

St Albans Medical Centre

Inspection report

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St Albans
Hertfordshire
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at St Albans Medical Centre on 16 October 2018. We found that this service was not providing safe, effective and well-led care in accordance with the relevant regulations. Requirement notices were served in relation to breaches identified under Regulation 12 Safe care and treatment, Regulation 17 Good governance and Regulation 19 Fit and proper persons employed. We carried out an announced comprehensive inspection at St Albans Medical Centre on 14 June 2019 to check on the areas identified in the requirement notices.

The full comprehensive report on the October 2018 inspection can be found by selecting the 'all reports' link for St Albans Medical Centre on our website at www.cqc.org.uk.

St Albans Medical Centre is a privately run medical centre which specialises in the diagnosis of visual impairments such as Cataracts and Glaucoma. The centre carries out some treatments such as the insertion of punctal plugs. (A punctal plug is a small medical device that is inserted into the tear duct of an eye to block the duct. This prevents the drainage of liquid from the eye. They are used to treat dry eyes). The centre does not carry out any other treatment on site and will refer people to a hospital in London for treatment, which is carried out by the centre's Consultant Ophthalmic Surgeon. St Albans Medical Centre is primarily used to carry out the diagnosis, pre-operative consultation and after care for people.

The Consultant Ophthalmologist Surgeon 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 received 14 completed CQC comment cards. All the completed cards indicated that patients were treated with kindness and respect. Staff were described as caring and professional. In addition, comment cards described the care and treatment provided as comprehensive and effective.

Our key findings were :

- The service had comprehensive systems to manage risk so that safety incidents were less likely to happen.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines in most areas.
- The system in place for assessing capacity to consent and identification checks for children and young people required strengthening.
- Patient feedback indicated that staff treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective in most cases.

The area where the provider **must** make improvements as they are in breach of a regulation is:

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

The area where the provider **should** make improvements is:

- Undertake a fire drill on a regular basis.

Please see the specific details on action required at the end of this report.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to St Albans Medical Centre

- St Albans Medical Centre is provided by Hulbert Estates Limited. The registered manager of the service is M Hulbert.
- The address of the service is St Albans Medical Centre, The White House, 11 London Road, St Albans, Hertfordshire, AL1 1LA.
- The telephone number is 01727 812925 and the website address is www.stalbansmedicalcentre.com
- The service is registered with the CQC to provide the following regulated activities:
 - Treatment of disease, disorder or injury.
 - Diagnostic and screening procedures.
- St Albans Medical Centre opened in 2010 and is a privately run medical centre which specialises in the diagnosis of visual impairments such as Cataracts and Glaucoma. The centre carries out some treatments such as the insertion of punctal plugs. The centre does not carry out any other treatment on site and will refer people to a hospital in London for treatment, which is carried out by the centre's Consultant Ophthalmic Surgeon. St Albans Medical Centre is primarily used to carry out the diagnosis, pre-operative consultation and after care for people.
- The service provides care and treatment to approximately eight to 10 patients a week. The service operates two sessions a week; Mondays from 9.30am to 11.30am and Thursdays from 9.30am to 11am.
- The service employs a practice manager and one medical secretary who work two days a week. All consultations are provided on the ground floor. One of the consultation rooms is hired by an independently managed sports massage service.

How we inspected this service

Before our inspection, we gathered and reviewed information from the local Clinical Commissioning Group, the pre-inspection return submitted by the provider and patient feedback submitted online.

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?

At our previous inspection on 16 October 2018, we found that this service was not providing safe care in accordance with the relevant regulations because:

- The service had not considered the risks in not having emergency equipment or medicines available and did not have a documented risk assessment in place.
- Clinical equipment was not routinely checked to ensure it was working properly.
- The service was unable to demonstrate how some risks relating to fire safety, Legionella and COSHH were being monitored and managed.
- The service did not have a clear documented system for recording and acting on safety alerts and significant events.
- The service did not have an adequate system in place to ensure relevant medical consumables were available and within the expiry date recommended by the manufacturers.

