

Pinches Medical Limited

Pinches Medical

Inspection report

Charles Roe House
60-62 Chestergate
Macclesfield
Cheshire
SK11 6DY
Tel: 01625704777
Website: www.pinches.life

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Overall summary

We carried out this announced comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection on 22 June 2018 was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At this inspection we 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 providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was 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.

Background Information

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

Pinches Medical is registered with the Care Quality Commission (CQC) as an independent provider of GP consultations and treatment and medical services for children and adults. It is situated in Macclesfield, East Cheshire. Patients are self-referring and there are no geographical boundaries to using the service.

People access the service by signing up to different levels of membership paid for monthly, or by arranging individual appointments. All appointments are pre-booked.

The service registered with the CQC in July 2017 to provide the following regulated activities:

- Diagnostic and screening services
- Family Planning services
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease and disorder and injury.

Summary of findings

The service employs doctors, nurses and other health care professionals on a salaried or sessional basis.

The service provides a full range of medical care and treatment which includes: gynaecology; diagnostics, treating adult and childhood illnesses and immunology treatment.

The medical and clinical team consists of:

- Four doctors.
- Two registered nurses.
- One physiotherapist.
- One counsellor.
- One health care assistant.

The doctors and other health care professionals are supported by the practice manager and a team of administration and reception staff.

The service was registered with the Care Quality Commission in July 2017.

The service is situated on the second floor of a historical building in Macclesfield. There is full disabled access which includes a ramped walk way, lifts to all floors and wide doorways into the waiting areas and consulting rooms. The facilities include; two waiting areas, one on the ground floor and another at the entry to the consulting and treatment area; consulting rooms and one treatment room; toilets, including easy access, store rooms; a meeting room and offices used by administration staff.

The opening times are Monday to Friday 8am to 8pm and Saturday 10am to 3pm. Patients can arrange for appointments at their own convenience.

At Pinches Medical the aesthetic cosmetic treatments that are also provided do not fall under the regulated activities regulated by CQC.

The provider was also 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.

Seven people provided feedback about the service, this included completed CQC comment cards. Feedback was mostly positive. Patients confirmed they felt listened to and were treated with compassion and kindness. Feedback included that patients felt happy because they were not rushed and the environment had a calming effect. Patients also told us they trusted the professionals they saw and felt that their treatment was effective in aiding recovery or referral to a specialist service.

Our key findings were:

- Patients were treated in line with best practice guidance and appropriate medical records were maintained.
- Systems were in place to promote effective communication with the patients NHS GP.
- The service had effective systems in place to ensure they were included in communications about concerns or incidents sent by the local Clinical Commissioning Group and other organisations.
- An induction programme was in place for staff, staff had access to appropriate training, staff had access to key policies and procedures and there was good communication within the service.
- Information about services available and how to complain was available.
- The service encouraged feedback from both patients and staff.
- Systems were in place to protect personal information about patients. The company was registered with the Information Commissioner's Office.
- The service had systems to keep people safe and safeguarded from abuse; however, the safeguarding policy needed to be updated and this was done following the this inspection.
- The service had a programme of ongoing quality improvement activity.
- Effective governance systems and processes were in place.

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

- Review how staff compliance with completing mandatory training is monitored.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- Clear protocols for communication with other health professionals involved in the patient's care were in place.
- The provider routinely completed checks to verify a patient's identity, however, confirming that the adult accompanying a child has parental responsibility needed to be formalised.
- Staff who acted as a chaperone had received appropriate training and vetting to ensure they were suitable and able to carry out the role.
- There were reliable systems in place to ensure learning from internal and external incidents.
- Safeguarding adults and child protection was supported, a safeguarding lead with links into the children safeguarding board had been appointed; all staff had received appropriate training and those interviewed correctly described how to recognise and escalate safeguarding concerns internally and externally. Information about how to escalate safeguarding concerns was also posted in all clinical areas.
- The safeguarding policy needed to be updated to include information about each type of abuse and exploitation. Following the inspection, a copy of the revised safeguarding policy was provided and this document contained the required information.
- The facilities, fixtures and fittings were mostly in keeping with infection prevention and control best practice.
- Recruitment and selection processes met best guidance and staff were recruited in keeping with the requirements of the Health and Social Care Act regulations.

Are services effective?

