

# MICAS

## Inspection report

Bolingbroke Medical Centre  
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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 Battersea Healthcare Community Interest Company (BHCIC) on 29 June 2022 as part of our inspection programme. BHCIC first registered with CQC in April 2013. Since that time they have moved location and changed their registered manager. This is the first inspection of this service since the registration changes.

Battersea Healthcare Community Interest Company provide a Musculoskeletal Interface Clinical Assessment Service (MICAS) who provide care to patients with complex musculoskeletal (MSK) conditions who require further investigations, have overlapping symptoms and/or are patients that have not responded to self-management and physiotherapy previously.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Battersea Healthcare Community Interest Company is registered in respect of the provision of treatment of diseases, disorder or injury; diagnostic and screening procedures. Therefore, we were only able to inspect the clinical consultations, examinations and treatments in musculoskeletal medicine.

The head of contract delivery and service manager are the registered managers. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## **Our key findings were:**

- There was an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and monitored.
- There was a system in place to receive safety alerts issued by government departments such as the Medicines and Healthcare products Regulatory Agency.
- Staff had the skills, knowledge, and experience to deliver effective care and treatment.
- Staff assessed patients' needs and delivered care in line with current evidence-based guidance.
- To ensure and monitor the quality of the service, the service completed audits which showed the effectiveness of the service.
- Information about services and how to complain was available and easy to understand.

# Overall summary

- The provider was aware of and complied with the requirements of the Duty of Candour.
- The service held a range of policies and procedures which were in place to govern activity; staff were able to access these policies.
- We saw there was leadership within the service and the team worked together in a cohesive, supported, and open manner.
- The service proactively sought feedback from patients, which it acted on.

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

- Provide sepsis and chaperone training for all members of staff.
- Consider stocking an anaphylaxis kit for medical emergencies and a spill kit.
- Review recommendations from risk assessments so actions can be put in place where necessary.
- Provide protected time for staff to complete training.

**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. The team included a GP specialist advisor.

## Background to MICAS

Battersea Healthcare Community Interest Company- Musculoskeletal Interface Clinical Assessment Service (MICAS) is located at Bolingbroke Medical Centre, Wakehurst Road, Battersea SW11 6BF.

The provider Battersea Healthcare Community Interest Company is located at Mayfield Surgery, 246 Roehampton Lane, London SW15 4AA.

The service website can be accessed through the following link: <https://www.bhcic.co.uk/>

The provider has moved location since the last inspection.

The provider offers a musculoskeletal assessment service for conditions including lower back pain, shoulder and elbow, hands, hips, knee, foot and ankle, persistent pain and rheumatological conditions to patients aged 16 and over.

They also provide patients with a point of access to arrange appointments or ask questions about referrals and clinicians can refer patients to other services such as physiotherapy, rheumatology, orthopaedics, pain clinics or to other services that best support the patient assessment, for example for further investigations such as MRI, ultrasound, x-rays and blood tests.

The services office hours are between 8:30am and 4:30pm Monday to Friday and closed on weekends. The service provides 12 clinics at Bolingbroke Medical Centre throughout Monday to Friday. There is no out of hours provision, service users are directed to contact their GP out of hours.

### How we inspected this service

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre-inspection information which we reviewed.

During our inspection we:

- Spoke with the head of clinical services and governance remotely through video conferencing.
- Spoke with staff (head of contract delivery, service manager, medical director and administrative staff).
- Reviewed personnel files, practice policies and procedures and other records concerned with running the service.
- Reviewed a sample of records.
- Looked at information the service used to deliver care and treatment plans.

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 provider had systems and procedures which ensured that users of the service and information relating to service users were kept safe. Information needed to plan and deliver care was available to staff in a timely and accessible way. In addition, there were arrangements in place for the management of infection prevention and control and reliable systems in place for appropriate and safe handling of medicines.*

*We identified some minor safety concerns that were either rectified on the day of inspection or the provider told us they would be 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.*

## 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 a number of safety policies which were regularly reviewed. These policies were accessible to all staff.
- The provider informed us they had not made any safeguarding referrals in the last year.
- We found that clinical staff and management staff were trained to safeguarding adults and children level three. Staff we spoke to knew how to identify and report concerns. One member of staff we spoke to was not able to give us an example of a safeguarding concern; however, they knew how to seek support if they came across a safeguarding concern.
- Not all staff working as chaperones had received chaperone training. The service told us they would be arranging chaperone training for all staff.
- 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).
- All clinical staff and management had received a Disclosure and Barring Service (DBS) check. The service had carried out a risk assessment to determine whether non-clinical staff needed a DBS check and felt that it was not necessarily due to the lack of contact with patients.
- The service worked 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 had infection prevention and control policies and protocols in place and all staff had carried out infection prevention and control training. The provider carried out regular infection prevention and control (IPC) audits and hand hygiene audits. The premises were clean and tidy.
- There were systems for safely managing healthcare waste.
- We saw sharps bins in the consultation rooms were securely assembled and dated and were not over-filled. Staff had access to sharps injury protocol which provided staff with quick access to information on the steps to be taken in the event of a sharps injury. However, a purple topped sharps bin was found in one of the two consultation rooms during the inspection. Purple topped sharps bin are for cytotoxic waste and the service did not carry out any procedures that required this type of sharps bin. The service told us that this would be removed and the correct sharps bin placed in the consultation room.
- The provider ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. We saw evidence that equipment had undergone portable appliance testing (PAT), dated May 2022 where necessary.

