

# Extracellular

## Inspection report

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[www.extracellular.co.uk/](http://www.extracellular.co.uk/)

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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?

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 Extracellular as part of our inspection programme. This was the first inspection of this service after the provider had registered with the CQC in November 2021.

Extracellular is a private primary care general practice consultation service. They provide an investigation service including, electrocardiograms (ECGs), blood tests, joint injections, microbiology and pathology and prescribe medicines and treatments. They also refer patients on for radiology, ultrasound and other private opinions as part of the treatment process.

The provider 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 reviewed feedback the service received from two patients. Those patients rated the service as 'Excellent' with five out of five stars.

## **Our key findings were:**

The service had not been previously inspected as having been registered November 2021. Despite the reduced regulated activity as a result of the pandemic, we found the following areas of good practice:

- The service had enough clinical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right treatment.
- The service controlled infection risk well. Staff kept themselves, equipment and the treatment rooms clean.
- Systems for the management of stock and emergency medicines, were operating effectively.
- Staff we spoke with told us how they would care for a patient in a respectful and kind manner.
- The service involved patients in decisions about their care and treatment and considered their individual needs.

# Overall summary

- The service encouraged feedback from patients. Staff encouraged patients to leave an online review or complete a text message survey and these were used to monitor performance.
- The service had ensured staff currently employed, and those with a view to employment in the future, had appropriate inductions and training to cover the scope of their work.

## findings

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

- Consider incorporating mental health questions into the consultation process for patients.
- Consider improving the way that information is collected to make it auditable in the future.

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector and included the services of a CQC Specialist Adviser remotely.

## Background to Extracellular

Extracellular is a private primary care general practice consultation service. They provide an investigation service including acute diseases, electrocardiograms (ECGs), blood tests, joint injections, microbiology and pathology and prescribe medicines and treatments. They also refer patients on for radiology, ultrasound and other private opinions as part of the treatment process.

Extracellular rent treatment rooms based at:

139 Manchester Road

Altrincham

Manchester

WA14 5NS

Extracellular also offer their service off-site at a patient's home which enables the service to adhere to the accessibility standards for all patients.

Information about the service can be found at: [www.extracellular.co.uk](http://www.extracellular.co.uk)

Extracellular was founded by two general practitioners who also work in NHS practices and are familiar and up-to-date with general practice and national guidelines. All treatments are exclusively GP delivered and catered to appointments that suit the needs of the patient.

Extracellular is registered with the Care Quality Commission to provide the regulated activities treatment of disease, disorder or injury, diagnostic and screening and surgical procedures.

The registered manager is one of the general practitioners and the Chief Medical Officer of the organisation. 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.

The service working hours are currently one day a week on a Wednesday from 9am to 5pm. However, once demand increases the service will operate on a Monday to Friday 9am to 5pm basis with plans to further increase, by arrangement, if there is a demand for out of hours.

There are currently two staff associated with the delivery of the regulated activities and the administration. The doctors hold the positions of Director and Chief Medical Officer. The Chief Medical Officer and registered manager is currently providing the patient-facing treatment element of the service.

### How we inspected this service

Prior to our inspection, a 'Provider Information Return' was received from the service and reviewed. During our visit we spoke with the chief medical officer/registered manager for the service. We also:

- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.
- Explored how clinical decisions were made.
- Viewed the patient record system and
- Made observations of the environment specifically the reception area and the office and stock room.

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?

## **We rated safe as Good because:**

The service provided care in a way that kept patients safe and protected them from avoidable harm.

