

KTF Medic Limited

The Well Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 17 November 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 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. This was the first inspection for this provider.

The Well Centre provides psychiatric assessments to patients with a wide variety of mental health needs including anxiety, depression, personality disorders, stress, addictions and eating disorders. Patients can be referred through their GP or self-refer. Patients pay a fee for this service; once they have been assessed, they may be provided with a prescription, referred back to their GP or referred to other therapeutic services. On-going treatment is not provided by The Well Centre.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of providing the following regulated activity: Treatment of disease, disorder or injury.

Dr Tarik Fahal Jazaa Al-Kubaisy is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We obtained feedback from patients through three comment cards completed before the inspection.

Our key findings were:

Summary of findings

- There were insufficient processes to identify, monitor and address current and future risks including risks to patient safety.
- There was a lack of focus on governance systems and processes.
- Staff did not receive up to date safeguarding and safety training appropriate to their role.
- There was ineffective recruitment oversight and HR checks.
- The service did not have arrangements to check that facilities and equipment were safe and in good working order.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately.
- The clinician discussed treatment options with patients and supported them to make a decision. They assessed and recorded a patient's mental capacity in line with guidance where appropriate.

- Patient feedback was positive about the service and patients fed back they were respected and listened to.

We identified regulations that were not being met and the provider must:

- Ensure effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review the quality assurance process including consideration of formal monitoring or audits.
- Review fire safety procedures to include a log of fire drills and a fire risk assessment.

The Well Centre

Detailed findings

Background to this inspection

The Well Centre is located at Newton House, 38 Grantham Street, Lincoln LN2 1LW. The name of the registered provider is KTF Medic Limited. The provider provides regulated activities at the above address which is the sole site. We visited this address as part of the inspection.

The Well Centre provides services to fee paying patients of 16 years of age and above. The clinician assesses patients, may prescribe medicines and directs them to their GP or other services for treatment.

Patients can contact the service online or by telephone. The service is available Monday to Friday 6:30pm to 9:00pm, Saturday 9:30am to 5:30pm and Sunday 10am to 5:00pm. Appointments are booked according to patient requirements and can last one to two hours.

We inspected this service on 17 November 2018. Our inspection team was led by a CQC lead inspector and the team included a CQC inspector and a psychotherapist specialist advisor.

We asked the provider for information about the service before the inspection, some of which was provided. During the inspection we interviewed staff and reviewed documents and policies.

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 not providing safe care in accordance with the relevant regulations.

Safety systems and processes

The service did not have adequate systems to keep people safe and safeguarded from abuse.

- The service did not have appropriate systems to safeguard children and vulnerable adults from abuse. Staff did not receive up to date safeguarding and safety training appropriate to their role. Following the inspection the provider shared future dates for safeguarding training for some staff. Staff were carrying out a form of chaperoning without undertaking training or a Disclosure and Barring Service (DBS) check. (Staff were accompanying patients during their consultation which did not require the patient to undress). After the inspection we saw evidence all staff had received a DBS check. Shortly after the inspection the provider told us they would not be providing a chaperone for patients. However, documents subsequently provided included the chaperone policy, a chaperone notice to be displayed on the premises, details of staff who have completed chaperone training and a link to the chaperone information on the provider website.
- The service did not have adequate recruitment systems in place for new and existing staff checks. There were insufficient staff records for some staff with no documents for others including contracts of employment or terms and conditions. The provider used locums and relied on recruitment checks to be carried out by their main employer. Following the inspection, the provider shared a form which detailed the recruitment checks carried out for staff.
- The service did not have arrangements to check that facilities and equipment were safe and in good working order. We were unable to see evidence of cleaning records although surfaces were visibly clean. There were no records of fire drills carried out or a fire risk assessment. The service had not completed an environmental risk assessment or considered ligature risk. After the inspection we saw evidence an environmental risk assessment had been completed which included ligature risk.

