acts as a safeguard and witness for a client and health care professional during a medical examination or procedure).
- There was an effective system to manage infection prevention and control. An infection control report had been completed in May 2017 which identified areas for improvement, all actions had all been completed. The GP advised that the next infection control report was due to be completed in June 2018.

### Risks to patients

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

- Clinical staff had appropriate indemnity insurance in place.

- There were systems in place to respond to a medical emergency. All staff had received training in basic life support.
- Emergency equipment was available within the building, which included access to oxygen and a defibrillator. Staff knew where they were stored.
- The GP told us that they checked emergency medicines and equipment on a regular basis. Although there was no documented record of these regular checks, there was a record of when emergency medicines were found to be near to their expiry date and new stock ordered and supplied. All the medicines we checked were in date. We found two oxygen masks were out of date. We were informed that an external contractor had responsibility for checking the oxygen equipment. The GP removed the oxygen masks during the inspection and later confirmed that these had been replaced. The GP agreed to start documenting the checks of the emergency medicines and equipment.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients. On registering with the practice, and at each consultation, patient identity was verified and recorded in their records. Individual patient records were written and managed in a way that kept patients safe.

### Safe and appropriate use of medicines

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

- We found that medicines were stored securely and were only accessible to authorised staff.
- Medicines were stored appropriately in the practice and there was a clear audit trail for the ordering, receipt and disposal of medicines. There were processes in place to ensure that the medicines were safe to administer to clients.
- The practice did not hold a stock of prescription forms. All prescriptions were issued on a private basis and were computer generated.
- The practice did not hold or prescribe controlled drugs (medicines that require extra checks and special storage because of their potential misuse.)

### Track record on safety

The practice had a good safety record.

# Are services safe?

- A range of safety risk assessments had been carried out regarding the premises. These included fire safety, health and safety, security and legionella.
- There was a fire risk assessment and documented weekly checks of fire equipment and lighting.
- The practice had arrangements to ensure that equipment was safe and in good working order.
- Additional security measures were in place when staff were working alone.
- The practice held a record of significant events which included details of investigations and actions taken as a result.
- The practice carried out a thorough analysis of the significant events.
- The practice had raised four significant events during the preceding year. One of these related to a significant difference in the accuracy of laboratory results of two laboratories. They had taken immediate action to remedy this and no longer used one of the laboratories.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. When there were unexpected or unintended safety incidents, the practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice had systems in place for knowing about notifiable safety incidents.
- The practice received safety alerts which were reviewed by the GP and actions taken as appropriate.

## Lessons learned and improvements made

The provider learned and made improvements when things went wrong. They continually monitored and reviewed risks.

- There was an effective system in place for reporting and recording significant events.
- The GP was informed of any incidents or significant events and there was a recording form available on the practice's computer system. There was a serious incident reporting policy.
- The learning from significant events were shared as appropriate.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that the clinician assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Each patient registered at the practice and received a registration health check. An initial GP consultation established the necessary actions to investigate the health need and included taking detailed medical history and a physical examination, if appropriate. This was followed by an action plan, whilst diagnostic tests were completed, if appropriate.
- We saw no evidence of discrimination when making care and treatment decisions.

### Monitoring care and treatment

- The practice had some systems and processes in place to drive quality improvement.
- Follow up GP consultations were undertaken to review and refine the patient's treatment plan.
- Patients who were prescribed long term medicines were monitored appropriately.
- An annual phlebotomy audit had been completed in May 2018, which identified that no infections had been recorded.
- The practice had completed a thyroid report audit on clients receiving their thyroid report within seven working days of their blood results. In January 2018 the practice scored 85%. The practice agreed some changes in relation to the process for drafting and finalising the report. A second cycle in May 2018, showed that achievement had reduced to 80%. This was because of an unexpected change in the use of one laboratory, due a significant difference in the accuracy of the laboratory results of two laboratories, which had been identified by the GP. As the practice were dealing with small client numbers, one delayed report significantly impacted on the overall percentage. The practice planned to re-audit in three months.

### Effective staffing

- Staff who worked at the practice had the skills, knowledge and experience to carry out their roles. They

had received specific training appropriate to their roles and could demonstrate how they stayed up to date. For example, the GP was currently completing a certificate course with the University of Functional Medicine.

- The GP understood the learning needs of staff and provided protected time and training to meet them. Up to date records of qualifications and training were maintained.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings and appraisals.
- The practice had an induction and training programme for all newly appointed staff. Training covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

### Coordinating client care and information sharing

- We saw that test results were acted upon in a timely way.
- The practice did not directly inform the patients own GP of their treatment, however, they provided patients with a printed copy of their consultation report, which included blood test results to share with their GP, as necessary.
- The practice clearly displayed consultation and diagnostic fees in the waiting area and on their website.

### Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The treatment plans provided patients with advice to manage and improve their health and lifestyle. This included for example, nutritional advice, relaxation and the use of recommended supplements.
- The GP held educational events for patients to attend, for example on thyroid health.

### Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005.
- All patients were asked for consent prior to any treatment being given. Consent to share information was recorded.
- When providing care and treatment for children and young people, parental attendance was required. Identification was sought in line with their policy and next of kin details recorded.

# Are services caring?

## Our findings

### Kindness, respect and compassion

- We observed that staff were respectful and courteous to patients and treated them with dignity and respect. We were advised that consultation room doors were closed during the consultation and conversations could not be overheard. The patient we spoke with confirmed this.
- All the patient feedback we obtained was positive about the service they had experienced. Staff were described as friendly, caring and professional.
- The practice sought patients' feedback via an online survey after every consultation. 23 responses had been received since January 2017. Responses were either good or very good, or agree or strongly agree in the following areas; patients' welcome at the practice and being treated with care and concern.