## **Safety systems and processes**

### **The service had systems in place to keep people safe and safeguarded from abuse.**

- The service had a number of systems to keep patients safe and safeguarded from abuse. It had appropriate safety policies, which were reviewed and would be communicated to staff once more staff were employed.
- The provider received safety information directly from appropriate resources. It was the intention of the provider, once more staff were employed, to disseminate safety information to them as part of their induction and refresher training. We saw a system in place to facilitate this.
- Patients from any area could utilise the service and so safeguarding procedures were not specific to any particular area. The safeguarding policies for adults and children identified what constituted a safeguarding incident and directed the reviewer to local safeguarding teams for the area that the patient was resident.
- Both GPs currently employed by the service had undertaken safeguarding training for adults and children to level 3.
- Disclosure and Barring Service (DBS) checks had been undertaken for the current members of staff. The intention was to continue this process for all members of staff who were employed in the future.
- We saw that the facilities and equipment used at the service were safe and that equipment was maintained according to manufacturers' instructions.
- There was an effective system to manage infection prevention and control and we saw that the treatment rooms were clean and hygienic.
- There were systems for safely managing healthcare waste including sharps. Sterile, single use only, medical equipment was used.
- There was a lone worker policy in place which identified the risks faced by lone working staff both on the premises or when visiting patients at home. The provider ensured that lone workers could do so safely.

## **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 now and, in the future, when demand increased.
- There was an effective induction system for future staff employed, tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were appropriate indemnity arrangements in place which provided cover for all treatments provided by the service including those outside of CQC scope of registration.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

## **Information to deliver safe care and treatment**

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

# Are services safe?

- Individual care records were generated using an electronic clinical system and were 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.
- Diagnostic blood test results and an accompanying report were sent via an encrypted message to patients. A follow up call with the GP and/or a doctor was then held, and a private GP appointment was arranged if required.
- All patients were required to provide photographic identification as part of the consultation process prior to receiving any treatments.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Consent to share information with a patient's own GP was mandatory and the service did not see patients who did not provide this consent.

## 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, including emergency medicines and equipment minimised risks. The service kept intravenous infusions, injectables and emergency medicines securely and monitored their use.
- When visiting a patient, medicines were retrieved from the drug cupboard on the premises which was kept locked at all times. No medicines were stored in doctors' bags.
- All private controlled drugs prescriptions were stored within the locked drug cupboard. Boxes of prescription forms were also stored securely and accessible only to authorised staff.
- Emergency drugs were kept within the emergency kit for ease of access but were not locked away. However, the doors to clinical rooms were kept locked at all times and patients were not left alone or without a clinical person present. There was a further locked door to separate access to the Extracellular suite from the main stairway.
- Staff prescribed, administered and supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines which included review by an independent pharmacist, and appropriate records were maintained.
- The service reviewed the prescribing of controlled drugs as part of the audit process of all medicines prescribed. All prescribing, including controlled drugs were part of a review by an independent pharmacist.
- The provider had the contact details for their local NHSE Area Team controlled drugs accountable officer and was aware of their responsibility to raise concerns about unusual prescribing, or patients who may be misusing prescribed medicines. No controlled drugs were stored on the premises.

## Track record on safety and incidents

### The service had systems in place to maintain a safety record.

- The service had evidence of risk assessments for health and safety, infection control, and fire which had been undertaken and organised by the premises owner.
- The service ensured risks relating to the storage of medicines were clearly managed.
- The service had a system to undertake a risk assessment for each patient booking where the patient had requested to receive treatment at their home.

Are services safe?

## Lessons learned and improvements made

# Are services safe?

## **The service learned and made improvements when things went wrong.**

- There was a system and policy in place for recording and acting on significant events. Staff who were employed currently, understood their duty to raise concerns and report incidents and near misses however, since their registration with the CQC the service had not encountered any significant events.
- There was a plan in place to disseminate information about incident reporting to future employed staff during their induction process.
- The provider was aware of the requirements of the Duty of Candour.

# Are services effective?

## We rated effective as Good because:

Patients received effective care and treatment that met their needs.

### 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)**

- We reviewed the initial assessment completed by a client when they made an appointment. The past medical history box relied solely on the patient completing the history openly and honestly and was all free type. There was no facility to audit this information. We discussed this with the provider who told us that all clinical recording systems for private use relied on the personal declarations of a patient as they were not linked to NHS clinical systems. To negate this the service invited patients to download the NHS App which gives access to the patient's own medical records. Patients attending the service would be encouraged to share these during their consultations. The service also insisted on mandatory consent to contact the patient's own GP to corroborate any medical information. In future the service planned to audit this by randomly reviewing medical questionnaires versus the medical records obtained from the GP to ensure the details matched.
- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards.
- Patients having a blood test screening treatment would have a consultation with a doctor which included taking a medical history and exploring what the patient would like to investigate.
- There was a system to manage results from tests. For example, when blood was taken, a task was created and when the results were returned the patient would be contacted to discuss them. This was all part of the original consultation and fee. If there was a significantly abnormal result that required hospital admission, then that could be offered privately or could be led by the patient. Anything cancer related would be discussed with the patient's GP immediately and a two-week referral could be offered via the patient's GP or privately if the patient preferred.
- Results of an electrocardiogram were reported immediately, and any action would be undertaken before the patient left the building.
- We saw no evidence of discrimination when making care and treatment decisions.