At our inspection on 14 June 2019, we found the service had taken the necessary action to make the required improvements. The service is now rated as good for providing safe services.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had a system in place which enabled them to work with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. 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). Recruitment checks were carried out in accordance with regulations.
- Staff had access to e-learning training modules. At the time of inspection, the clinical lead and medical secretary had completed all training relevant to their roles. However, the practice manager had only completed some training relevant to their role. Shortly after our inspection, we received evidence to confirm that the practice manager had completed safeguarding children and safeguarding adults training, infection prevention and control training, basic life support, information governance and complaints handling.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. Risk assessments were in place in relation to the Control of Substances Hazardous to Health (COSHH). A Legionella risk assessment had been completed in November 2018 and all remedial work identified in the risk assessment had been completed. The service carried out water temperature checks on a regular basis. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The clinical lead had a record of vaccinations relevant to their role and this was maintained in line with current Public Health England (PHE) guidance. The service had a risk assessment in place for non-clinical staff members.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

Are services safe?

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- The service stocked emergency medicines, which were appropriate for the care and treatment provided. The service had decided not to stock emergency equipment such as oxygen and a defibrillator at the premises. The service had a documented risk assessment in place which was reviewed on a regular basis. A first aid kit was available.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

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

- From the sample of documents we viewed, we found individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available in an accessible way.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- The service made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines minimised risks. Medicines and medical consumables were kept safely and were in date.
- The service kept prescription stationery securely and monitored its use.
- From the sample of documents we viewed, we found the service provided advice on medicines in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service had safety systems in place.

- The service had adequate fire safety equipment in place and all equipment had been serviced on a regular basis. A fire procedure was in place and there was clear fire safety information displayed throughout the premises. Fire alarms were tested on a weekly basis. A fire risk assessment had been completed in October 2018 and all remedial work identified in the risk assessment had been completed. However, the service had not undertaken a fire drill. The service told us that they were due to upgrade their fire alarm system and a fire drill was planned for July 2019.
- The service had implemented a documented system for recording and acting on safety alerts.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective system in place to disseminate and act on alerts relevant to the service.

Lessons learned and improvements made

The service had systems in place to learn and make improvements when things went wrong.

Are services safe?

- There was a system for recording and acting on significant events. Senior staff understood their duty to raise concerns and report incidents and near misses.
- The service had not identified or recorded any previous significant events. Findings from clinical audits demonstrated that the service had not identified or recorded any incidents, clinical complications or significant events.
- There were adequate systems for reviewing and investigating when things went wrong.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

Are services effective?

At our previous inspection on 16 October 2018, we found that this service was not providing effective care in accordance with the relevant regulations because:

- When providing care and treatment to children and young people, staff did not carry out assessments on capacity to consent in line with relevant guidance. The identity of a child was not routinely checked prior to treatment. Additionally, the provider did not have a system in place to check that the consenting parent or guardian had legal parental responsibility.
- The service did not have an effective system in place to ensure all staff members completed essential training relevant to their roles.

At our inspection on 14 June 2019, we found the service had not taken all of the necessary action to make the required improvements.

We rated effective as Requires Improvement because:

- When providing care and treatment to children and young people, staff did not carry out assessments on capacity to consent in line with relevant guidance. The identity of a child was not routinely checked prior to treatment. Additionally, the provider did not have a system in place to check that the consenting parent or guardian had legal parental responsibility.
- The service did not have an effective system in place to ensure all staff members completed essential training relevant to their roles.

These concerns were rectified soon after our inspection. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor. (See full details of the action we asked the provider to take in the Requirement Notices at the end of this report).

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as The Royal College of Ophthalmologists and National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate, information relating to additional patient needs were shared with the patient's GP.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Patients requiring a follow up appointment were managed by the service.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

Are services effective?

- The service used information about care and treatment to make improvements. The service monitored performance and made improvements where required through the use of audits. Clinical audit was used to assess the quality of care and outcomes for patients. For example, the Consultant Ophthalmic Surgeon had undertaken repeated audits of patients who had received cataract surgery by the surgeon at a private hospital. This audit included an analysis of the patient's visual acuity post-surgery and the patients' unaided vision. Feedback from patients had also been recorded.

