Vernova Healthcare Community Interest Company

Vernova Healthcare - Waters Green Medical Centre

Inspection report

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Date of inspection visit: 20 March 2018
Date of publication: 16/04/2018

Overall summary

We carried out an announced comprehensive inspection on 20 March 2018 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 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.

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.

CQC last inspected this service on 15 February 2013. That was an unannounced inspection and the service met all standards assessed.

Vernova Healthcare is owned by the 22 GP practices in the areaof Eastern Cheshire and whilst the GPs are the shareholders of the Community Interest Company, Vernova Healthcare is a “not-for-profit” organisation and re-invests any financial surplus into patient care.

Vernova Healthcare Community Interest Company is registered to provide a number of health care services at its location at Waters Green Medical Centre, the majority of which are NHS funded. These service are available by referral from the patient’s GP. The service works closely with Macclesfield Hospital to ensure that the services provided are joined up with hospital care. Services

Summary of findings

include phlebotomy, ultrasound, dermatology, aural micro suction and minor surgical procedures for example vasectomy and carpal tunnel surgery. In addition they provide a travel health clinic.

A registered manager was in post at this location and was available throughout the inspection. 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.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection visit. We received 44 comment cards which were very positive about the standard of care received. Comments included; ''Excellent information and very approachable practitioners , exceed expectations all areas,' 'Staff were very caring ,they treated me with dignity and respect' and 'Excellent service, very thorough, punctual , explained everything very well.' However one comment card identified they had experienced a delay in obtaining an appointment.

Our key findings were:

- There were policies and procedures in place for safeguarding patients from the risk of abuse. Staff had received training in safeguarding at an appropriate level to their role and knew who to go to for further advice.
- Recruitment policies and procedures were in place. There were enough staff to meet the demand of the service and appropriate recruitment checks for staff were in place.
- The premises were clean and systems and practices were in place for the prevention and control of infection to ensure risks of infection were minimised. Personal protective equipment (PPE) was readily available.
- Patients' needs were assessed and treatment was planned and delivered following best practice guidance.
- Staff felt supported and had access to appropriate training.
- Patients commented that they were treated with dignity and respect. Patients were given good verbal information regarding their treatment. Witten information was available.
- There was a system in place to manage and learn from complaints.
- There were systems in place to monitor and improve quality and identify risk.
- Patient satisfaction views were obtained and analysed.
- There was a clear vision to provide a safe and high quality service. Staff felt supported by management and worked well together as a team.
- The provider was aware of and complied with the duty of candour.

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.

- The service had systems, processes and practices in place to keep people safe and safeguarded from abuse and staff had received appropriate training.
- Appropriate recruitment procedures and pre-employment checks had been carried out to ensure staff suitability.
- Infection control practices were suitable in order to minimise and prevent risks occurring. Following the inspection we were sent evidence of the implementation of formal visual checks of cleanliness.
- There were enough healthcare professionals to meet the demand of the service.
- At the time of the inspection audits of travel vaccine administration had not been undertaken. We were given assurances this would be undertaken and following the inspection we were sent evidence that five patient records had been checked and no issues relating to the administration of travel vaccines were identified.
- There was a system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

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

- Patients' needs were assessed prior to a service being delivered.
- There were induction, staff training and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment.
- Consent to care and treatment was appropriately obtained.
- Clinical audits demonstrated quality improvement.

Are services caring?

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

- Staff displayed caring, kind and respectful behaviours.
- Patient information confidentiality was maintained.
- Information received in the Care Quality Commission comment cards was positive and demonstrated that patients had received a caring, supportive and well informed service and were happy with the service provided.
- Good verbal and written information was given to patients regarding services that was easy to understand.

Are services responsive to people's needs?

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

- The service liaised with the commissioners to provide suitable services.
- There was a complaints policy and information was made available to patients about how to make a complaint. Learning from complaints was shared with staff to help improve the quality of the service delivered.
- The service had good facilities and was well equipped to treat patients and meet their individual needs.

Summary of findings

- Facilities were accessible to those with limited mobility or who used a wheelchair and translation services could be accessed if required.

Are services well-led?

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

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a management structure in place and staff we spoke with understood their responsibilities and felt supported by management.
- The service had policies and procedures to govern activity and regular meetings were held.
- Systems were in place to encourage patient feedback.