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

- Care and treatment was assessed and provided in line with best practice guidance.
- Processes were in place to ensure and verify that medical and clinical staff were fully competent to carry out their roles at the clinic.
- The provider supported doctors with their continual professional development.
- The provider had developed links with the local NHS hospital trust and Clinical Commissioning Group (CCG).
- Protocols were in place to ensure laboratory test results were shared with the patients GP in line with best practice guidance.
- Patients had sufficient information about their care and treatment to give informed consent.
- Systems were in place to audit the outcomes of consultations.
- Systems were in place to ensure training was updated when required.

Are services caring?

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

- Staff were allocated to meet and greet patients as they arrived to assist with orientating the patient and so put them at their ease.
- Information written in records and feedback from patients indicated that staff were caring and had a compassionate attitude towards patients.

Summary of findings

- Consulting rooms were soundproof and privacy curtains were in each room to maintain patients' privacy and dignity during interviews, examinations or treatment.

Are services responsive to people's needs?

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

- Processes and systems were in place to meet the patients' individual needs.
- Access to the service was flexible and adjustments made to meet individual needs of patients.
- The provider had systems in place to enable patients to raise concerns and complaints.
- Detailed information was available about the services provided and costs.
- Staff had access to a translation service when required.

Are services well-led?

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

- The provider was clear about their leadership responsibilities.
- The provider was accessible to staff, patients and other stakeholders.
- The provider had a clear vision supported by aims and objectives which were understood by staff.
- The service had an open culture.
- Records were well managed by the service.

Pinches Medical

Detailed findings

Background to this inspection

We carried out an announce visit to Pinches Medical on 22 June 2018. This was the first inspection of the service since registration in July 2017.

Our inspectors' description of the service:

- Pinches Medical is an independent medical care and treatment service provided by Pinches Medical Limited and is situated at Pinches medical and wellbeing, Charles Roe House, 60 Chestergate, Macclesfield. SK11 6DY. There is also a branch practice at 125 Chestergate, Macclesfield, SK11 6DP.
- The service is available to those who meet the criteria for accessing the service.
- Patients self-refer by phoning the service and appointments are available at different times during the day and early evening Monday to Friday and 10am to 3pm on Saturdays.

The inspection was led by a CQC inspector and included a GP specialist advisor, a shadow specialist advisor was also present.

We reviewed a range of information we held about the service in advance of the inspection.

During our visit we:

- Spoke with the provider; registered nurse; administrative and reception staff and the practice manager.
- Reviewed a sample of treatment records.
- Reviewed information provided by patients through interview and written feedback.
- Completed a tour of the facilities and reviewed the clinical areas and equipment.
- Reviewed a range of personnel files, policies, procedures and management information held by the practice.
- We visited the branch practice and that evidence is reflected in this report.

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 providing safe care in accordance with the relevant regulations.

Safety systems and processes

- Systems in place offered protection against abuse and action taken for dealing with safeguarding adults and protecting children reflected relevant guidance but needed strengthening. For example, the safeguarding policy needed to be updated to include information about modern day slavery, human trafficking and 'Prevent' (the initiative for recognising and taking steps to deal with political or religious extremism). Following the inspection, the providers representative confirmed they had completed the process of updating this policy to ensure that it was in line with the training staff had received.
- Action taken to confirm that adults had parental responsibility included reviewing evidence and information held by the adult such the child's immunisation status 'red book' and the adult's knowledge of the child such as the name and address of the child's GP. At the time of the inspection a formal risk assessment and associated policy and guidance for staff to follow was not in place. Following the inspection visit evidence was provided which confirmed practice in this area had been reviewed and formal processes for staff to follow were now in place.
- A competent and experienced clinician acted as the safeguarding lead and all staff knew their identity. The safeguarding lead had links with the local child protection board.
- All staff had completed child protection and adult safeguarding training. Administrative staff had completed level one training, nurses had completed level two and doctors had completed level three.
- Information and contact details about how to deal with suspected abuse was readily accessible and on display in all consulting and treatment rooms.
- The recruitment files we looked at held the information and items required under Schedule 3 of the Health and Social Care Act and included references; information about any physical or mental health conditions and proof of identity. We saw evidence of appropriate checks through the Disclosure and Barring Service (DBS), (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).
- Staff had received induction training for health and safety, fire safety awareness, infection control, control of substances hazardous to health and safeguarding training relevant to their role.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding.
- Systems such as policies and procedures promoted infection prevention and control.
- The service had appointed an infection control lead and all staff knew the identity of this lead person. The lead conducted infection control audits and acted when gaps were identified.
- The treatment room had non-permeable work surfaces and flooring; and all wash-basins could be operated 'hands free'. Other clinical rooms were carpeted and a service level agreement was in place have these carpets deep-cleaned every six months. The provider stated that invasive treatments such as injections and taking blood samples did not take place in carpeted rooms.
- Cleaning schedules and monitoring systems were in place for all areas and these were checked by the cleaning contractor and infection control lead.
- Clinical waste was appropriately stored and a specialist clinical waste company collected waste bins and sharps boxes.
- Staff had completed infection control training such as hand hygiene, however, front of house staff had not been trained in how to use the bodily fluids spillage kit. Following the inspection visit the provider confirmed that front of house staff had completed training in how to use this kit.
- There was an overarching health and safety policy available and health and safety risk assessments had been completed including a fire risk assessment and fire safety equipment had been tested.
- Certificates and maintenance records indicated that all general equipment was cleaned, calibrated and serviced in keeping with the manufacturer's instructions to ensure it was safe to use and in good working order.
- A Legionella risk assessment and certificate were in place.
- Any changes in safety procedures were communicated to staff through regular staff meetings and newsletters.