# Are services safe?

- The provider carried out appropriate environmental risk assessments, which took into account the profile of patients using the service and those who may be accompanying them.
- A risk assessment relating to legionella (a term for bacterium which can contaminate water systems in buildings) had been carried out, dated April 2021. One recommendation had been rated high risk and several other medium risk, however no action plan was seen to show the provider had addressed the concerns.

## 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.
- There was an induction system for all staff tailored to their role and staff were required to complete training the provider deemed mandatory which included basic life support, fire safety, moving and handling, data security awareness, conflict resolution and health and safety.
- There were full competency reviews of all staff undertaken on a minimum of an annual basis.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were emergency medicines in place and the medicines we checked were in date. However, the service did not stock their own anaphylaxis kit and would need to rely on the GP practice sharing the building in the event of a medical emergency requiring an anaphylaxis kit. The service told us that they would discuss and make arrangements with regards to stocking their own anaphylaxis kit.
- The service had the use of both a defibrillator and oxygen in case of an emergency. Medicines and equipment were reviewed monthly to ensure they were in date and in a suitable condition to use.
- 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. Staff were knowledgeable about which treatments were covered by their insurance and would refer patients back to their GP if they had any concerns.
- The provider had a detailed clinicians handbook which was reviewed and updated annually or as needed, with key contacts, policies and procedures, service and prescriptions pathways and training requirements.

## 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.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, the service recorded the patient's GP details and requested consent for information sharing purposes when required. We saw examples of when the service had referred patients back to their GP for further investigation.
- Clinicians 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 and equipment minimised risks.

# Are services safe?

- Staff did not prescribe medicines to patients. If clinicians thought a medicine would be beneficial, they would make a recommendation and refer them back to their GP. Processes were in place for checking emergency medicines.
- There were effective protocols for verifying the identity of patients including children aged 16-18.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. We saw evidence of a health and safety audit dated October 2021 which showed 100% compliance with no actions identified.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

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

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The service had recorded eight incidents in the last 12 months. The service kept a log of incidents with actions taken and lessons learnt documented, as well as additional comments and the current stage of the incident.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- 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 members of the team.

# Are services effective?

## We rated effective as Good because:

*The provider had systems and procedures which ensured clinical care provided was in relation to the needs of service users. Staff at the service had the knowledge and experience to be able to carry out their roles. The service had a programme of quality improvement and audits to help drive improvements.*

## 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.**

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The provider ensured that clinicians were following local and national guidelines. The provider told us that 1% of all consultation notes were routinely assessed and feedback given to clinicians.
- We saw evidence of a radiology referral which lacked detail which the provider had picked up in an audit. The provider told us that clinicians had regular discussions to help improve their referral processes.
- The provider had developed a joint injection policy to improve the quality of care for their patients. The policy had been co-written by the MICAS clinical leads and last reviewed in July 2021.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

## Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. The service made improvements through the use of audits.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- We saw evidence of a clinical documentation audit carried out in April 2022. The purpose of this audit was to ensure that the MICAS clinicians were complying with national, regional, and local clinical record keeping requirements. Eighteen clinical records from all clinicians were chosen at random for review by administrative staff. The audit found that the overall note keeping standards were high; however there was room for clinicians to improve further regarding overuse of abbreviations and adding more detail when documenting allergies.

## Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. There was a training matrix in place to give the manager an overview of when training was due and the dates training had been completed.



# Are services effective?

- Staff told us that when training is completed outside of working hours, they are not routinely given their time back. Leaders told us they would ensure staff are given protected time to complete training going forward.
- There was an appraisal system in place and staff had an annual appraisal. There was also an annual review by the clinical director of Battersea Healthcare (BHCIC).

## 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.
- 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. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation when required.
- The provider had risk assessed the treatments they offered. Where patients agreed to share their information, the provider told us that letters were sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- 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. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

## 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.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## 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.