### Monitoring care and treatment

#### **There was limited quality improvement activity.**

- The service registered with the CQC in November 2021 and as a result of the pandemic and other circumstances, had undertaken minimal regulated activity. As a result, there was limited quality improvement activity.
- As part of the audit process going forward, all medicines prescribed, including antibiotics and controlled drugs would be reviewed by an independent pharmacist.
- We discussed audit of consultations with the provider. There was no auditable system within the clinical system. The system did not have coding facilities and all audits of clinical care were based on manual review of records. This was feasible whilst the service was small but may become onerous and less effective once demand increased.
- The provider currently used the inbuilt task system (in addition to an independent pharmacist) to monitor prescribing, including serial numbers of private controlled drugs issued, any bloods or histology sampling and any actions and review of referrals sent.

# Are services effective?

- In relation to minor surgery the provider planned to use the in built task system process to follow up all minor surgery procedures, to ensure histology was reviewed and fed back to the patient and that good quality care had been provided.
- The provider held meetings, despite the reduced regulated activities, and discussions were had about future business plans to expand and improve the service for patients. The provider was considering a more appropriate clinically auditable electronic patient record system.

## Effective staffing

### **Staff currently employed by the service had the skills, knowledge and experience to carry out their roles.**

- The GPs were appropriately qualified, and we saw evidence of this.
- The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) were up to date with revalidation.
- Up to date records of training were maintained.
- The service had a service level agreement with the service providing electrocardiogram readings which were completed immediately so that patients received information before they left the building. At the time of our inspection, no patients had accessed this service.

## 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.
- 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.
- Consent to share details of consultations and any medicines prescribed with a patient's registered GP was mandatory. Patients were not seen if they refused this consent. We saw consent received on review of patient records.

## Supporting patients to live healthier lives

### **Staff empowered patients and supported them to manage their own health.**

- Where appropriate, staff gave people advice so they could self-care. Part of the service plan was to deliver lifestyle medicine reliant on evidence-based information to help people lead happier and healthier lives by making improvements in six areas which included healthy eating, physical activity, mental well-being, healthy relationships and a reduction in harmful substances.
- During consultations, risk factors were identified, highlighted to patients and where appropriate, highlighted to their normal care provider for additional support. For example, if an abnormal blood result was identified as part of a patient's diagnostic blood test, patients were encouraged to access care and treatment from their GP or healthcare provider or move forward privately if they preferred.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service.
- The service website included a blog that provided health information such as steps to improve your health, signs and symptoms of skin cancer, how much sun is good for you, and other lifestyle medicine tips.

## Consent to care and treatment

# Are services effective?

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

- Patients were required to give both verbal and written consent prior to treatment which included ensuring patient understanding of the potential risks of treatment and also the limitations of the treatment.
- The service website included a 'Terms and Conditions' section for patients.
- 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 decide, however the service did not routinely ask patients any mental health questions as part of the consultation process.

# Are services caring?

## **We rated caring as Good because:**

During our inspection we were unable to observe any clinical patient interactions or speak with any patients as there were no patient bookings on the day of our visit, however we were able to review online and written feedback from patients which was entirely positive about the service, staff and the treatment they received.

### **Kindness, respect and compassion**

#### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the customer service patients received as well as the quality of the clinical care.
- Feedback from patients was positive about the way staff treat people. Patients described staff as professional and friendly.
- The service gave patients timely support and information. There was information about the services offered on the website as well as “what we don’t do” information for patients such as chronic disease management, cervical screening or review of patients under the age of 18.

### **Involvement in decisions about care and treatment**

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

- We saw through feedback received for the service that patients 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.
- The service website included specific information about the different services and the costs associated with them.

