Mesopotamia Surgical Ultima Vitality Ltd

Ultima Vitality

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 16 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 some areas 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 care 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.

Ultima Vitality is a private GP practice and cosmetic clinic run by Mesopotamia Surgical Ultima Vitality Limited. It is based in Didsbury a suburb of Manchester. The practice has been at its current site since 2014.

At Ultima Vitality the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore we were only able to inspect the treatment for the GP services and not the aesthetic cosmetic services. The GP is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- Patients were treated in line with best practice guidance and appropriate medical records were maintained.
- An induction programme was in place for staff and staff had access to all policies and procedures.
- Information about services and how to complain was available.

Summary of findings

- The service encouraged feedback from both patients and staff.
- Systems were in place to protect personal information about patients. The company and GP were registered with the Information Commissioner's Office.
- The service had clear systems to keep people safe and safeguarded from abuse; however this information needed to be updated.
- The service had a programme of ongoing quality improvement activity.
- Governance systems and processes were in place.
- There were gaps in how well the service followed their policies and procedures for example, the recruitment and information sharing policies.
- Some policies and systems needed to be further developed and updated to ensure the best outcome for patients was promoted for example, the chaperone and adults safeguarding and child protection policies.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure patients are protected from abuse and improper treatment.

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 processes and procedures for infection prevention and control.
- Review systems for communication with other health professionals involved in the patient's care.
- Review induction and the training matrix.
- Review a system to review policies and procedures periodically.
- Review how employment records required under Schedule 3 of the Act are archived.
- Review systems for monitoring the outcomes for patients who receive clinical treatment.

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.

We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report). The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right.

We found areas where improvements must be made relating to the provision of safe care and treatment. This was because:

- Staff who acted as a chaperone had not been appropriately trained or vetted through the Disclosure and Barring Scheme.
- Safeguarding adults and child protection policies and procedures needed to be updated.
- The provider had not risk assessed the emergency equipment needed at the practice in line with best practice guidance.

We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not have:

- A risk assessment in place in relation to carpets in the clinical area.
- Clear protocol for communication with other health professionals involved in the patient's care
- Review systems in place with regards to communication with the patient's NHS GP.
- Access to all evidence to demonstrate staff were recruited in keeping with best practice.
- A process to record the serial numbers of prescriptions issued in the patients record.

Are services effective?

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

- Care and treatment was assessed and provided in line with best practice guidance.
- Patients had sufficient information about their care and treatment to give informed consent.

We found areas where improvements should be made relating to the effective provision of treatment. This was because the provider did not have:

- Systems in place to audit the outcomes of consultations.
- Systems to ensure training was updated when required.

Are services caring?

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

- Information written in records and feedback from patients indicated that staff were caring and had a compassionate attitude towards patients.

Are services responsive to people's needs?

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

Summary of findings

- Processes and systems were in place to meet the patients' individual needs.
- Access to the service was flexible and adjustments made to meet individual needs of patients.

The provider had systems in place to enable patients to raise concerns and complaints.

Are services well-led?

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

- The provider was clear about their leadership responsibilities.
- The provider had a clear vision supported by aims and objectives which were understood by staff.
- The service had an open culture.

Records were complete and held securely.

Ultima Vitality

Detailed findings

Background to this inspection

Ultima Vitality is provided by Mesopotamia Surgical Ultimo Vitality Ltd and operates from:

718a Wilmslow Road

Didsbury

Manchester

M20 2DW.

The service provides a range of primary medical services including examinations, investigations and treatments.

The service is on the first floor of the building and facilities include a waiting room; clinic room, quiet room, toilets and store room, although there is no disabled access. However, the doctor will provide home visits if required. The practice mostly provides travel immunisations however, long term care and treatment is available.

The set opening times are Monday to Friday 9am to 5pm and patients can arrange for appointments at their own convenience. The GP also provides a service outside of these hours on request.

There is one GP and one administrator employed by the service.

We carried out an announce visit to Ultima Vitality on 16 February 2018. The inspection was led by a CQC inspector and included a GP specialist advisor.

In advance of the inspection we reviewed:

- information sent to us by the provider;
- Information provided by stakeholders.