- On the day of the inspection there were no blinds in the consultation room and this room was overlooked. However, after the inspection the practice provided evidence blinds had been installed to provide privacy during consultations.
- We found conversations taking place in the consultation room could be overheard in reception. When we spoke to the provider about this, they told us soundproofing was not necessary as only one patient usually attended in one evening. When we asked about patients who may be accompanied by a friend or relative, the provider did not think this was a problem.

Risks to patients

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

- Due to the nature of the service and comparative low risk, the service was equipped to deal with medical emergencies in a limited way and the clinician was suitably trained.
- Professional indemnity was in place for the clinician. The provider did not carry out checks on other clinicians who worked at the service when the clinician was away, but relied on their primary employer to ensure the checks were maintained and updated.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Safe and appropriate use of medicines

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

- The service did not store any medicines on the premises.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. We saw

Are services safe?

the clinician reviewed medicines prescribed by others in the initial assessment and patients were involved in medicine reviews within the timeframe of the service provided.

Track record on safety

The service had a good track record on safety

- We saw the service monitored and reviewed the safety of patients and individual risk assessments were carried out.
- The service did not have a business continuity plan in place but staff were able to describe some actions they would take in the event of an emergency.

Lessons learned and improvements made

The service did not have a system in place to learn and make improvements when things went wrong.

- There had been no significant events recorded in the last twelve months and the service did not have an incident reporting policy. There was no system or process to discuss significant events or learn from them. The provider told us if an incident took place, it would be recorded in the accident book.
- The provider had a Duty of Candour policy.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The clinician kept up to date with current evidence-based guidance.

- We saw the clinician had systems to keep updated with relevant and current evidence based guidance although this was not always documented in patient records.

Monitoring care and treatment

The service did not have a programme of quality improvement activity and it did not review the effectiveness and appropriateness of the care provided.

- There was no formal monitoring or audit procedures carried out by the service.
- There was no evidence to show MHRA alerts were received and acted upon.
- Post-consult prescriptions were not managed by the service but by the patients' GP.

Effective staffing

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

- Although there was no documented approach to staff training for non clinical staff, the clinician had the skills, knowledge and experience for their role. We saw records of skills, qualifications and training for clinical staff including locums. We saw limited evidence of administration staff training or appraisals. Following the inspection, the provider provided a list of future training dates for clinical and administrative staff.
- Staff relationships within the team were positive and supportive.

Coordinating patient care and information sharing

Staff worked together and with other health and social care professionals to deliver care and treatment.

- Patients received individualised care and the service shared clear and accurate information with relevant professionals such as the patients' GP when appropriate.
- We were unable to see evidence of a clear protocol of action and disclosure of what to do if a person was at risk to themselves or others. The provider told us patients at risk of harm would not be appropriate for the service. Patients would not be accepted but instead they would be referred back to their GP or other services more suitable to an increased need for support.

Supporting patients to live healthier lives

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

- The service identified patients who may be in need of extra support and directed them to relevant services.
- The clinician discussed changes to care and treatment with patients and their carers as necessary.

Consent to care and treatment

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

- The clinician understood the requirements of legislation and guidance when considering consent and decision making.
- The clinician discussed treatment options with patients and supported them to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- We saw the provider considered the Gillick competence when they were treating young people.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Patient comment cards we looked at showed patients valued the service as a safe environment.
- Feedback to the practice was positive overall and patients appreciated not being rushed during the appointment.

Involvement in decisions about care and treatment

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

- Patient comment cards reflected patients valued involvement in their own care and treatment and how the treatment options were explained fully.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Patient feedback showed patients felt listened to and respected.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The service made reasonable adjustments when patients found it hard to access the service. For example, although the service was located on the first floor and there was no lift, the service accommodated patients with mobility needs by utilising an available ground floor room.
- The facilities were appropriate for the service delivered. There was a small reception area which was clean and tidy and one consultation room. Parking was available off site at a local car park.
- Staff we spoke with told us they would use a telephone translating service should patients need extra linguistic support to access the service. We saw staff helped should a patient require additional support, for example, if they had dyslexia, staff would assist with the pre-assessment form.

