

Eclipse Medical Services Limited

John Pounds Medical Centre

Inspection report

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Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	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? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good.

We carried out an announced comprehensive inspection at John Pounds Medical Centre as part of our inspection programme. This was the first inspection since the provider registered with the Care Quality Commission.

The service provides services to patients which were previously provided by the NHS. The service removes benign minor skin lesions, for patients who cannot receive this service on the NHS and who are over 18 years of age.

The lead clinician is the registered manager. A registered manager is a person who is registered with the Care

Summary of findings

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.

The service has run two clinics since December 2018 and treated six patients in total. There was not a clinic on the day of the inspection and there had not been a clinic in the two weeks prior to the inspection so there were no comment cards available for us to review patient feedback.

Our key findings were:

- Individual care records were written and managed in a way that kept patients safe.
- There were arrangements for planning and monitoring the number and mix of staff needed.
- Patients' immediate and ongoing needs were fully assessed.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The provider arranged the service to meet the needs of patients who were no longer able to receive treatment for benign minor skin lesions under the NHS.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- There was a focus on continuous learning and improvement.

The areas where the provider **should** make improvements are:

- Review its assurance processes to demonstrate appropriate risk assessments and systems are in place in relation to health and safety measures, such as Legionella, fire checks, cleaning schedules.
- Review its assurance processes to demonstrate staff had received an annual appraisal.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

John Pounds Medical Centre

Detailed findings

Background to this inspection

John Pounds Medical Centre is located at 3 Aylward Street, Portsmouth, Hampshire, PO1 3DU.

John Pounds Medical Centre provides a service for the removal of benign minor skin lesions. This supports patients, over 18 years of age, who previously received this service under the NHS. It is located at the premises of a GP practice, named John Pounds Surgery (the host organisation for the purposes of this report) and operates on a Saturday by arrangement. There is a facility agreement between the host organisation and John Pounds Medical Centre confirming the arrangements for premises, staff and equipment. John Pounds Medical Centre pays for the services provided. The clinic is led by a specialist doctor who is supported by two administrators. Staff are sub-contracted from the host organisation so additional staff, such as a practice nurse, can be arranged when necessary. At the time of the inspection, the service had held two clinics and treated six patients.

The website for the service can be found at <https://eclipsemedical.co.uk>

How we inspected this service

During our visit we:

- Spoke with staff including, the registered manager and the business manager.
- Looked at information the clinic used to deliver care and treatment plans.
- We reviewed all six patient records.

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 rated the service 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 had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to work with other agencies to support patients and protect them from neglect and abuse. Staff knew how to take steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect, although there had been no safeguarding concerns raised at the time of the inspection.
- The provider had a system in place to assure themselves that staff checks were carried out at the time of recruitment and on an ongoing basis where appropriate. Checks were made to ensure Disclosure and Barring Service (DBS) checks had been 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).
- There were systems in place to provide assurance that staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The provider relied on the system to manage infection prevention and control, provided by the host organisation. Although no regular assurance was sought from the host organisation, the lead clinician completed an infection control checklist prior to each clinic. We reviewed evidence of these.
- The provider relied on the system to manage Legionella provided by the host organisation. Although no formal regular assurance was sought from the host

organisation, the risk was mitigated as staff from the host organisation were contracted to John Pounds Medical Centre. This meant staff were able to verbally provide assurances.

- The provider had a facilities agreement with the host organisation to ensure that the facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The host organisation provided evidence that equipment had been regularly calibrated. There were systems for safely managing healthcare waste, provided by the host organisation through the facilities agreement.
- 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.
- The provider relied on the health and safety systems provided by the host organisation although they were unable to evidence that independent assurance had been sought in areas such as fire safety. This did not represent a significant risk to patients as staff also worked for the host organisation and were aware that checks had been carried out.

Risks to patients

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.
- The service did not use agency staff.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- The lead clinician had appropriate medical indemnity insurance in place.

Information to deliver safe care and treatment

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

- 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 to relevant staff in an accessible way.

Are services safe?

- 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

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

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. The provider had a facilities agreement with the host organisation to provide emergency medicines. These were checked by the lead clinician prior to every clinic. We reviewed evidence of this.
- Medicines required to carry out minor surgical procedures were delivered the day before the clinic and kept in the fridge overnight, keeping risks to a minimum.
- There were effective protocols for verifying the identity of patients.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The service reported it had not experienced any significant events. The provider and staff understood their duty to raise concerns and report incidents and ensure that learning was shared if improvements needed to be made.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the service as good for providing effective services

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)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was able to monitor the quality of care at an individual level because there was a small number of patients

- The service used information about care and treatment to make improvements. Due to small number of patients the service was unable to carry out meaningful clinical audit.

Effective staffing

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

- All staff were appropriately qualified. The provider used staff from the host organisation and checked they had received an appropriate induction programme.
- The provider understood the learning needs of staff and received assurance from the host organisation that staff had received essential training such as safeguarding and infection control.

Coordinating patient care and information sharing

Staff worked together, and 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. For example, the patient's own GP.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered as low risk to patients.

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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

Consent to care and treatment

The service obtained 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.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the service as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback was not routinely requested from the six patients who had used the service. One patient had voluntarily provided positive feedback about their care.
- No patients had used the service since the inspection was announced, therefore, no CQC comment cards had been completed.
- 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. Patients were also told about multi-lingual staff who might be able to support them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Patients were able to discuss their needs in a private room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the service as good for providing responsive services.

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 created the service to meet the needs of patients who were no longer able to receive treatment for benign minor skin lesions under the NHS.
- The facilities and premises were appropriate for the services delivered.

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.
- Clinics were run based on the availability of patients.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

The service had a system to take complaints and concerns seriously and respond to them appropriately to improve the quality of care, if they occurred.

- There had been no complaints about the service at the time of the inspection.
- Information about how to make a complaint or raise concerns was available. Patients were provided with a telephone number to contact the clinician about their care.
- The service had a complaints policy and procedures in place.

Are services well-led?

Good 

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

Our findings

We rated the service 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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

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

- The provider had a vision and set of values.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of the vision and values and their role in achieving them

Culture

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

- Staff were proud to work for the service.
- The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour, although no incidents had occurred by the time of the inspection.
- There were processes for providing all staff with the development they need. One member of staff had received an appraisal and there were plans to deliver appraisals to the remaining two members of staff.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

Governance arrangements

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

- The provider had a facilities agreement with the host organisation in relation to premises, equipment and staff to be provided and the required standard of those services. The provider carried out some checks to assure themselves of the safety of premises and equipment. Whilst it was acknowledged there was limited risk attached due to the nature of the set-up, the service would be improved by obtaining further assurances. Areas which could be improved included assurances around Legionella, health and safety, fire checks, cleaning schedules and staff appraisals.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. 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.

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 not carried out clinical audit due to the small number of patients. There had been no safety incidents or complaints but there was a system in place should these occur.

Appropriate and accurate information

The service acted on appropriate and accurate information where appropriate.

- The provider had treated six patients and therefore performance data had not been analysed and used to improve quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Are services well-led?

Good 

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

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service had plans in place to obtain feedback and hear views from the public and patients and use them to shape services and culture.
- Feedback from staff was obtained through regular meetings.

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 lead clinician provided evidence of updates, learning and observed practice from external sources.