

East Quay Medical Centre

Inspection report

East Quay
Symons Way
Bridgwater
Somerset
TA6 4GP

Tel: 01278 444666
www.eastquaymedicalcentre.com

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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?

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

East Quay Health Ltd was established in 1992 and is registered with the Care Quality Commission (CQC) as a provider of a minor surgery service, available to all GP practices in Somerset. As a provider, its regulated activities are carried out at a specific location. In this instance the carrying out of those regulated activities takes place within East Quay Medical Centre where it has its own suite of rooms, including a theatre, consultation room, recovery room, sluice room and a small waiting area. All rooms are situated on the ground floor and are all fully accessible to patients who may have mobility issues.

For the purposes of this report, reference to Easy Quay Medical Centre refers to the provision of the minor surgery service provided by East Quay Health Ltd at East Quay Medical Centre and is not the provision of NHS services provided by East Quay Health Ltd at the same location. Those are separately regulated activities.

A previous inspection was carried out of East Quay Medical Centre on 28 November 2017 when we inspected the provision of minor surgery services. At that time, we did not rate the service but found the provider had met the requirements for providing safe, effective, caring, responsive and well led care and that there were no breaches of regulations.

We carried out this comprehensive inspection at East Quay Medical Centre on 6 December 2019 as part of our inspection programme.

The Practice Manager is the registered manager. A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they

are 'registered persons' who 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 is registered with the CQC to provide acute services and surgical procedures.

Our key findings were:

- The service had systems in place to monitor the quality and safety of the service and had a clear vision and strategy to deliver high quality care for patients.
- There was a clear governance framework in place, underpinned by policies and procedures which were understood and followed by staff.
- Leaders understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- There were clearly defined systems, processes and practices to minimise risks to patient safety and there was an open culture to reporting and acting on concerns. Staff were involved with the learning from incidents and if things went wrong, staff apologised and gave patients honest information and suitable support.
- Information about services was available and easy to understand.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was an effective system in place for obtaining patients' consent.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service was responsive to peoples' needs, offering weekend appointments on an as needed basis.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to East Quay Health Ltd

East Quay Health Ltd provides a minor surgery service, available to all GP practices in Somerset, and which enables their patients to receive a small range of surgical treatments, under local anaesthetic, without the need to attend hospital.

The service is only accessible to patients following either a private or NHS referral from their own GP with procedures then being funded either privately or by the NHS. Costs are dependent upon the procedure required.

Typical minor surgery procedures include vasectomy (male sterilisation), sigmoidoscopy and pile banding (treatment for haemorrhoids), excision/biopsy of skin and subcutaneous tissue, and surgical treatment of ingrowing toenail.

The service runs very much upon demand but typically there are two to three sessions per week, on variable days, and one to two Saturdays per month.

Two surgeons who have substantive posts at NHS hospitals share their expertise with another surgeon, who is now also a GP, but who continues to provide surgical support to the service. They are supported by two experienced theatre nurses, an administrator and a registered manager who is also the practice manager for the host GP practice - East Quay Medical Centre.

East Quay Health Limited is a private company with its directorship and governance formed by the 11 partners of the host organisation, East Quay Medical Centre.

We carried out this inspection on 6 December 2019 and before visiting, we looked at a range of information that we hold about the service and information submitted by the service in response to our provider information request.

During our visit we interviewed clinical and non-clinical staff and reviewed documents. We did not speak to patients on the day of inspection as no procedures were being carried out.

We obtained positive feedback about the service from six CQC comment cards which had been completed by patients who had recently used the service. Comments referred to the care and attention that patients had received; being kept informed of the procedure being undertaken and professionalism of all staff.

We also used information from East Quay Health Limited's own post-operative patient satisfaction survey forms. This is part of the service's follow up process and we saw from the 62 survey forms received, that patient satisfaction was high

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 found that this service was **good** in providing safe services in accordance with the relevant regulations.

Safety systems and processes.