Are services safe?

Risks to patients

- The service had suitable arrangements in place to respond to medical emergencies at the main clinic and the branch surgery.
- Staff had received basic life support training and the training matrix indicated that the provider ensured all clinical staff working with children had completed paediatric life support training.
- A first aid kit was available and a defibrillator was in place.
- Emergency medicines were in a secure area of the clinic and accessible to staff who knew where they were held.
- The emergency medicines kit held the items suggested in best practice guidance.
- Oxygen with adult and paediatric sized masks was available.
- The provider confirmed that staff had medical and nursing indemnity insurance.

Information to deliver safe care and treatment

- Formal systems and protocols were in place to verify the identity of adult patients. The provider needed to formalise the systems used to verify the identity of children and assure themselves that adults accompanying a child have parental authority before treatment. Following the inspection, the evidence was provided which confirmed processes for confirming the identity of children and accompanying adults had been formalised.
- The service followed best practice guidance in relation to sharing information with the patient's NHS GP. The provider indicated and records confirmed that the patient's NHS GP was sent a letter detailing the outcome of consultations in all cases. Appropriate processes were in place if a patient refused to have this information shared.
- The health assessment completed was comprehensive and included information about physical, psychological and mental health. A sample of records were reviewed and the information reflected the patients' choice and appropriate risk assessments were noted. The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and the intranet system. This included care and risk assessments and care plans.

- Clinical records were stored electronically and computers were protected by encrypted access codes.
- All paper correspondence concerning patients were scanned into the electronic record and then destroyed.

Safe and appropriate use of medicines

- All medicines were prescribed in line with best practice guidelines and there were robust prescribing protocols for controlled medicines and antibiotics to monitor use and identify over prescribing.
- All prescriptions were hand written and stationery was kept secure, a record of the all medicines prescribed was entered into the patient's electronic record.
- Once the GP prescribed medicines, relevant instructions were given to the patient regarding when and how to take the medicine, the purpose of the medicine, any likely side effects and what to do if they became unwell.
- The provider reviewed the provision of repeat prescriptions on an individual basis. The rationale for providing a repeat prescription was recorded in the patient's record and this information shared with the patient's NHS GP.
- No medication used for regulatory activities was stored onsite. Fridge temperatures were monitored to ensure the cold chain remained intact when vaccines were purchased and stored in preparation for immunising a patient.

Track record on safety

- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff.
- An incident reporting protocol was in place and staff received training and updates about identifying and reporting incidents.
- The provider stated no significant incidents had occurred in the service since its registration in July 2017.
- Systems were in place to formally share learning with all staff.

Lessons learned and improvements made

- The service had systems in place for receiving and actioning notifiable safety incidents, for example the provider had registered to receive Medical and

Are services safe?

Healthcare Regulatory Authority (MRHA) updates. A member of staff had been assigned to review, share the information and follow-up to check that necessary action had been taken.

