

Healthwatch Limited

Mayfield Clinic

Inspection report

Mayfield House
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Overall summary

We carried out an announced comprehensive inspection in December 2015 and we identified breaches of regulations. The location was previously registered with CQC under a different name; Oxford Private Medical Practice. Specifically we identified that the provider did not always operate effective governance procedures, identify and implement all staff training needs, manage medicines in line with all guidance or undertake staff checks as required by regulations. We asked the provider to inform us of the action they were going to take in order to ensure compliance with regulations.

We undertook an announced comprehensive inspection in 22 March 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 providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services well-led?

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

This service is registered with 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 Act 2008 (Regulated Activities) Regulations 2014.

The services provided which were within CQC's powers to inspect were:

Summary of findings

- Private GP and nurse appointments which could be booked when required by patients. These could be booked for a number of patient needs including vaccinations, acute conditions, assessments of conditions, home visits among other services.
- Ongoing management of patient's medical conditions including therapies and assessments for mental health conditions.
- Health checks for patients required by employers or as requested by patients.
- Prescribing of acute medicines for therapeutic reasons.
- Referrals to external private medical services or recommendations of referrals to patients' NHS GPs.

There are a mixture of employed staff that provide care including five GPs and nurses. There were a mix of male and female staff.

The provider managed regulated activities from one site. The premises were altered to ensure they were appropriate and safe to provide clinical care.

There is a registered manager in post. 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.

We received 24 comment cards from patients who use Mayfield Clinic services and all were entirely positive about staff and the service patients had received.

Our key findings were:

- The provider had systems in place to identify and learn from clinical practice in order to improve services where necessary.
- Risks associated with the provision of services were well managed.
- Medicines and related documentation were appropriately managed.
- The necessary checks required on staff who provided care were in place.
- Patients received full and detailed explanations of treatment including information enabling informed consent.
- The service was caring, person centred and compassionate.
- There were processes for receiving and acting on patient feedback.
- There were appropriate governance arrangements in place. The provider ensured clinicians maintained an up to date knowledge in their specialism and undertook relevant training and revalidation.
- There were systems in place to respond to incidents and complaints.

Professor Steve Field (CBE FRCP FFPH FRCGP) Chief Inspector of General Practice

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 providing safe care in accordance with the relevant regulations.

- There was an effective system in place for reporting and recording significant events.
- The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The safeguarding policies were reviewed and contained up to date contact details for the local safeguarding team.
- Procedures were in place for monitoring and managing risks to patient and staff safety. For example, there were arrangements to prevent the spread of infection.
- Information required for providing care to patients was shared and stored securely.

Are services effective?

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

- The provider ensured patients received assessments to determine appropriate care and treatment.
- Monitoring of patients outcomes took place including audit.
- Staff were supported to provide care and treatment safely and effectively.
- Consent procedures were in place including guidance available to staff.

Are services caring?

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

- The provider was considerate towards the needs of their patients and showed compassion in the delivery of care.
- According to patient feedback, services were delivered in a caring manner and privacy and dignity was respected.

Are services responsive to people's needs?

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

- Patients were satisfied with appointment bookings and time allocated for their needs.
- There was a complaints process in place which contained all the information for patients to ensure they understood their rights.
- There was consideration of the potential additional needs of patients who may require support due to protected characteristics.

Are services well-led?

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

- There was a clear ethos of patient centred care.
- Governance arrangements were in place to enable the oversight of staff and monitoring of patient satisfaction.
- Patient feedback was encouraged and considered in the running of the service.
- Risks to patients were managed and mitigated.

Mayfield Clinic

Detailed findings

Background to this inspection

Mayfield Clinic provides the following services from:

Mayfield House

256 Banbury Road

Oxford

OX2 7DE

The services provided which were within CQC's powers to inspect were:

- Private GP and nurse appointments which could be booked when required by patients. These could be booked for a number of patient needs including vaccinations, acute conditions, assessments of conditions, home visits among other services.
- Ongoing management of patient's medical conditions including therapies and assessments for mental health conditions.
- Health checks for patients required by employers or as requested by patients.
- Prescribing of acute medicines for therapeutic reasons.
- Referrals to external private medical services or recommendations of referrals to patients' NHS GPs.