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

- The service had defined policies and procedures. The service had experienced no significant events during the last 12 months, but we saw evidence of a system in place for reporting and recording significant events and complaints. We also saw evidence of template action plans and how learning would take place from any reported significant event or complaint.
- The service conducted safety risk assessments including health and safety assessments, portable appliance testing and calibration of equipment. The service had appropriate safety policies, which were regularly reviewed.
- The service had systems to safeguard children and vulnerable adults from abuse. Policies were in place for adult and child safeguarding and staff were aware of things to look out for. Staff had received safeguarding training at the level appropriate for their role.
- We found the premises appeared well maintained and arrangements were in place for the safe removal of healthcare waste.
- There was an effective system to oversee and manage infection prevention and control and we saw a recent legionella risk assessment (legionella is a term for a bacterium which can contaminate water systems in buildings) together with procedures for monitoring water quality.
- The service would carry 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).

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.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- Staff were suitably trained in emergency procedures and they had access to an automated external defibrillator (AED) to deal with relevant medical emergencies as well as adrenaline to deal with anaphylactic shock and oxygen which is considered essential in dealing with certain medical emergencies (such as acute exacerbation of asthma and other causes of hypoxaemia).
- Staff had received annual basic life support training.
- The service had a comprehensive business continuity plan for major incidents such as power failure or building damage.
- There were appropriate indemnity arrangements in place to cover potential liabilities.
- We saw evidence that electrical equipment was checked to ensure it was safe to use and was in good working order.

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 and accessible.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to securely retain medical records.
- The service had a system for requesting and checking patient identity, including checks at the registration stage, at appointment booking and before consultation or treatment.

Safe and appropriate use of medicines

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

- The service had all commonly used medicines that would be required in the event of an emergency.
- There was a system for managing and storing equipment and medicines.
- The service kept prescription stationery securely and monitored its use.

Are services safe?

- The surgeons prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety

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 that led to safety improvements.

Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

- Staff were aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

- All staff understood what constituted a serious incident or significant event and confirmed that they were aware of how to deal with unexpected or unintended safety incidents. The service had protocols to give affected people reasonable support, truthful information and a verbal and written apology, if such incidents arose.
- There was a system for receiving and acting on safety alerts. The service received national patient safety, medical devices and medicines alerts. All relevant alerts were discussed with staff, acted on and stored for future reference

Are services effective?

We found that this service was **good** in providing effective services in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The provider had systems to keep up to date with current evidence-based practice.

- We saw evidence that the surgeons assessed needs and delivered care and treatment in line with current legislation, standards and guidance. such as the National Institute for Health and Care Excellence (NICE).
- Patient's immediate and ongoing needs were fully assessed. Where appropriate, this included their clinical needs and their mental and physical wellbeing.
- Patients completed a comprehensive questionnaire regarding their previous medical history.
- We saw no evidence of discrimination when making care and treatment decisions.
- The surgeons assessed and managed patients' pain where appropriate.
- Patients were provided with post-operative care and information sheets. Occasionally, patients returned for monitoring and redressing of wounds when required. This was rare however, and most patients were referred to their own GP surgery for follow up care and support.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service had a programme of quality monitoring and improvement activity to review the effectiveness and appropriateness of the care provided. Completed audit and compliance checking activity included infection prevention and control audits, fire and health and safety risk assessments and staff training audits.
- The service routinely carried out audit of histology results, post-operative infection rates and complications. They sought patient and GP feedback to establish if there were any further issues that had arisen post-operatively. We saw where audit and outcomes were discussed within the team and changes had been implemented. This had included reviewing and updating patient information leaflets.

Effective staffing

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

- All staff had the skills, knowledge and experience to carry out their role.

- All staff were appropriately qualified, and we saw several certificates which demonstrated relevant and up to date knowledge. Nursing staff who also worked as practice nurses with the host GP practice maintained their clinical knowledge with on-going training. This included health and safety, safeguarding and basic life support.
- The surgeons were registered with the General Medical Council (GMC).
- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation. All staff had received an appraisal within the last 12 months.
- There was a clear approach for supporting and managing staff if their performance was poor or variable.
- Registered professionals were up-to-date with their Continuing Professional Development (CPD) and were supported to meet the requirements of their professional registration.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance.
- Staff had access to and used e-learning training modules, external learning and in-house training.

