

CHRISTCHURCH PHARMACY LIMITED

CHRISTCHURCH CLINICS

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 5 March 2019 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations.

Are services caring?

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

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of most, but not all, of the services it provides. At Christchurch Clinics, the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we were only able to inspect services related to our regulation. The GP 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 received feedback about the regulated service through comment cards from 44 people. People told us that staff were caring and that they were treated with dignity and respect. They told us staff were friendly and helpful.

Our key findings were:

- There was a process in place for significant events, that was in line with the Duty of Candour.
- There were some systems in place to identify, assess and manage risk.

Summary of findings

- There were no formal processes in place to check patient's identities or whether the adult with a child had parental responsibility. Following our inspection, the provider implemented a protocol to check identities and parental responsibility.
- There was no formal process for documenting consent to speak with patients' GPs. Following our inspection, the provider updated their registration process so show information was shared with the NHS GP unless the patient opted out of this.
- There were emergency medicines kept on site in case of anaphylactic shock. There were no other emergency medicines kept, no oxygen and no defibrillator and no risk assessments to support these decisions. Following our inspection, the emergency medicines and equipment kept were reviewed and risk assessed and appropriate actions were taken.
- There was a system in place for the safe recruitment of staff.
- The immunisation status of staff was not routinely sought on recruitment. Following our inspection, the provider implemented a protocol for checking staff immunisation status.
- Staff had access to appropriate training for their role.
- Information relating to patients was accurate and enabled staff to make appropriate treatment choices.
- The service kept up to date with latest guidance. They used this as appropriate to their service.
- Patients could make an appointment to suit their needs and wishes.

- There were systems in place to respond to incidents and complaints.
- There were limited processes in place for quality improvement. Only one audit had been completed.
- Most policies and procedures relevant to the management of the service were in place and kept under review. However, some policies did not contain a drafting date or review date. There were a couple of procedures/ policies which also needed minor amendments to be fully relevant to the service.
- Staff were aware of their roles and responsibilities.
- There was a clear leadership structure in place.

There were areas where the provider could make improvements and should:

- Review policies and procedures to ensure it is clear they are the current version and are fully personalised to the service.
- Introduce a programme of quality improvement activity.
- Ensure that the new systems implemented since inspection, for the checking of patient's identity and parental authority, information sharing with GPs, the recording of the immunisation of staff and the storage of appropriate medicines and equipment for use in a medical emergency, is maintained over time.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

CHRISTCHURCH CLINICS

Detailed findings

Background to this inspection

This service is provided by Christchurch Pharmacy Limited. Christchurch Clinics is a private medical clinic in Braintree, Essex. The service has a small car park at the back, which can be accessed free of charge by patients attending the clinic. Entrance to the service is intercom controlled. This service is provided to both adults and children.

The regulated aspects of this service are provided by GMC and NMC registered clinicians as well as a health care support assistant. Support is provided by a service manager and administrative staff who are shared between Christchurch Pharmacy Limited different services. Christchurch Clinics provides general medical services including health screening, contraception and vaccinations. The service also provides treatment for hyperhidrosis (excessive sweating). The service provides the regulated activities of: Treatment of disease, disorder or injury; Diagnostic and screening procedures; and Family Planning.

We completed an inspection on 5 March 2019. Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Before visiting, we reviewed a range of information we hold about the service.

During our visit we:

- Looked at the systems in place for the running of the service.
- Explored how clinical decisions were made.
- Viewed a sample of key policies and protocols which related to regulated activities.
- Spoke with staff involved in the regulated activities.
- Checked the environment and infection control measures.
- Observed staff interactions with patients via telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We found that this service was not providing safe care in accordance with the relevant regulations.

There was a lack of emergency medicines, equipment and gases recommended by guidance and no risk assessments in respect of these decisions. There were no formal systems in place to check patient identity and/or parental responsibility. The immunisation status of staff was not routinely sought.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right.

Since the inspection, the provider has provided evidence that the necessary improvements have been made.

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff, although some dates were missing, and required details adding to fully personalise to the service. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service did not have a system in place to assure that an adult accompanying a child had parental authority to give consent for treatment. Staff told us that they asked the accompanying adult if they had responsibility but no other check was completed. Following our inspection, the practice sent us evidence of new protocols to address this.

- The service worked with other agencies, as appropriate, 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 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). We identified that the immunisation status of staff was not routinely sought. Following our inspection, the provider sent us evidence of an immunisation protocol for staff and staff immunisation status.
- There was an effective system to manage infection prevention and control. The premises and equipment viewed was visibly clean and there were cleaning checks in place.
- The service had a chaperone policy and staff who chaperoned had undergone appropriate training and had received a DSB check.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety. The systems assessing the need for emergency medicines and equipment required strengthening.

- We found that there were enough staff, including clinical staff, to meet demand for the service.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Are services safe?

- There were appropriate indemnity arrangements in place to cover all potential liabilities. Staff informed us that when additional services were provided, a conversation took place with insurers to check that this additional service was covered.
- The service did not have all emergency medicines recommended in the British National Formulary (BNF). There was no supply of oxygen on the premises, or a defibrillator and a risk assessment had not been carried out in respect of these decisions. Therefore, the service was not able to demonstrate that they could adequately deal with a medical emergency. Following our inspection, the practice sent us evidence of risk assessments for which emergency medicines and equipment was required, this satisfied us that they had the appropriate medicines and equipment either onsite or within a very short distance.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients, however this could be strengthened.

