

# Ryminster Healthcare

## Inspection report

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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 well-led?

Good



# Overall summary

## **This service is rated as Good overall.**

We carried out a remote inspection review of Ryminster Healthcare on 26 May 2021.

We previously carried out an announced comprehensive inspection at Ryminster Healthcare on the 24 May 2018 as part of our inspection programme, the practice was not rated at this inspection. We carried out a further inspection on the 25 June 2019, the overall rating for the practice was good with requires improvement for providing well led services.

You can read the reports from our last inspections, by selecting the 'all reports' link for Ryminster Healthcare on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## **Why we carried out this inspection**

This inspection was an announced focused inspection to confirm that the service had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified at our previous inspection on 25 June 2019. The focus of this inspection was to review the well-led domain. We found that the practice had resolved the concerns raised and was rated as good for providing well led services. We carried forward the ratings for safe, effective, caring and responsive as the information we held did not indicate any changes to these ratings.

## **How we carried out the inspection**

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- A remote video interview with the Quality and Development Manager/Registered Manager for the service.
- Requesting evidence from the provider.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and information from the provider, patients, the public and other organisations.

Ryminster Healthcare is part of Ryminster Healthcare Limited. It provides private primary healthcare appointments to adults over 18 years of age and has arrangements in place for secondary referral to diagnostic and specialist services as appropriate.

The quality development manager is the registered manager for the service. 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.

# Overall summary

## Our key findings were:

- Systems were introduced to demonstrate that all safety alerts were received and acted on in a timely way.
- Documented consent was obtained for all treatments carried out at the service particularly where there may be a high risk of side effects.
- The service had introduced effective governance arrangements that assured the delivery of high quality care and treatment. For example, clinical audits were completed to monitor the outcomes and quality of services provided.
- The service had introduced systems for the documentation of clinical performance discussions held with clinical staff which supported the review of clinical consultations, prescribing and referral decisions.
- The service had reviewed the format of meetings to ensure a formal agenda was in place which included significant events as a standard agenda item and the documentation of more detailed minutes to demonstrate shared learning with staff.
- Patient feedback indicated that patients were very satisfied with the service.
- The provider was aware of and complied with the requirements of the 'Duty of Candour'.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection was led by a CQC inspector who had access to advice from a specialist advisor.

## Background to Ryminster Healthcare

Ryminster Healthcare main location operates from premises at Building 1 Charlesworth Court, Hotspur Park, Knights Way, Battlefield Shrewsbury SY1 3FB. The service has a branch site located at 8 Summerfield Road, Wolverhampton WV1 4PR.

The service is registered with the Care Quality Commission to provide the regulated activities: Diagnostic and screening procedures, Family planning services, Treatment of disease, disorder or injury and surgical procedures. It provides healthcare to adults over 18 years of age and consultations for children over one year old with a GP and/or paediatric consultants. The service does not carry out any minor surgery procedures for anyone under the age of 18. There is guidance in place for clinical staff regarding taking blood from children/young adults under the age of 18 years. The minimum age for taking bloods at the service is 18 but will take blood from young adults aged 16 to 17 only if a parent is present. The service will also only take blood from this age group if they are of sufficient size/build and are willing to have blood taken without the use of anaesthetic creams. Services are offered to individual patients who pay for their healthcare, but most of the service is provided under corporate healthcare and employment arrangements or medical insurance.

The provider offers consultations, travel vaccinations, sexual health services and health screening services. On average, the provider sees 50 patients a month. Healthcare provides consulting rooms, which are hired out by verified visiting healthcare professionals for the purpose of treatment of disease, disorder or injury. Consultants working at Ryminster Healthcare work under practising privileges. Accommodation and administrative services are provided to healthcare practitioners to provide the following services:

- Occupational health
- GP consultations
- Paediatric consultations
- Psychiatry
- Psychological interventions,
- Minor procedures

The clinical staff team consists of GPs, paediatric consultants, a general surgeon, a registered mental health nurse and health care assistants. Clinical staff are supported by administration and reception staff. The doctors have the appropriate General Medical Council registration. The service is supported by an administrative team of three staff, a practice manager, and two administrators.

### How we inspected this service

Before the inspection, we looked at a range of information we held about the service. We carried out a remote focused inspection review. As part of this inspection process we spoke with the quality development manager who is also the registered manager for the service via online video.

We reviewed documentary evidence relating to the service, which the registered manager shared and sent to us via email. We needed to do this to corroborate the information provided during our video discussion with the manager to confirm that the breaches identified at the previous inspection had been addressed. The provider also shared the outcome of patient feedback detailing their experience of the services they received.

# Are services well-led?

## **At the last inspection we rated well-led as Requires improvement because:**

- There was a lack of systems to demonstrate that all safety alerts were received and acted on in a timely way.
- Clinical audit to monitor the outcomes and quality of services provided were not carried out.
- Documented consent was not available for all treatments carried out at the service particularly where there may be a high risk of side effects.

At this inspection we found that the service had appropriately addressed the above.