# Are services caring?

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

*The service treated service users with kindness, respect and dignity. The service involved service users in decisions about their treatment and care. Staff we spoke with demonstrated a patient-centred approach to their work and were able to describe how lessons were learnt and actions were taken when things went wrong.*

## **Kindness, respect and compassion**

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

- The service sought feedback on the quality of care patients received.
- Feedback from patients was positive about the way staff treat people. Service users were sent feedback questionnaires after their appointments via text message.
- Staff 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 if this was required, however this would have to be requested at the point of booking or another appointment would have to be made.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, easy read materials were available.

## **Privacy and Dignity**

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

- Staff 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.

# Are services responsive to people's needs?

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

*The provider was able to provide service users with timely access to the service. The service had a complaints procedure in place, and it used service users' feedback to make adjustments and improve quality of care.*

## **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, translation services were available
- The facilities and premises were appropriate for the services delivered.
- 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, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way.

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

**The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- 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.
- The service had complaint policy and procedures in place. It acted as a result to improve the quality of care.
- There had been eight complaints and concerns in the last 12 months. The provider showed us a spreadsheet where all concerns, complaints and compliments had been documented with actions taken. The spreadsheet had a lessons learnt column, however it did not have any lessons learnt documented.

# Are services well-led?

## We rated well-led as Good because:

*Service leaders were able to articulate the vision and strategy for the service. Staff worked together to ensure that service users would receive the best care and treatment that would allow patients to lead active lives. There were good systems in place to govern the service and support the provision of good quality care and treatment. The service used patient feedback to tailor services to meet patient need. Staff reported that the service supported and ensured the wellbeing of its staff.*

## 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.
- The registered managers were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff commented positively on the leadership within the service and told us that they felt supported by management and there was effective communication between staff.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- There was a management structure in place across the service and the provider. There were clear lines of communication between staff based within the service and the wider management structure.

## Vision and strategy

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

- The service told us they had a clear vision and mission, which was:
- *To be known as a leading promoter of quality services and innovation, supporting primary care services in Wandsworth to be resilient and prepared to meet the changing face of general practice.*
- *Battersea Healthcare CIC will improve services and provide exceptional healthcare to the Wandsworth community through collaborative working with partners and stakeholders.*
- 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.

- Staff felt respected, supported and valued. Staff we spoke with were proud to work for the service; however, they did feel that staffing levels needed to be improved.
- The service focused on the needs of patients. At the time of the inspection, there were no female clinicians working at the service. The provider had not fully assessed the potential risk to patients or accessibility issues that could arise regarding this. The provider told us that they have been actively recruiting for more clinicians and will appoint the most suitable clinicians for their service, regardless of gender.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

# Are services well-led?

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints and these were discussed at team meetings, with the meeting minutes circulated. 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 which took place annually.
- There was a strong emphasis on the safety and well-being of all staff.
- The service promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Leaders told us that they planned to have quarterly extended team meetings for the whole organisation which included a social and team building element at the end of the meeting.
- The provider told us that they had made significant investments in technology and that staff were still able to work from home where necessary.

## 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 clearly set out, understood and effective.
- 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 processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.

## Appropriate and accurate information

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

- There were regular staff meetings. Staff reported they were able to raise concerns. Clinical governance meetings were held regularly and feedback was given at site level.
- The service used performance information to monitor and manage staff.
- The service had information technology systems. All clinical records were completed on the computer.

## Engagement with patients, the public, staff and external partners

# Are services well-led?

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

- Patients, staff and external partners' views and concerns were heard and acted on. The provider informed us they had made the following changes following patient feedback:
- *Following confusion on where to go when patients were sent to satellite sites, for example hospitals, the service made sure all information was made clear on the referral letter and service users were reminded of where to go via a text message before their appointment.*
- Staff could describe to us the systems in place to give feedback.
- The provider regularly obtained patient feedback which included a log of all complaints and positive feedback, with actions taken documented and quarterly patient experience surveys. We looked at the patient experience data for the period January to March 2022, which had 98 replies (11.4%) and showed 73.4% of patients would be extremely likely to recommend the service to family and friends if they needed similar care or treatment.
- The provider had plans to develop the service, and had identified and documented their priorities for the next year which included:
- Clinical effectiveness: making use of the best knowledge from research, clinical experience and by listening to patients, to achieve the best outcomes of care.
- Patient safety: always improving and a commitment from all individuals to practice safely.
- Patient experience: improving patient experience at all stages of interaction.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints.
- The provider had plans to develop the service, and had identified and documented their priorities for the next year which included:
- Clinical effectiveness: making use of the best knowledge from research, clinical experience and by listening to patients, to achieve the best outcomes of care.
- Patient safety: always improving and a commitment from all individuals to practice safely.
- Patient experience: improving patient experience at all stages of interaction.