

Medicare Reading Limited

Medicare

Inspection report

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Overall summary

At our last inspection carried out on 20 July 2018 we found the provider was not providing well led care. Whilst improvements had been made from an earlier inspection, governance processes to improve safe provision of care had not been embedded and tested. Consequently, the provider had breached relevant regulations and we issued a warning notice which the provider was required to comply with by 31 October 2018.

At this focused inspection we found the provider had continued along a path of improvement and had met the requirements of the warning notice. Due to the focused nature of the inspection we gathered evidence and applied a judgement to the question of whether the provider was providing well led care.

Our findings were:

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 as a focused inspection to check whether the service had taken the actions to meet the requirements of the Warning notice issued to them following inspection on 20 July 2018.

When we carried out the July inspection we continued to find the service was not meeting all the legal requirements and regulations associated with the Health and Social Care Act 2008.

Specifically, we found the provider had breached the regulation relating to provision of: Good governance.

The provider had continued to send CQC a weekly report of prescribing undertaken and progress made against their improvement action plan. At the inspection on 14 November 2018 we found the provider had continued to make significant improvements and had tested the implementation of some improvements via auditing and review.

Medicare Reading Limited is registered with Care Quality Commission (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. Some of the services available at Medicare Reading are exempt by law from CQC regulation. Therefore we were only able to inspect the regulated activities as part of this inspection.

The provider has a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Due to the focused nature of this inspection we did not seek feedback from people using the service. We reviewed policies and procedures in place to support the management of the service, spoke with staff and reviewed patient records to corroborate our findings.

Our key findings were:

- The provider had introduced a system to receive and act upon safety alerts.
- Safeguarding systems in place were appropriate. Staff had a clear understanding of safeguarding processes and their knowledge had been tested during training.
- A programme of clinical audit and review was in place and audit outcomes were recorded and shared.
- There was a system of one to one meetings with clinicians to discuss clinical performance and development.

- Appropriate clinical and prescribing guidelines had been introduced. Adherence to these guidelines was being monitored.
- Systems had been put in place to identify, assess and manage risk. For example, the quality of medical records was being monitored.
- The provider sent information to the patient's registered UK GP to support continuity of care.
- Staff received training appropriate to their role and appraisal systems had been improved.
- Medicines for use in an emergency were appropriate and security of medicines had been improved.

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

- Improve the process for staff acknowledging receipt and understanding of policies and guidelines. Staff recording their receipt of such documents did not date the document when they had read it.

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Detailed findings

Background to this inspection

Medicare Reading Limited (also known as Medicare Polsky Lekarze) provides private GP services to adults and children. There is also a range of other private health care services including; dermatology and gynaecology. The registered provider is Medicare Reading Limited.

Services are provided from:

- Medicare Reading Limited, 603 Oxford Road, Reading, Berkshire RG30 1HL

Medicare Reading Limited was founded in 2013 and is located in converted privately owned premises within Reading, Berkshire. All Medicare Reading Limited services, including GP services, are provided from the same premises, which contain two treatment rooms, two dental suites and an office. There is an open plan reception area and waiting area with seating.

The team at Medicare Reading Limited consists of two doctors on the specialist register for internal medicine, undertaking general practice services, ultrasound and electrocardiograms, (one female and one male), three gynaecologists (two female and one male), a practice manager and three receptionists. Medicare Reading also provides GP services to patients from foreign countries that require medical assistance whilst visiting the UK from abroad. These are mostly one-off consultations.

Medicare Reading has core opening hours of Monday to Sunday from 7am to 11pm. This service is not required to offer an out of hours service but does offer an emergency out of hours contact number on its website and patient literature. Patients who need urgent medical assistance out of corporate operating hours are also requested to seek assistance from alternative services such as the NHS 111 telephone service or accident and emergency.

The inspection on 14 November 2018 was led by a CQC inspector who was accompanied by a GP specialist advisor.

We informed the local Clinical Commissioning Group (CCG) that we were inspecting the service and did not receive any information of concern from them.

During our visit we:

- Spoke with a range of staff, including the clinical lead for the service, an internal medicine doctor who provides GP services, a member of the reception team, the registered manager and the practice manager who manages the full range of services.
- Looked at information the service used to deliver care and treatment plans. This included the CQC GP advisor corroborating evidence by reviewing patient records.
- Reviewed documents relating to the service.

To get to the heart of patients' experiences and the processes in place to govern provision of service we specifically asked the following question:

- Is it well-led?

This question therefore formed the framework for the areas we looked at during the inspection.

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

The provider had continued to make improvements within the governance systems. Governance processes found to be weak, or in early stages of implementation, at our previous inspection had been reviewed and tested wherever possible.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Detailed findings

- The practice had a clinical governance framework which was supporting the delivery of safe, effective and responsive care.
- The provider's vision to deliver high quality care and promote good outcomes for patients was supported by emerging governance processes.
- The levels of risk found at this inspection had been further reduced. Appropriate systems had been implemented and had, where possible, been evaluated by the provider.
- There was a leadership structure in place. This was supported by a meeting structure that included clinical governance and development and sharing of management information and learning.
- The service encouraged and valued feedback from patients and staff.

Are services well-led?

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

Our findings

At the previous inspection in July 2018 we found the provider was not always providing well led services to patients. Governance processes were new and had not been embedded in the day to day running of the service. At this inspection we found that the service was providing well-led services in accordance with the relevant regulations.

Leadership capacity and capability

The provider had reduced the levels of risk found during our previous inspections in February, April and July 2018. The provider held records of the clinical supervision and oversight of the clinical leader working with clinical staff on improvements. For example, there were monthly reviews of a sample of clinical records to check their completeness. Our review of 12 clinical records found all to contain relevant detail completed clearly in order that all staff would recognise the care and treatment received by the patient.