The provider managed regulated activities from a main site.

The registered provider is Healthwatch Limited.

The regulated activities registered for are:

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

Date of inspection, 22 March 2018.

The inspection team included a GP specialist adviser, a lead inspector and a second inspector.

We requested information from the provider before the inspection. During the inspection we spoke with clinical, management and support staff, reviewed clinical and non-clinical documentation and reviewed patient feedback. We also looked at management of emergency medicines, equipment and prescription security.

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

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

Safety systems and processes

The service had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- There was consideration of safeguarding procedures and requirements. Safeguarding policies were accessible to staff. Staff had completed safeguarding vulnerable adults and children training. There was additional supporting guidance on shared drives available to staff. Due to a review of safety systems, a hard copy folder of the safeguarding records was put in place for staff to access offline.
- The provider had a chaperone policy in place. This was to support staff with defining the role of a chaperone and requesting support where needed. All staff who provided the role had training and a Disclosure and Barring Service (DBS) check (DBS checks provide background information on whether a person has committed a crime or is barred from caring for vulnerable adults or children).
- There were appropriate recruitment and staff checks undertaken by the provider to assure themselves that all staff were safe and of good character in order to work with patients. This included proof of conduct in previous healthcare roles and DBS checks. This also included appropriate checks of sub-contracted staff.
- There was a system in place to monitor the revalidation dates for clinical staff and support was provided to enable clinicians to complete this.
- Identification was obtained by the provider through ensuring they had the patient's name, address, NHS number, NHS GP contact details and work/school details. If there was any doubt about the identity or if any safeguarding concerns were identified the provider told us they would refer as appropriate and/or refer the patient back to their GP for treatment.

Risks to patients

Risks to patients were assessed and managed.

- There was a plan for emergencies which may occur and affect the running of the service.

- Staff received resuscitation training (CPR) training. Emergency medicines and equipment were available to staff and monitored to ensure they were ready if required. A stock of medicines was available to take on home visits and this was monitored in line with the stock kept onsite.
- The various services provided by Mayfield Clinic were risk assessed and any mitigating actions as a result were undertaken.
- There was an infection control policy and monitoring processes. Staff were provided with training relevant to their role. Staff were supported with any occupational healthcare needs. An audit tool was used to monitor cleanliness. The supporting policy stated what action to take in the event of a sharps injury.
- Annual testing of legionella (a bacterium which may occur in water storage systems) was in place. The most recent testing in 2017 indicated water was safe to use.

Information to deliver safe care and treatment

Staff were able to access medical records belonging to patients when delivering care. Any data supplied to Mayfield Clinic was stored and transported securely. Correspondence was shared with external professionals in a way that ensured data was protected. Incoming patient correspondence was received and acted on securely by staff.

Staff had access to the relevant information they needed in order to support patients with the specific medicines for which they were being supported and monitored.

Mayfield Clinic shared information with a patient's regular NHS GP with consent from the patient to do so. If patients presented with any conditions that would require information from the patient's regular NHS GP and they did not consent to share this information then the provider would, if clinically appropriate, not treat the patient and refer them back to their NHS GP. The majority of the work undertaken by the provider related to treatment of minor illness.

Safe and appropriate use of medicines

- The provider prescribed medicines for patients where needed. An audit on the prescribing of controlled drugs (medicines which require stringent control measures due to associated risks) was undertaken in December

Are services safe?

2017. This identified a review of recording methods when controlled drugs were prescribed to ensure this was consistent to ensure patients could be informed of any details if they had a query.

- The provider had a process for receiving medicine alerts from the MHRA. We saw these were acted on as necessary.
- Prescriptions were stored and issued securely to ensure that medicines were not obtained through unauthorised means.

Track record on safety

There were systems to identify, assess and mitigate risks. For example:

- There were no significant patient safety incidents from records we reviewed. Risks were identified and acted on before they led to any potential safety concerns.

- Any risk assessments related to the provision of the service were reviewed and updated periodically to ensure they were up to date.