Timely access to the service

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

- Patients had timely access to the initial appointment and follow up appointments and treatment.
- The provider told us they would see patients with the most urgent needs quickly and the service was able to be flexible to accommodate this.

Listening and learning from concerns and complaints

The service had a suitable complaints policy but this was not easily accessible to patients.

- We saw there was no information about how to complain in the reception area or on the website. Following the inspection, we saw the provider had added information about how to complain to their website.
- We looked at how the service had dealt with complaints and found they had responded quickly, had apologised when necessary and had dealt with the complaint issue in a polite manner.

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 not providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability;

Although leaders had the capacity and skills to deliver high-quality sustainable care, there was a lack of leadership demonstrated.

- Leaders were knowledgeable about clinical issues and priorities. However, leaders did not use their knowledge to ensure the service was well-managed.
- The service was run by the clinician and a small team of administration staff and there were no plans to consider future leadership changes.

Vision and strategy

The service had a vision to deliver high quality, sustainable care but there was limited evidence of a strategy to help achieve this.

- Leaders told us they were planning to develop and expand the service, although there was no clear strategy to demonstrate how this may be achieved.
- The practice website described other services offered to patients which included counselling, psychotherapy and CBT. We found the services were available through a referral service to practitioners with links to the service but they did not form part of The Well Centre services. After the inspection, the provider updated the website to reflect the services provided.

Culture

The service had a culture of quality sustainable care.

- The service focused on the needs of patients and considered their services to improve patient outcome and satisfaction.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Governance arrangements

There were clear responsibilities and roles to support some governance processes. Systems of accountability were less structured and credible. Leaders lacked sufficient oversight of governance arrangements.

- The service had a number of policies and procedures to govern activity, but these were non-practice specific. For example, the chaperone policy referred to physical examinations which were not carried out by the provider. Following the inspection, a further chaperone policy was provided which still referred to intimate examinations which were not carried out. Policies were reviewed by administrative staff without input from the clinical and service lead so leaders lacked oversight.
- We saw the service did not hold regular governance or team meetings and any issues discussed, were not minuted.
- We reviewed human resources (HR) files and found there was no effective oversight of training and HR.

Managing risks, issues and performance

There were insufficient and ineffective systems for managing risks, issues and performance.

- There were insufficient processes to identify, understand, monitor and address current and future risks including risks to patient safety. For example, the provider had not carried out an environmental risk assessment, there was no significant event policy or a system to monitor and act upon appropriate MHRA alerts.
- The service did not have processes in place to manage current and future performance. We saw staff did not receive appraisals and staff performance was not monitored.

Appropriate and accurate information

The service acted on some appropriate and accurate information.

- The Well Centre website contained information which was misleading about the services provided. Patients could be referred to other named health professionals, but they did not form part of The Well Centre service.
- The service submitted data or notifications to external organisations as required.

Are services well-led?

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

- The service had arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients and external partners to support quality sustainable services.

- The service routinely asked patients for feedback on the service using a patient questionnaire in order to make improvements.

Continuous improvement and innovation

There was limited evidence of systems and processes for learning, continuous improvement and innovation.

- We saw some evidence of systems and processes which encouraged improvement. For example, the service used patient feedback to reflect upon and improve the service provided. However, other quality improvement processes such as audits were not used.
- There was a focus on providing a service which met patient need.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met.</p> <ul style="list-style-type: none">• There was a lack of focus on the clinical leadership and governance systems required.• There was ineffective oversight of training and HR• There was no evidence of appraisals or supervision of staff.• There was no environmental risk assessment.• There was no information available for patients about how to complain at the service or on the website.• Information about the services on the website was misleading. <p>Regulation 17 (1)</p>