Effective staffing

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

- The clinical lead was appropriately qualified and accessed the latest guidelines and updates to ensure they stayed up to date.
- The clinical lead was registered with the General Medical Council and was up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. However, at the time of our inspection the practice manager had not completed all essential training relevant to their role. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- We saw evidence of patient assessments documented in clinical records. This included care assessments, details of examinations carried out, symptoms and details of ongoing care agreed with the patient.
- There were clear arrangements for making referrals to other services. The service always recommended information exchange with each patient's NHS GP in line with GMC guidance.
- The service ensured sharing of information with other providers such as NHS GP services and general hospital services where necessary and with the consent of each patient.
- Before providing treatment, the clinician at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. Staff also provided patients with information and advice on healthy living.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Are services effective?

Consent to care and treatment

The service did not always obtain consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making for adults. The service used consent forms for care and treatment for children and young people. However, when providing care and treatment for children and young people, staff did not carry out assessments on capacity to consent in line with relevant guidance. The identity of a child was not routinely checked prior to treatment. Additionally, the provider did not have a system in place to check that the consenting parent or guardian had legal parental responsibility. Shortly after our inspection, the service provided us with evidence to confirm that they had introduced a system to ensure an assessment on capacity to consent for young people had been introduced, along with a process to check the identity of a child and parental responsibility.
- The provider offered full, clear and detailed information about the cost of consultations and treatments, including tests and further appointments.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- The service lead understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The service recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patient feedback forms were positive about being treated with dignity and respect.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, patient feedback obtained by the service had resulted in an increase in the amount of time allocated for each patient consultation. Consultations had been increased from 20 minutes to 30 minutes.
- The facilities and premises were appropriate for the services delivered. The service had applied to the local authority to install an entrance ramp in order to improve access. However, this had been denied due to the premises being a listed building. The provider was planning on installing a hand rail in order to aide patients attending the centre.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients commented that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service had an effective complaints process in place to manage complaints appropriately to improve the quality of care.

- The service had a complaints policy and procedure in place. The service had not recorded any complaints.
- Information about how to make a complaint or raise concerns was available and clearly displayed within the service.
- The service had systems in place to obtain patient feedback and took action in response to this information.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

Are services well-led?

At our previous inspection on 16 October 2018, we found that this service was not providing well-led care in accordance with the relevant regulations because:

- The service did not have adequate systems in place to ensure recruitment checks such as employment history, references and qualifications were in place for all staff members.
- Not all policies and procedures were documented and policies were not up to date.
- The service did not have adequate systems in place to ensure infection prevention and control was monitored and managed.
- The provider did not have an adequate complaints process in place.
- The service did not have a business continuity plan in place for major incidents such as power failure or building damage.

At our inspection on 14 June 2019, we found the service had taken the necessary action to make the required improvements. The service is now rated as good for providing well-led services.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a vision which was to provide a patient-centred and bespoke eye care services.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- The service focused on the needs of patients.
- Policies and procedures demonstrated that the service had an open, honest and transparent approach towards incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Are services well-led?

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management in most areas.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective in most areas.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- During our inspection, we found weaknesses in governance arrangements in place for the safe management of children and young people and the process of ensuring all staff members completed essential training relevant to their role. The service took immediate action in response to these concerns, and provided us with evidence to demonstrate that their systems and processes in relation to these areas had been reviewed and improved.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts and systems were in place to identify and record incidents and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had up to date emergency plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to monitor performance. Performance information was combined with the views of patients.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- There were 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 high-quality sustainable services.

- The service encouraged and heard views and concerns from patients and external partners and acted on them to shape services and culture. For example, the service undertook a patient survey and had received 35 responses between June and July 2018. The results showed that patients rated the service highly and described staff as friendly, helpful and professional.
- We saw evidence of feedback opportunities for patients and how the service responded to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Are services well-led?

- Staff were able to describe to us the systems in place to give feedback. Feedback forms were collected following consultations and the service responded to patient feedback.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The clinical lead had received an appraisal from their Responsible Officer.
- There were systems to support improvement and innovation work. For example, the service wanted to expand and introduce GP services at the centre.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>When providing care and treatment to children and young people, staff did not carry out assessments on capacity to consent in accordance with relevant guidance. The provider did not have systems and processes in place to ensure the identity of a child was routinely checked prior to treatment and the consenting parent or guardian had legal parental responsibility.</p> <p>The provider did not have a comprehensive system in place to ensure all essential training was completed by staff members.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p>