### **Privacy and Dignity**

#### **The service respected patients’ privacy and dignity.**

- Staff recognised the importance of people’s privacy, dignity and respect.
- The clinic environment ensured privacy as only one patient was booked for a treatment at a time and clinicians remained in the room with the patient for the duration of their treatment.
- Patients had the opportunity to request a chaperone if they wished.

# Are services responsive to people's needs?

## **We rated responsive as Good because:**

The service adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.

## **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 facilities and premises were appropriate for the services delivered.
- The provider understood the needs of their patients and improved services in response to those needs. For example, the service could be provided in the patient's own home, if they were unable to use the stairs in the premises.
- At-home appointments were also available for patients whose circumstances made it difficult for them to leave the house.
- The service offered private referral letters, follow up telephone appointments, blood tests, minor surgery and electrocardiograms (ECG). The ECG machine was provided by an independent company who analysed the ECG recording and reported the results immediately via the telephone. This was followed up with an email and a full report by a consultant cardiologist.

## **Timely access to the service**

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

- The service working hours were currently one day a week on a Wednesday from 9am to 5pm. However, once demand increased the service planned to operate on a Monday to Friday 9am to 5pm basis with plans to further increase, by arrangement, if there was a demand for out of hours.
- Patients had timely access to initial consultation, test results, diagnosis and treatment.
- Patients reported that they received a fast and easy service.

## **Listening and learning from concerns and complaints**

### **The service took complaints and concerns seriously**

- The service had a complaint policy and procedure in place and information about how to make a complaint or raise concerns was available on the service website.
- The provider informed us they had received no complaints since the service had registered with the CQC in November 2021, however if a complaint was received, the patients would be treated respectfully, and the issue would be dealt with appropriately to identify a resolution for the patient.

# Are services well-led?

## We rated well-led as Good because:

The way the service was led and managed promoted the delivery of high-quality, person-centre care.

### Leadership capacity and capability;

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

- Leaders were visible and approachable, and they worked closely as a team to deliver the service.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service and the expansion of the clinical team.

### Vision and strategy

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

- The provider had a clear desire to practice evidence-based medicine.
- We were told it was the company's mission to be a well led private medical service promoting safe and effective care and services to their patients and they aimed to treat all patients and staff with respect, dignity and equality.
- We were told staff employed would be aware of and told about the vision and values and their role in achieving them.
- The service had a formalised strategy in place and supporting business plans to achieve priorities.

### Culture

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

- The provider aimed to provide a professional service with equality and diversity at its forefront.
- The service aimed to focus on the needs of patients and staff going forward.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The service was in its infancy but there were processes to ensure staff had the training and development required to undertake their roles in supporting patients.
- There was an emphasis on the safety and wellbeing of staff and patients.
- There were processes in place for providing all future staff with the development they needed going forward. This included appraisal and career goals and personal development conversations and revalidation.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were in place.
- Staff were clear on their roles and accountabilities.
- Leaders had established policies and procedures to govern activity which were available to staff on the online cloud-based drive.

### Managing risks, issues and performance

# Are services well-led?

## **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 provider had adapted and developed the services they offered patients in response to the COVID 19 pandemic.
- Although in its infancy and with limited staff, the service held clinical governance meetings and minutes of those meetings were retained.
- The Chief Medical Officer informed us that peer review of consultations had been planned for the future in order to monitor performance. There had been no incidents or complaints since the provider's registration.
- Due to the limited number of regulated activities undertaken since registration as a result of the pandemic and other circumstances, there had been no clinical audits undertaken to improve quality.
- The provider had a business continuity plan in place and was prepared for major incidents.

## **Appropriate and accurate information**

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

- Patient feedback information was used to monitor performance and the delivery of the quality care.
- There were arrangements in place in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However, the provider had not made any formal arrangements for patient identifiable information if they ceased trading.
- The service adhered to the Data Protection Act 1998 and General Data Protection Regulations in relation to patient information.

## **Continuous improvement and innovation**

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

- The service was committed to improving services however, it was only registered with the CQC in November 2021 and was relatively new as well as being significantly impacted by the pandemic resulting in a limited number of consultations and procedures so far.
- There had been no significant events or complaints since registration with the CQC and therefore there were no examples to demonstrate learning to make improvements to the service.