During our visit we:

- Spoke with the administrator and the GP;
- Reviewed a sample of treatment records;
- Completed a tour of the facilities and reviewed the clinical areas and equipment
- Reviewed a range of policies, procedures and management information held by 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

Since opening in 2014 to the time of the inspection the GP service had treated approximately 460 patients. One member of staff was employed and there had been no changes to staff employed since the service opened in 2014.

There were gaps in the evidence to confirm the safe recruitment of staff. We reviewed the recruitment file for the one member of staff. We saw that the member of staff had been recruited through a well-known employment agency. A full education and work history was on record and proof of identity was also filed. However, some required information was missing. Missing items included evidence of satisfactory conduct in previous employment in the form of references; information about any physical or mental health conditions and evidence of appropriate checks through the Disclosure and Barring Service (DBS) or risk assessments if this had not been completed. (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 member of staff needed a DBS check because their duties included chaperoning.

- Staff had received induction training for health and safety, fire safety awareness, infection control and safeguarding relevant to their role, control of substances hazardous to health. However, this training had not been updated since 2014.
- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The safeguarding policy however, needed to be updated to include the action needed to safeguard against Female Genital Mutilation (FGM), people trafficking and modern slavery. The policy also lacked information about PREVENT (the initiative for recognising and taking steps to deal with political or religious extremism).
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding.
- The provider acted as the safeguarding lead and had up to date level three safeguarding adults and child protection training.

We were informed on the day of the inspection that the administrator would act as a chaperone. However, this staff had not received additional training and DBS check had not been completed.

In relation to infection prevention and control the provider could not be assured they were providing safe care and treatment because the clinical area where blood samples were taken and minor surgery, such as knee joint injections, completed was carpeted which was not in line with best practice guidance. The provider had not completed assessments to identify and reduce the potential risks of carpeted clinical areas.

Cleaning schedules and monitoring systems for all areas were however in place.

- There was an overarching health and safety policy available and health and safety risk assessments had been completed including a fire risk assessment and fire safety equipment was tested.
- Certificates and maintenance records indicated that all general equipment was cleaned, calibrated and serviced in keeping with the manufacturer's instructions to ensure it was safe to use and in good working order.
- The provider indicated that a Legionella risk assessment had been completed however a record to confirm this had not been kept.
- Any changes in safety procedures were communicated to staff.

Risks to patients

There was no oxygen on site and so the provider did not have the suggested minimum equipment in place for dealing with medical emergencies and the risk to patients had not been formally assessed. A formal policy and protocol for dealing with onsite medical emergencies was not in place.

- Staff had completed a first aid course and the first aid kit was readily accessible and fully stocked.
- Staff had the appropriate medical indemnity certificates on file.

Information to deliver safe care and treatment

Some systems to reduce the risks to patients in relation to important information needed to improve, for example:

Are services safe?

There were no systems in place to ensure that the adult accompanying a child had parental authority and there were gaps in the process to confirm the identity of patients because measures in place did not include checking official documents or reviewing photographic identification.

The service did not follow the General medical council (GMC) best practice guidance in relation to deciding when to share information with their patient's NHS GP.

However:

- The health assessment completed was comprehensive and included information about physical, psychological and mental health. A small random selection of records were reviewed and the information reflected the patients' choice and appropriate risk assessments were noted. The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and the intranet system. This included care and risk assessments and care plans.
- Clinical records were stored electronically and computers were protected by encrypted access codes.
- All paper records such as initial assessment forms were securely held in a locked cabinet within a secured room.

Safe and appropriate use of medicines

- The service stored medicines on the premises. Medicines we checked were securely stored and in date. There were systems in place to monitor expiry dates.
- Fridge temperatures were monitored to ensure that the cold chain for storage of medicines and vaccines was not broken.
- Prescription stationery was kept securely, however the prescription book serial numbers were not recorded.
- If a medicine was deemed necessary following a consultation, the GP was able to issue a private prescription to patients.
- Once the GP prescribed the medicine and correct dosage of choice, relevant instructions were given to the patient regarding when and how to take the medicine, the purpose of the medicine and any likely side effects and what they should do if they became unwell.