Lessons learned and improvements made

There was a formal process for recording and investigating incidents and events which may indicate required changes to practice and procedure. Staff could report incidents and investigations subsequently took place. The quality of clinical work was monitored through audit to identify any instances where patients may encounter problems in order to improve the quality of care. For example, when a risk was identified regarding potential access to sharps bins by children, action was taken to mitigate this.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

Mayfield Clinic staff undertook appropriate assessments prior to planning and delivering care.

- National Institute for Health and Care Excellence (NICE) guidance was reviewed quarterly by the clinical governance lead and staff during meetings to identify any changes to best practice.
- Assessment forms were used to identify patients care needs and we found these to be comprehensive and appropriate to the services delivered.
- Patients were prioritised for appointments if their needs were deemed urgent. There was a process for receptionists to follow to ensure high risk conditions such as sepsis and chest pain could be identified and acted on appropriately.

Monitoring care and treatment

The provider monitored the care provided via clinical audits, patient feedback and audits of procedures to ensure these were followed. Two audits of patients on repeat medicines showed that all of them had a medicine review documented.

Patient feedback was sought via questionnaires and surveys on the support and care provided. This was highly positive about the quality of service patients received. This was shared with commissioners quarterly as part of the provider's monitoring processes.

Effective staffing

The provider had a system to continually assess their staff's skills and knowledge and identify what training was

needed on an ongoing basis. A training programme was in place which included a broad range of clinical and non-clinical training including, safeguarding, infection control and equality and diversity.

There were clinical procedures in place for all of the various care and treatments provided. These were tested and monitored.

Staff received an induction from the provider prior to starting work. Annual appraisals were provided to staff to ensure they could identify any additional development and training needs.

Supporting patients to live healthier lives

Mayfield Clinic's services were designed to enable patients to access appropriate GP care in a timely manner with the aim of early identification of illness to enable quicker treatment.

Patients were provided with health and lifestyle information and advice prior to and following their care and treatment.

Consent to care and treatment

Consent forms were used to ensure written consent was obtained where necessary. There was guidance and a protocol on consent available to staff.

There was also a dedicated Mental Capacity Act (MCA) 2005 policy and guidance. Gillick Competency (consent rights for patients under 16) training was provided to staff who consulted with and treated children. Staff received training on consent and specifically the MCA 2005.

The cost of consultations was made clear to patients prior to appointments. When patients required additional tests or treatment the costs of these were advised in advance of consent to these procedures.

Are services caring?

Our findings

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

Kindness, respect and compassion

We received 24 CQC comment cards from patients who had used the service. All of the feedback cards we received from patients were highly positive regarding the services. Feedback was particularly positive regarding the staff and the quality of the services provided.

The provider regularly sought feedback from patients on the services they received. They had undertaken a survey to assess compliance with the safe domain of the CQC regulations.

The following results were achieved:

- 100% agreed or strongly agreed that 'standards of cleanliness and hygiene are maintained.'
- 100% agreed or strongly agreed that 'when things go wrong thorough and robust investigations and significant event/incident analysis are carried out. Relevant staff and people who use the services are involved in the investigation.'
- 100% agreed or strongly agreed that 'I feel safe in the facilities and premises.'

Involvement in decisions about care and treatment

Patient feedback suggested that patients felt treatments options and assessment outcomes were explained clearly to them. For example, the provider carried out a patient

involvement survey with an aim of 'ensuring that patients are enabled to express their views and to have their experiences taken into account in the way the service is planned and delivered.'

The patient survey results showed:

- 95% reported that the service did 'very well' at explaining health issues
- 93% reported that the service did 'very well' at carrying out procedures
- 98% reported that the service did 'very well' at making patients feel comfortable and relaxed
- 95% reported being 'Very Happy' with receptionists attitude
- 91% reported being 'Very Happy' with doctor attitude
- 88% reported being 'Very Happy' with nurse attitude

There was patient literature available and these explained the various types of treatment and what they entailed.

Feedback provided on CQC comment cards was positive in regards to patients' involvement in care decisions.