There was a programme of regular checks and audits on the work of the practice. For example, the practice had reviewed their performance in dealing with test results returned from the pathology laboratory or x-ray reports. The outcome showed that all test results were reviewed and action taken within 24 hours of receipt. The check also identified that when a test result was relevant to the patient's registered NHS GP a copy was sent to the them. (Some test results were specific to patient's returning to Poland for treatment and not relevant to the NHS GP).

The clinical lead undertook regular visits to the practice. They led the clinical governance group and carried out regular clinical supervision discussions with the clinicians at the practice.

Vision and strategy

The provider had a written statement of their vision to provide a high quality responsive service that put caring and patient safety at its heart. In July 2018 the provider shared the vision with staff and set out a strategy for achieving this. This included setting tasks for the clinical lead to achieve with the clinicians working at the service. For example, to establish an audit programme.

The strategy was reviewed after three months. The review identified that tasks were either completed or underway. For example, the review identified that clinicians in the

service were now offering leaflets and other written material to support patient treatment and were offering additional services such as physiotherapy for long term back pain.

Culture

There was a leadership structure in place that supported staff.

- Clinical staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the manager and the clinical lead.
- We spoke with a member of the reception staff team. They were able to identify how the provider kept them involved in the developments underway in the service. For example, they told us about team meetings which enabled them to be kept informed of policies and procedures. They also demonstrated that learning had been undertaken in both how to identify patients with possible life threatening symptoms and how to deal with potential abuse.
- The service told us they had an open and transparent culture. We were told that if there were unexpected or unintended safety incidents, the service would give affected patients reasonable support, truthful information and a verbal and written apology. This was supported by an operational policy. We were unable to test this because there had not been any significant incidents since July 2018.

Governance arrangements

The practice had a governance framework which was supporting the provision of safe, effective and responsive care.

- There was a system in place to ensure safe prescribing guidelines were followed. A set of prescribing guidelines from a UK health authority had been adopted and shared with clinical staff. The clinical lead provided management of medicines and reviewed the prescribing decisions of clinicians. We reviewed the prescribing for 12 patients and found that in 10 of the 12 records we reviewed, UK prescribing guidelines were followed. The two instances where prescribing did not follow UK guidelines were assessed as low risk. The clinical lead was conducting an audit of prescribing that included adherence to prescribing guidelines.

Are services well-led?

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

- The system for monitoring and supporting clinical staff facilitated quality improvement. There were checks in place to monitor the performance of the service. This included spot checks by the clinical lead of consultations and clinical record keeping.
- We reviewed a further 12 clinical records of patients consulted in the last two months and found all were complete, legible and securely kept. This maintained the improvement we found at our last inspection in July 2018.
- Rationale for prescribing was documented in patient records.
- Clinical meetings were held to ensure safety messages were communicated and clinical care was reviewed.
- All clinicians working at the practice were subject to appraisal. The next set of appraisals were due in February 2019.
- There were records of the GPs attending relevant training courses in the last three months. For example, one had attended a seminar on best consultation practice.
- There was a system in place to receive and act upon safety alerts. We reviewed the safety alerts recorded and saw that action had been followed up when alerts were relevant to the service.
- The service had reviewed their processes for recording and monitoring patients with long term conditions. The service checked at the end of each month to determine if any patients had attended and advised they had a long term medical condition. Those that did, usually no more than two a month, were referred to their GP for long term care. The service recognised that patients chose the clinic for immediate or urgent treatment and not for long term support.
- During our previous inspections we found referral letters were not completed in full or checks made to ensure they were sent correctly. We reviewed four referral letters (three to NHS GPs and one to a hospital). All were completed in detail and contained information relevant to the care of the patient. This included when a patient had a long term medical condition for their registered NHS GP to follow up. The hospital referral was also detailed and there was a system in place to check it had been received and acted upon.
- The service was open to external review and had arranged a visit from the General Medical Council scheduled for February 2019. This was to enable assessors to review the work of the clinical lead and other clinicians.
- The clinical lead had set a requirement for the service clinicians to undertake a clinical audit annually. An audit topic list had been made available to clinicians and they were in the process of choosing an audit to complete prior to March 2019. This formed part of the service improvement plan adopted in July 2018.
- The audit programme was kept under review and significant audits regularly repeated. For example, the clinical lead was in the process of undertaking the third audits of prescribing and clinical record completeness.

Managing risks, issues and performance

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- A system had been put in place to enable significant events, and the learning from them, to be shared with staff. However, there had not been any significant events to record since our last inspection in July 2018. Staff we spoke with were able to tell us how they would report and record incidents.
 - Safeguarding protocols were in place and local safeguarding contact details were available to all staff. Staff we spoke with told us how they would identify any signs of abuse and how they would report any suspicions of abuse.
 - Information from consultations was shared with the patient's registered NHS GP.
 - Management of medicines had improved because the service was able to identify prescribing from their clinical record system. We also found that appropriate emergency medicines were held and all medicines were stored securely. This had not been the case when we last inspected in July 2018.
- ## Engagement with patients, the public, staff and external partners
- The service had established a programme of staff meetings. These included clinical governance meetings and administration staff meetings.
- There were mechanisms in place for staff to offer comments and feedback. Staff meetings and governance meetings had been established and were recorded.

Are services well-led?

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

Continuous improvement and innovation

- The service had introduced a system requiring clinicians consulting with patients aged under 18 to complete an assessment of risk of abuse at every consultation.