When emergency supplies of medicines were prescribed, there was a clear record of the decisions made however; the service did not have a process in place to routinely contact the patient's regular GP when the patients had given consent to do so.

- The provider reviewed the provision of repeat prescriptions on an individual basis. The rational for providing a repeat prescription was recorded in the patient's record; however a risk assessment was not completed if the patient's NHS GP was not advised about repeat medicines that had been prescribed.
- The provider administered medicines supplied by their patients. There was clear information on the consultation form to explain that the medicines were being used outside of their licence, and the patient provided written acknowledgment that they understood this information. Additional written information to guide the patient when and how to use these medicines safely was also supplied.

The service did not have a system in place to consider good antimicrobial stewardship by only prescribing from a limited list of antibiotics which was based on national guidance.

Track record on safety

This was a small service operated by a single GP and one administrator. We were informed that no untoward incidents had occurred.

- The service had systems in place for knowing about and acting on notifiable safety incidents, for example the provider had registered to receive Medical and Healthcare Regulatory Authority (MRHA) updates.

Lessons learned and improvements made

- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff.
- There was clear understanding of safety risks and evidence of learning and improvement. For example, we saw that the administrator had completed control of substances hazardous to health (COSHH) risk assessments and in response to the findings changed how liquids were stored.

No duty of candour events had occurred however; the provider was aware of and complied with these requirements. The provider encouraged a culture of openness and honesty.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

- We reviewed a number of medical records that demonstrated that the GP assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence based practice.
- The provider had arrangements for patients who had difficulties communicating.
- We saw no evidence of discrimination when making care and treatment decisions.
- If a patient needed further examination they were directed to an appropriate agency.

Monitoring care and treatment

The service did not collect and monitor clinical outcomes of all patients, however a process was in place to audit consultations and other outcomes because the provider monitored the outcomes of customers who received cosmetic treatment.

Effective staffing

The service employed a GP and one administrator/ reception staff.

- Staff had to complete induction training in 2014. Topics covered included Health and Safety; infection control; safeguarding; first aid; fire safety at work and lone working.

Training had not been updated since induction.

- Staff told us the provider was supportive in relation to time given to review and understand the policies and procedures that needed to be followed.
- Staff demonstrated a clear understanding of their responsibilities and knew how to access information provided about dealing with different scenarios.
- Staff received regular informal performance reviews.
- The GP had completed their appraisal with an independent appraiser in October 2017.

Coordinating patient care and information sharing

When a patient contacted the service they were asked if the details of their consultation could be shared with their registered GP, however if they agreed a letter was not always sent to their registered GP in line with GMC guidance. Information sharing with the NHS GP was not actively promoted.

Records confirmed appropriate referrals were made to specialist health services. However, the service did not have a system to check the progress of referrals and this information was not always shared with the patient's GP.

Systems were in place for arranging diagnostic tests for samples such as blood and urine samples. The service had a service level agreement with a local laboratory, specimens were collected by a courier and the doctor was alerted when the results were available. These were reviewed by the GP. The GP arranged additional appointments or further action. Test results, however, were not entered into the patients records kept by the clinic and were not routinely shared with the patient's NHS GP.

Supporting patients to live healthier lives

In their consultation records we found patients were given advice on healthy living as appropriate.

Consent to care and treatment

- Staff understood and sought patients' consent to care and treatment in line with legislation and taking into account guidance.
- Staff had received training about the Mental Capacity Act 2005 and policies and guidelines were in place.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear a process was in place for the GP to assess the patient's capacity and record the outcome of the assessment.

Are services caring?

Our findings

Kindness, respect and compassion

- All of the online feedback we saw was positive about the service experienced. Patients said they felt the clinic offered an excellent service and staff were helpful, caring and treated them with kindness, respect and compassion.
- When talking about patients staff displayed an understanding and non-judgemental attitude towards different groups of people who may use the service.

Involvement in decisions about care and treatment

- Patients who provided online feedback confirmed they were given enough information to make choices about their care and treatment.