- 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 some systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. However, the processes around communication with a patient's own NHS GP, and how to evidence the withholding of consent to share information, required strengthening. For example, we viewed a patient record which did not show consent to communicate with GP and did not evidence that the patient had declined for information to be shared. Following our inspection, we saw that the practice had amended their online registration form to show that information would be shared with the patient's NHS GP as routine unless the patient specifically opted out of this.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The systems for the appropriate and safe handling of medicines, required improvement in relation to patient identity checks.

- The systems and arrangements for managing medicines, including vaccines, minimised risks. There was an effective cold chain system in place and appropriate checks on refrigerators.
- Staff prescribed, administered or 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 and staff kept accurate records of medicines.
- There was no formal system in place for checking the identity of patients including children. Following our inspection, the practice provided evidence of a new protocol for checking patients' identities.

Track record on safety

The service had a good safety record.

- There were environmental 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.

- 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.
- 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. For example, when administrative errors were made in the recording of the vaccinations received by a family, the provider contacted the family and reviewed their processes to try to prevent reoccurrence.
- 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 had systems in place for knowing about notifiable safety incidents.

Are services safe?

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all relevant members of the team.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was not providing effective care in accordance with the relevant regulations.

We found that there was a lack of structure for quality improvement activities. Systems around information sharing could be strengthened.

Since the inspection, the provider has provided evidence that improvements in relation to information sharing have been made.

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.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions. The provider made it clear to patients what services were offered and the limitations of the service. The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The practice had completed an audit for their yellow fever vaccinations, as required to maintain their accreditation.
- There was no evidence of other quality improvement activity.

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 (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider 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.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment. However, systems to document patient's consent preferences around information sharing required work.

- 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.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma.
- Patient information was shared appropriately and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

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.

Are services effective?

(for example, treatment is effective)

- 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, or support was offered at the service. For example, smoking cessation was offered.
- Where patients need 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.
- As referred to earlier in this section of the report, processes around the documentation of information sharing consent needed strengthening.

Are services caring?

Our findings

We found that this service was not providing effective care in accordance with the relevant regulations.

We found that there was a lack of structure for quality improvement activities. Systems around information sharing could be strengthened.

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/did not assess 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.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions. The provider made it clear to patients what services were offered and the limitations of the service. The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group.
- Staff assessed and managed patients' pain where appropriate.

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- The provider 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.
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Staff worked together, and worked well with other organisations, to deliver effective care and treatment. However, systems to document patient's consent preferences around information sharing required work.

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- Patient information was shared appropriately and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

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.

Are services caring?

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support, or support was offered at the service. For example, smoking cessation was offered.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.
- 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.
- As referred to earlier in this section of the report, processes around the documentation of information sharing consent needed strengthening.

Consent to care and treatment

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was 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 provider understood the needs of their patients and improved services in response to those needs. For example, they took feedback gained from pharmacy patients of gaps in local service provision and where possible looked to provide that service.
- The facilities and premises were appropriate for the services delivered. The service had a clear list of exception to treatment in line with the level of skill and suitability of premises.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the service had arranged a member of staff with a wheelchair to take a patient, with mobility issues, from their home (within the same road) to the service, in order for them to access this.

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 was open Monday to Friday 9am to 5pm. Access to the GP was offered Mondays, Tuesdays and Thursdays 9am to 5pm. Extended hours were offered upon request Monday, Wednesdays and Fridays, 7pm to 8pm. This was clearly set out in all the service's literature and on their website.
- Patients pre-booked appointments directly with the clinic and we saw no feedback to indicate that there were any delays in treatments. For patients requiring urgent access to treatment the clinic was able to extend its same day hours if required, on the days the GP offered the service.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had processes in place to respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available online and in the waiting area.
- There was a system in place for complaints, however there were no complaints relating to regulated activities.
- There was a clear process for complaints which included a subsequent analysis and the sharing of learning.

Are services well-led?

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

Our findings

We found that this service was 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.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- Leaders were visible and approachable.
- The provider had effective processes to develop leadership capacity and skills.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy to achieve priorities.

Culture

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

- Staff told us that they felt supported
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they were 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 appraisals. Staff were given protected time for their development. Some staff were part of an apprenticeship scheme and they told us that the service fully supported their needs.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.

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, and understood.
- Staff were clear on their roles and accountabilities.
- Leaders had established policies, procedures and activities to ensure safety. However, some of these processes required review to ensure that all risks had been addressed.

Managing risks, issues and performance

Some of the processes for managing risks, issues and performance required strengthening.

- There were some processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, risk assessments around emergency medicines and equipment, and to determine recruitment processes around staff immunisation status, had not been completed. There was also a lack of system for patient identity checks and parental authority checks. Following our inspection, the provider supplied evidence to show that systems and protocols around these areas had been implemented.
- Leaders had oversight of safety alerts, incidents, and complaints.