Coordinating patient care and information sharing

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

- Before providing treatment, the surgeons 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.

Are services effective?

Supporting patients to live healthier lives

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

- Where appropriate, the surgeons gave patients advice, so that they could self-care.
- Risk factors were identified and highlighted to patients.
- Where patients' needs could not be met by the service, the surgeons 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.

- The surgeons understood the requirements of legislation and guidance when considering consent and decision making.
- The surgeons supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Patients had already discussed their needs with their own GP and had asked to be referred to the service. Surgeons at the service checked with patients their understanding of the planned procedure, potential risks and outcomes from the procedure before they completed a consent form.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We found that this service was **good** in providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The surgeons understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received six CQC comment cards from patients and all were wholly positive about the service experienced.
- Consultation room doors were closed during consultations; conversations taking place in the waiting area could not be overheard.
- Staff cared for patients with compassion.
- Feedback from 62 patient survey forms confirmed that staff treated them well, with kindness and respect and that patient satisfaction was high.

Involvement in decisions about care and treatment

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

- Staff worked hard to make the patient experience as pleasant as possible. The surgeons ensured patients

were fully consulted and patients were encouraged to ask questions at any time. Patient feedback was overwhelmingly positive about the surgeons and staff, and the care they provided.

- We were told that any treatment, including fees, was fully explained to the patient prior to their appointment and that people then made informed decisions about their care. Standard information about fees was available in a patient leaflet.
- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.

Privacy and Dignity

The service respected and promoted 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. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients.

Are services responsive to people's needs?

We found that this service was **good** in providing responsive services in accordance with the relevant regulations.

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 service understood the needs of their patients and improved services in response to those needs. For example, prior to attending the clinic, the surgeons would, on occasions, speak to the patient to determine their needs and invite them to attend an appointment or refer them to an alternative and more appropriate service.
- Surgery sessions were held two to three times per week and was flexible in relation to times of appointments making the service more accessible to those patients who worked or relied on relatives for transport.
- Saturday morning appointments were also available on an as and when needed basis.
- The facilities and premises were appropriate for the services delivered. The service was based within East Quay Medical Centre where it has its own suite of rooms, including a theatre, consultation room, recovery room, sluice room and a small waiting area. All rooms are situated on the ground floor and are all fully accessible to patients who may have mobility issues.
- The service had a system in place to gather regular feedback from patients after each consultation or procedure. They also used in house patient surveys to obtain patients' views about the service.

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 and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

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.
- 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.
- There was a poster in reception which displayed how patients could make a complaint. There had been no complaints in the previous year, but we did review the complaints policy, saw how complaints would be dealt with and the processes that were in place for learning from complaints.

Are services well-led?

We found that this service was **good** in providing well-led services in accordance with the relevant regulations.

Leadership capacity and capability

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

- The registered manager had overall responsibility for the management and day to day running of the service but was supported clinically by the 11 partners of the host organisation, East Quay Medical Centre.
- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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 planned its services to meet the needs of service users.
- Leaders had a clear vision, embedded in the service culture, to deliver high quality care for patients. There was an overarching governance framework which supported the delivery of high-quality care and promoted good outcomes for patients.

Culture

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

- The service focused on the needs of patients.
- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Feedback from staff confirmed that they felt able to 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.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.

- 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.

- 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.
- The practice had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There was a focus on continuous learning and improvement.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- Quality and sustainability were discussed in relevant meetings where staff had access to information.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The registered manager had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.

Managing risks, issues and performance

There were clear and effective/was no clarity around processes for managing risks, issues and performance.

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

Are services well-led?

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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.

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 encouraged and heard views and concerns from the public, patients, staff and external partners and

acted on them to shape services and culture. After each attendance, patients receive a patient satisfaction survey. We saw examples of these and the positive responses that they contained.

- Staff could describe to us the systems in place for them to give feedback via practice and clinical meetings and we saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was no 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. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.