- Systems had been reviewed, updated and implemented to demonstrate that all safety alerts were received and acted on in a timely way.
- A structured approach to the completion of clinical audits to monitor the outcomes and quality of services provided had been introduced.
- The service had ensured that documented consent was obtained for all treatments carried out particularly where there may be a high risk of side effects.
- Risk assessments were completed before the initiation of some procedures such as vasectomies and the commencement of some medicines.
- The service had reviewed the format of meetings to ensure a formal agenda was in place which included significant events as a standard agenda item and the documentation of more detailed minutes to demonstrate shared learning with staff.
- The service had a structured programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. This included obtaining feedback from patients on the care, treatment and other service they received.
- The service had introduced systems for the documentation of clinical performance discussions held with clinical staff which supported the review of clinical consultations, prescribing and referral decisions.

## **Leadership capacity and capability**

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

- The lead GP and registered manager had the experience, capability and integrity to ensure high quality care was delivered to patients who used the service.
- There was a clear leadership structure in place. The changes made following the inspection in June 2019 showed that leaders at all levels were visible and approachable and easily accessible to all staff. This was demonstrated through the minutes of meetings and team briefing recorded notes shared with us. These contained evidence of staff feedback and discussions.
- The leaders ensured that staff were involved in any improvements and changes made at the service. For example, the outcome of a prescribed medicine audit was discussed with the Medical Director. He identified that the prescribing of Benzodiazepines (A sedative type medicine, used to calm someone or reduce anxiety for example) and Opiates (Medicines used to relieve pain) in higher doses than can be obtained over the counter was potentially unsafe. The decision was made to stop prescribing these medicines. Patients prescribed these medicines would be contacted for a review and discussion on how to safely to reduce their use.

## **Vision and strategy**

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

# Are services well-led?

- The registered manager with the support of the provider ensured that the service was continually reviewed for the future development of the service.
- The vision for the service was described in the statement of purpose. The aims described ensured that a consistent and high standard of care would be maintained. The plans to deliver this included:
  - Providing accessible healthcare, which is proactive to healthcare changes, efficiency and development.
  - Providing a personal service offering choice and continuity of care.
  - Promoting high standards of health and safety.
  - Providing ongoing training and development for staff.

## Culture

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

- The service shared examples of feedback received from patients. Comments made in patient questionnaires and the service response to concerns raised by patients showed the culture of the service actively encouraged candour, openness and honesty.
- Patients commented in the service patient questionnaire that the service they received was efficient, accessible specifically the availability of appointments was excellent and stated they would recommend the service to others.
- There were systems and processes in place to enable staff and patients to raise concerns.
- Staff were encouraged and supported to maintain their clinical professional development through training and supervision.

## Governance arrangements

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

- Improvements made following the last inspection in June 2019 ensured that clear arrangements for responsibilities, roles and systems of accountability to support good governance and management were in place.
- Policies and procedures, which were specific to the service to ensure safety had been reviewed and updated.
- Improvements had been made since the last inspection in June 2019 to implement a structured approach to audits, adverse incidents, complaints, risk assessments, patient feedback, education and training and staff performance. Audits completed include the outcomes for patients who have had a vasectomy procedure carried out. The quality of the procedure and the patient experience was also considered as part of the audit. Other audits completed were related to minor surgery, record keeping, infection control and high risk medicines.
- The service held a register of all professional registrations for clinical staff. The register included details of updated professional registration, medical indemnity insurance, Hepatitis B status, and dates safeguarding vulnerable adults and children training was completed.
- Systems had been reviewed to demonstrate that all safety alerts were received and acted on in a timely way.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- Patients were provided with comprehensive information prior to their treatment to support informed consent to treatment.

## Managing risks, issues and performance

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

- There was a comprehensive system to monitor the performance of the service.

# Are services well-led?

- The service used a comprehensive risk management system to reduce avoidable harm to patients and staff. The system provided the service with a tool to monitor compliance and safety performance.
- There were checks in place to ensure clinicians worked within standard operating procedures and safety checklists were completed.

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to improve performance. Performance information was combined with the views of patients.

## **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.**

- Patients were invited to complete a satisfaction survey asking for their feedback about the service they had received. The comments were reviewed on a monthly basis and any issues discussed at the monthly governance meeting. The survey results were collated and discussed with staff.
- The minutes of a team briefing held March 2021 and the minutes of a meeting held on 14 March 2021 was shared with us. These showed that feedback was encouraged from staff. Topics discussed included patient and staff involvement and feedback on their experience, complaints, staffing, COVID-19, training, infection control and risk management.

## **Continuous improvement and innovation**

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

Information shared with us showed that:

- Information we reviewed for this inspection for example, staff qualifications and training, outcome of audits and the minutes of meetings demonstrated a focus on continuous learning and improvement at all levels within the service.
- The service used information and national guidance to inform their practice.
- The provider made use of internal reviews of audits, incidents and complaints and consistently sought ways to improve the service and shared outcomes with staff.
- Staff were encouraged to identify opportunities to improve the service delivered through team meetings, appraisals and open discussions.