- There was clear understanding of safety risks and evidence of learning and improvement. For example, we saw that if a safety alert involved medication a search of medicines prescribed was made to identify any patients who could be affected. We also noted that in the process of running the search the provider identified gaps in the system and changed the coding protocol to make the search more effective.
- Processes were in place to check and confirm staff had received and understood the action they needed to take in response to alerts and safety updates. Methods for sharing information included a daily 'huddle' or 'update' meeting attended by all staff; monthly team meetings attended by all staff and newsletters.
- The provider was aware of the Duty of Candour (DoC) requirements. The provider encouraged a culture of openness and honesty and staff reflected this culture. Records indicated that the service had not been involved in any duty of candour incidents.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

- We reviewed a number of medical records, these demonstrated that the service assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence based practice.
- The provider had arrangements for patients who had difficulties communicating.
- We saw no evidence of discrimination when making care and treatment decisions.
- If a patient needed further examination they were directed to an appropriate agency.
- Arrangements were in place to refer patients who required additional support if they were experiencing poor mental health. Evidence regarding advice offered, monitoring arrangements or follow-up arrangements was noted and patients were referred as appropriate.

Monitoring care and treatment

- A prescribing audit has commenced and an infection control audit has been completed and action had been taken to resolve the issues highlighted in relation to improving the standard of handwashing.

Effective staffing

- Staff completed induction training when they commenced working for the service. Topics covered included Principles of health and safety; infection control; safeguarding; first aid and fire safety at work.
- A training matrix was in place and identified that online training included topics which were relevant to the services provided, for example conflict resolution; accident and incident reporting; equality and diversity; whistleblowing; consent and information governance. We noted however that significant courses had not been completed by many staff. For example, only eight out of 19 eligible staff had completed the equality and diversity course and only 7 out of 19 eligible staff had completed the whistleblowing course. This matter was brought to the attention of the provider.

- Staff told us the provider was supportive in relation to time given to review and understand the policies and procedures that needed to be followed.
- Staff demonstrated a clear understanding of their responsibilities and knew how to access information provided about dealing with different scenarios.
- Staff received regular informal performance reviews and an appraisal system was in place.
- Staff stated they had opportunities to complete role specific training such as specialist immunisation courses or customer service courses as appropriate.
- The GPs employed were up to date with their revalidations at the time of this inspection.

Coordinating patient care and information sharing

- Patients received coordinated care from the service and the outcomes of consultations were shared with their registered NHS GP, in line with GMC guidance.
- Records confirmed appropriate referrals were made to specialist health services and a system was in place to check the progress of referrals for example to ensure referrals to a specialist occurred within two weeks if test results indicated the possibility of cancer.
- Systems were in place for arranging diagnostic tests for samples such as blood and urine samples. Specimens were hand delivered by a concierge employed by the service. The service had a service level agreement with the laboratory at the local district general hospital. The results were uploaded by the laboratory to a system that could be accessed by the patients NHS GP. The service also gave or sent the results directly to the patient and their NHS GP.

Supporting patients to live healthier lives

- Records indicated that when initial assessments identified patients who would benefit from additional healthy living advice this was given, for example signposting to physiotherapy, counselling or healthy living related workshops.

Consent to care and treatment

- Staff understood and sought patients' consent to care and treatment in line with legislation and considering guidance.
- Staff had received training about the Mental Capacity Act 2005 and policies and guidelines were in place.

Are services effective?

(for example, treatment is effective)

- We saw that treatment fees were explained to the patients and information about fees was easy to access on the website. We noted that the provider took steps to improve the patients experience by introducing a cooling off period when people signed up for membership.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear a process was in place for the GP to assess the patient's capacity and record the outcome of the assessment.

Are services caring?

Our findings

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

Kindness, respect and compassion

- We received feedback from seven people. Most patients were positive about the service experienced. Patients said they felt the clinic offered an excellent service and staff were helpful, caring and treated them with kindness, respect and compassion.
- When talking about patient's staff displayed an understanding and non-judgemental attitude towards different groups of people who may use the service.
- Staff could provide patients with light refreshments and hot or cold drinks as required.

Involvement in decisions about care and treatment

- Patients who provided online feedback confirmed they were given enough information to make choices about their care and treatment. Leaflets about procedures were provided.