Privacy and Dignity

Staff received training and procedures in order to protect patients' dignity and privacy. Clinical staff explained how they tried to put patients at ease when undertaking intimate examinations or procedures. We saw no concerns in patient feedback or complaints to the provider regarding privacy and dignity concerns. Each risk assessment for the premises where Mayfield Clinic provided care included an assessment of possible concerns regarding patients' privacy and dignity.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service provided personalised care to patients including ongoing access to advice and information. There had been consideration of the accessible information standard and requirements regarding the Equality Act (2010). For example,

- The provider assessed any equality and diversity concerns regarding patient care and treatment and potential improvements within their risk assessments undertaken for providing each of their services.
- A choice of female and male clinicians was offered to patients.
- Larger size fonts in patient literature were available for any patients who had difficulty reading due to visual impairments.
- Translation services were available.
- Home visits were organised by the provider for patients who were unable to attend clinics.
- Patient feedback received by CQC indicated that patients received detailed explanations about their medicines.
- Consideration of the NHS accessible information standard was written into policies.

Timely access to the service

Patients could book appointments over the phone or via online appointment booking. Additional urgent appointments were provided in response to increased demands.

Patient feedback collected by the provider showed positive outcomes for patients in their wait times for services. For example, 100% reported being 'Very happy' with booking an appointment and 100% could book an appointment within two days or more than two days ahead.

Listening and learning from concerns and complaints

The provider had a complaints policy which set out the process for dealing with complaints. This included timeframes for acknowledging and responding to complaints with investigation outcomes. We reviewed a complaint regarding fees following treatment. This led to a review of the way fees were advertised to patients to ensure clear and transparent costing of services. The complaint was acknowledged, investigated and then a full response was sent.

There was information provided to patients on how to escalate their complaints to external advocacy services such as the Independent Complaints and Advocacy Service.

Are services well-led?

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

Our findings

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

Leadership capacity and capability

The provider had the experience, capacity and capability to ensure patients accessing services received high quality assessment and care. It was evident that the leadership within the service reviewed performance frequently. The leadership team included the relevant mix of clinicians and management expertise required to deliver the services and monitor performance.

Vision and strategy

The provider had an ethos of identifying new, high quality and locally focussed care and treatment which would enhance patient outcomes within the local area. The delivery of care and mix of services provided to patients reflected the provider's ethos.

Culture

The provider had a policy in place to comply with the requirements of the Duty of Candour and there was an open culture. This was reflected by incident and significant event reporting where staff were open about any concerns they had. Staff were complimentary about working for the provider.

Governance arrangements

The service had suitable governance frameworks with which to support the delivery of services. Specific policies and procedures were in place and easily accessible to staff. For example,

- There were policies covering specific areas of service delivery including safeguarding, whistleblowing and significant event reporting.
- There were regular clinical governance meetings where outcomes regarding the care provided and patient outcomes were discussed.
- We found that a process for investigating and identifying actions resulting from significant events was in place.
- Audit was used to assess quality and identify improvements.

Managing risks, issues and performance

The service had systems to effectively identify, assess and manage risks related to the service provided. The risks associated with the treatment provided were assessed and well managed via ongoing assessment and periodic review of the services provided. For example, audits of the clinical care was delivered took place regularly.

Appropriate and accurate information

Patient assessments, treatments, including ongoing reviews of their care, were monitored. The clinical staff responsible for delivering patients' care were able to access the information they needed.

The provider had policies for the safe sharing of information and they were registered with the information commissioner's office (ICO).

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients. They acted to improve services on the basis of this feedback.

- Comments and feedback were encouraged. These were reviewed and considered by the provider.
- Patient feedback was consistently positive.
- Staff feedback was collected via appraisal and meetings. This was valued and acted on where necessary.

Continuous improvement and innovation

There were systems to identify learning outcomes and implement improvements where necessary.

- The provider had undertaken a wholesale review of policies and protocols to ensure these were relevant to the services provided and up to date with relevant guidance.
- The provider had undertaken a review with all staff and patients for each of the CQC key lines of enquiry for the safe and effective domain. They were due to commence caring, responsive and well-led over the coming months. Questionnaires and policies were all reviewed and comments from patients and staff were used to develop procedures and improve quality of care. The provider told us that they planned to review this annually to assess their ongoing compliance.

Are services well-led?

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

- To assist in managing current guidance, risk assessments, safety alerts and policies a system was implemented which consolidated all requirements including action.