### Involvement in decisions about care and treatment

- Comprehensive information was given about the tests and treatments available and the patient was involved in decisions relating to this. Written information was provided to describe the different diagnostic and treatment options available.

- The GP told us that any treatment, including fees, was fully explained prior to the procedure and that patients then made informed decisions about their care. This was confirmed by the patient we spoke with.
- At each appointment patients were informed which treatments were available at no cost through the NHS.
- Patient feedback in relation to listening, explaining treatment, involvement in decisions and being given enough time was positive.

### Privacy and Dignity

Staff at the practice respected and promoted clients' privacy and dignity.

- Staff recognised the importance of dignity and respect.
- The practice complied with the Data Protection Act 1998.
- All patient records were electronic and held securely. Staff complied with information governance and gave medical information to patients only.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. The provider understood the needs of its population and tailored services in response to those needs.

- Information was available on the CountryHealth Ltd website, informing prospective patients of the services provided. All new patients had to register with the practice by completing a registration form, providing a summary record from their NHS GP and details of current medicines. After consultation, patients received a personalised treatment plan.
- The consultation and treatment rooms were based on the first floor. Patients with mobility needs could have a consultation in a room on the ground floor, although this needed to be arranged in advance. Information was available on the practice's website which directed patients with mobility needs to contact the practice to discuss their needs so that suitable arrangements could be made.
- Patients could book appointments in person, by telephone and online and could receive their registration health check prior to their GP consultation. Requests for same day appointments were rare, although the receptionist advised that these would be accommodated if the GP was available.
- The practice facilities were appropriate for the services delivered.
- The GP could speak and undertake consultations in English and German.
- There was access to translation services should the need arise and this was available by arrangement.

### Access to the practice

- The practice was open between 9am and 12 noon and from 1pm to 4pm on Mondays, Tuesdays, Thursdays and Fridays. It was open from 9am to 12 noon on Wednesdays.
- Appointments could be arranged for evening and weekends by contacting the practice.
- Consultations and treatment were available to anyone who chose to use it and paid the appropriate charges. This was identified on the practice's website, practice leaflet and when contacting the practice direct.
- Home visits were available for registered patients within a 15-mile radius of the practice.
- Patients could access care and treatment within an acceptable timescale for their needs.

### Listening and learning from concerns and complaints

- Information about the practice and how to complain was available and easy to understand. This was available in the waiting area and on the practice's website. The practice had a specific children's complaint form, written in a way that children could understand and complete.
- The complaint policy and procedures were in line with recognised guidance. The complaints policy gave details of the Parliamentary and Health Practice Ombudsmen should patients be unhappy with the outcome of their complaint and wish to have their complaint reviewed.
- The practice had not received any complaints in the previous 12 months. There was a process in place for the practice to learn lessons from individual concerns and complaints and share these with the staff, as appropriate.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

### Leadership capacity and capability

- Policies and procedures were in place. Staff had access to these and used them to support the delivery of the service.
- We saw there were effective arrangements in place for identifying, recording and managing risks; which included risk assessments and significant event recording.
- An understanding of the performance of the practice was maintained.
- Staff we spoke with demonstrated they had the capacity and skills to deliver a high-quality service. They were knowledgeable about issues and priorities relating to the quality and future of the service, understood the challenges and were addressing them.
- Staff told us that the GP was supportive and approachable.

### Vision and strategy

The provider had a clear mission 'to help our clients to learn how to become healthier, and take or regain control of their health to get well and stay well'.

### Culture

- There was a clear management structure, with the GP holding clinical and managerial responsibility for the practice.
- Team meetings were held and hand-written minutes were available for staff to review.
- Staff were aware of their responsibility to comply with the requirements of the Duty of Candour. (This means that people who used the service were told when they were affected by something which had gone wrong, were given an apology and informed of any actions taken to prevent any recurrence).
- There were processes for providing all staff with the training and development they needed, which included appraisals.

### Governance arrangements

- Structures, processes and systems to support good governance and management were in place. The practice had established policies, procedures and activities to ensure safety which were available to all staff.

- Staff were clear on their roles and accountabilities.

### Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- We saw there were effective operational arrangements in place for identifying, recording and managing risks.
- There was an effective process to identify, understand, monitor and address current and future risks within the practice. For example, the staff undertook a variety of checks to monitor the safety of the practice.

### Appropriate and accurate information

- The provider was registered with the Information Commissioner's Office and had its own information governance policies. There were effective arrangements in place which were in line with data security standards for the availability, integrity and confidentiality of client identifiable data, records and data management systems. Staff had signed a confidentiality agreement.
- Staff followed information governance and security procedures; computer screens were locked when staff left their work area.

### Engagement with clients, the public, staff and external partners

- The provider involved patients and staff to support high-quality sustainable services.
- The practice sought patients' feedback via an online survey after every consultation. 23 responses had been received since January 2017. Responses were either good or very good, or agree or strongly agree in most of the areas. The practice scored a poor response from two of the 23 clients in relation to their experience of booking an appointment online. The practice now has a full time receptionist so that appointment requests were dealt with by email in a timelier way.
- Staff were encouraged to provide feedback and changes had been made because of staff feedback. For example, the receptionist had suggested having a paper copy of the patient feedback questionnaire in the waiting room, as an alternative to completing this electronically.

### Continuous improvement and innovation

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

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- The practice planned to hold a 'thyroid retreat' in 2019; a unique and bespoke residential programme for patients with thyroid health problems available under one roof.
- There was a focus on continuous learning and improvement at all levels.