Privacy and Dignity

- Privacy screens were provided in each consulting room to maintain patients' privacy and dignity during examinations, investigation and treatment.
- All rooms were sound proof and provided sufficient privacy to ensure confidential discussions.
- There were two waiting areas which promoted privacy and discretion because it reduced the number of people in the waiting area at any one time.
- The practice complied with the data protection act 1998.
- The service had a chaperone policy and information about accessing a chaperone was available in the reception area and in each consulting room. Patients were routinely offered a chaperone at the beginning of a consultation.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

- Patients could access a detailed description of the GPs available on the provider's website.
- Translation services were available.
- The practice organised and delivered services to meet the patients' needs and accounted for their preferences.
- The practice offered home visits as appropriate for example, if the patient was known to the service and signed up to the membership scheme.
- The practice offered travel and occupational vaccinations.

Timely access to the service

- Patients could access care and treatment from the practice within an appropriate timescale for their needs.

- Appointments at the clinic were available Monday to Friday 8am to 8pm (these times may vary) and Saturday 10am to 3pm. Appointments were made by calling the clinic.
- This service did not provide an emergency or out of hours service and when the clinic was closed an automated message signposted patients to NHS111.

Listening and learning from concerns and complaints

- Systems were in place to deal with complaints and concerns.
- Information about how to make complaints or raise concerns was available and it was easy to follow.
- The service had received one complaint and we saw that this had been investigated in line with their policy, the complainant had been kept up to date with the progress and outcome of the investigation.

The service demonstrated learning because the provider had made changes in response to the findings.

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 a well-led service in accordance with the relevant regulations.

Leadership capacity and capability;

- The registered manager and the practice manager shared responsibility for the governance of the service and both had oversight of the service as a whole.
- There was a clear leadership structure and staff were aware of who to approach for advice.
- The management, clinical and administrative teams worked well together and there were effective means of communication.
- The registered manager appeared open to new ideas and staff told us there was a positive culture. All staff said they enjoyed working at the service, the management team was approachable and provided opportunities for them to comment.

Vision and strategy

- The information in the statement of purpose developed by the provider indicated they had a clear vision to work to provide a high quality responsive service and promote good outcomes for patients.
- The provider also had a clear strategy in relation to how to interface with other primary health care providers and services allied to health in the local area.
- The provider also had a clear strategy to manage the growth of the service and ensure the service could meet the expectations of patients.

Culture

- The service had an open and transparent culture. A duty of candour policy was in place. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- Staff described an open culture and felt confident about reporting issues and systems were in place to review previous care and treatment as required. Clear policies were in place and processes were in place to check and monitor the effectiveness of policies.

Governance arrangements

- Monitoring arrangements were in place but a full-service audit had not been completed at the time of this inspection. The provider planned to initiate this when the service had operated for 12 months.
- There was a range of service specific policies which were available to staff and the majority of these were up to date and due to be reviewed in 2019. The provider was aware that the safeguarding policy needed to be updated to reflect current best practice guidance and support the contents of training provided to staff and this was completed following the inspection visit.
- The registered manager held regular meetings with a set agenda which included complaints, safeguarding matters, training matters and possible areas for improvement. These meetings were recorded and available to staff if they missed a meeting.

Managing risks, issues and performance

- An organisational risk assessment had been developed and a business continuity plan was included in the overall business plan for the service. Staff were aware of the actions to take if there was a sudden threat to the ongoing provision of the service.
- Clinical leadership was provided and external expertise sought to drive and maintain quality. All the doctors working at the service also worked in NHS practices.

Appropriate and accurate information

- Patient medical records were held electronically. The computers were password protected and encrypted and staff had different permissions depending on their role.
- The service could provide a clear audit trail of who had access to records, from where and when.
- The service was registered with the Information Commissioner's Office.
- There were policies in place to minimise the risk of losing patient data.
- Care and treatment records were detailed and complete.

Engagement with patients, the public, staff and external partners

- The provider website invited patients to give feedback.
- The provider had a whistleblowing policy in place. A whistle-blower is someone who can raise concerns about practice or staff within the organisation.
- The provider demonstrated ongoing engagement with outside regulatory and commissioning bodies.

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 provider acknowledged that completing the audits which were currently at the planning stage would drive improvement and promote innovation.
- Staff were involved in discussions about how to run and develop the service, and were encouraged to identify opportunities to improve the service delivered.
- Staff told us discussions about areas of improvement were ongoing, particularly with regards to increasing the number of patients using the GP services and promoting allied health provision such as the physiotherapy service and counselling service available.