Privacy and Dignity

- Patients who provided online feedback confirmed they were given privacy and treated with dignity. The practice complied with the data protection act 1998.
- Care Quality Commission patient comment cards had been provided to the service but none had been completed.

The service had a chaperone policy and a leaflet about accessing a chaperone was available in the reception.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- Patients could access a brief description of the GP available on the provider's website.
- Translation services were available.
- The practice organised and delivered services to meet the patients' needs and accounted for their preferences.
- The practice offered home visits as appropriate for example, if the patient had time constraints or could not access the building.
- The practice offered travel and occupational vaccinations.
- Feedback about the service could be made on the service website. Information reviewed was positive and indicated that the provider was caring towards patients.

Timely access to the service

- Patients were able to access care and treatment from the practice within an appropriate timescale for their needs.
- Appointments at the clinic were available Monday to Saturday 9am to 6pm. Access was made by calling the clinic. This service was not an emergency service.
- The GP also provided home visits outside of these times depending on the treatment required.
- Patients who had a medical emergency were advised to ask for immediate medical help via 999 or if appropriate to contact their own GP or NHS 111.

Listening and learning from concerns and complaints

- Systems were in place to deal with complaints and concerns.
- Information about how to make complaints or raise concerns was available and it was easy to use.
- Staff stated they had not received any complaints and dealt with all queries and issues as they arose.

The complaints policy and procedures were in line with recognised guidance.

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;

- The service is provided by a team of one GP who was also the registered manager and one other member of staff. The team worked closely together and were in constant communication. Leadership responsibilities were clear.

Vision and strategy

- The information in the statement of purpose developed by the provider indicated they had a clear vision to work to provide a high quality responsive service and promote good outcomes for patients.

Culture

- The service 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

- There was a clear organisational structure and staff were aware of their own roles and responsibilities.
- There was a range of service specific policies which were available to staff. However, these were not always reviewed and updated when necessary for example, the safeguarding policy needed to be updated.
- However the provider had not taken into account the potential risks of providing the service.

Managing risks, issues and performance

Regular checks were not completed to monitor the performance of the service. However, there were only two people responsible for completing tasks and gaps in performance were informally reviewed and discussed on an ongoing basis.

- It was evident from speaking to staff that there was a thorough understanding of how the performance of the service was to be maintained.
- There were formal arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Appropriate and accurate information

- Systems were in place to ensure that all patient information was stored and kept confidential.
- There were policies and IT systems in place to protect the storage and use of all patient information.
- The service could provide a clear audit trail of who had access to records and from where and when.
- The service was registered with the Information Commissioner's Office.
- There were policies in place to minimise the risk of losing patient data.
- Care and treatment records were complete, accurate, and securely kept.

Engagement with patients, the public, staff and external partners

- The provider website invited patients to give feedback.
- Patient feedback was also published on the 'What clinic' website.
- The provider had a whistleblowing policy in place. A whistle-blower is someone who can raise concerns about practice or staff within the organisation.

Continuous improvement and innovation

- Staff were involved in discussions about how to run and develop the service, and were encouraged to identify opportunities to improve the service delivered.

Staff told us discussions about areas of improvement were ongoing, particularly with regards to increasing the number of patients using the GP services and redesigning the layout of the clinic.

This section is primarily information for the provider

Requirement notices

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider had not fully assessed the risks to the health and safety of service users and taken reasonable steps to mitigate such risks. There were no systems in place for dealing with a medical emergency and best practice guidance had not been taken into account. The provider had not taken sufficient steps in assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care related because: best practice codes to prevent and control of infections had not been taken into account in relation to the, facilities; fixtures and fittings in the clinical area. The provider did not have a system in place to ensure information was always shared appropriately. This was because the provider did not update the patients NHS GP about care and treatment provided and so information following a consultation, diagnostic test; and referral to another agency was not routinely shared. Regulation: 12 Safe care and treatment (1)(2)(a)(b)(i)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: Service users were not been protected because: Processes to verify the identity of the patient were not robust;

This section is primarily information for the provider

Requirement notices

The provider did not have robust systems in place to assure themselves that adults accompanying children had parental responsibility.

Regulation: 13 Safeguarding service users from abuse and improper treatment (1)(2)