Vernova Healthcare - Waters Green Medical Centre

Detailed findings

Background to this inspection

Vernova Healthcare is situated in Waters Green Medical Centre on Sunderland Street, Macclesfield**.** Waters Green Medical Centre also accommodates six GP practices.

Vernova Healthcare is registered to carry out the regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Surgical procedures

Hours of opening are

Monday 8am – 8.30pm

Tuesday 8am – 8.30pm

Wednesday 8am - 8.30pm

Thursday 8am – 8.30pm

Friday 8am – 8.30pm

Saturday 8am - 1pm

Sunday - Closed

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health

and Social Care Act 2008 and to look at the overall quality of the service.

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

We inspected this service on 20 March 2018. During our visit we:

- Spoke with a range of staff from the service including the chair and responsible officer, the medical director and safeguarding lead, the chief executive, the head of service delivery and quality, a registered nurse, a clinical director, a dermatologist and two members of the administration team.
- Reviewed CQC comment cards where patients had shared their views and experiences of the service and we spoke with two patients.
- Looked at information the service used to deliver care and treatment.
- Undertook a tour of the premises.

The service provided background information which we reviewed prior to the inspection. We did not receive any information of concern from other organisations.

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

- The service had recruitment procedures in place that were current.We looked at the recruitment files of four members of staff.We saw that appropriate For example, proof of identification, proof of address, references and the appropriate checks through the Disclosure and Barring Service (DBS) or a risk assessement if a DBS had not been undertaken.DBS of the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure the professional registration of staff.We saw clinicians
- We were informed that some staff occasionally act as a chaperone. The staff had received additional training and had undergone DBS checks.
- The service had safeguarding children and adult policies, safeguarding flow charts in clinical rooms and at reception and access to local policies. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare or needed to report a suspected allegation of abuse.Staff we spoke with demonstrated they understood their responsibilities and staff had received appropriate training.The medical director was the safeguarding lead for the service.
- Infection prevention and control policies and protocols were in place and the service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules in place detailing what cleaning was to be undertaken by the external company employed to undertake the cleaning and evidence of when the cleaning had been undertaken. We saw the external cleaning company undertook monthly 'cleaning audits' that were sent to the estates manager who reviewed the audits. An annual infection control audit was undertaken and the last audit was completed in May 2017. We saw some minor recommendations had been made and the service had actioned the recommendations. We were told that informal visual cleanliness check of the premises, clinic room and consulting rooms were also undertaken to ensure high standards of cleanliness were maintained. Following the inspection we were sent evidence that these informal checks had been formalised.
- We saw appropriate clinical waste management protocols were in place and spillage kits were available. Staff had access to personal protective equipment (PPE) and had received infection control training.
- The premises were suitable for the service provided.There was an overarching health and safety policy and the service displayed a health and safety poster with contact details of health and safety representatives that staff could contact if they had any concerns. Health and safety risk assessments for the premises, materials and equipment had been carried out including a Legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that Control of Substances Hazardous to health (COSHH) information was available on the computerised system and following the inspection we received confirmation that printed COSHH sheets had been made available to cleaning staff.
- There was a fire risk assessment, fire alarm and fire safety equipment was tested, means of escape were checked and we saw a fire evacuation drill was undertaken in July 2017.We saw there was a floor plan that could be given to the fire service in the event of an emergency fire situation and staff had undertaken fire safety training.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order and portable appliance testing (PAT) had been undertaken.

Risks to patients

- There were enough clinical and administrative staff to meet the demands for the service.
- The service was not intended for use by patients as an emergency service. In the event an emergency did occur, the provider had a medical emergency policy and systems in place so emergency services could be called.
- Anaphylaxis kits were available, these were regularly checked for expiry dates and were seen to be in date.Staff knew of their location and staff were trained in basic life support.

Are services safe?

- The service had access to defibrillators and oxygen cylinders with adult and children's masks.These were regularly checked and as were the first aid kits.
- Clinicians had professional indemnity cover to carry out their role.

Information to deliver safe care and treatment

- 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.

Appropriate and safe use of medicines

- The service had a medication management policy and we saw the arrangements for managing medicines, including emergency drugs and vaccinations kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- Patient Specific Directions (PSD) had been adopted by the service to allow nurses to administer travel medicines in line with legislation.We were told the intention was to introduce Patient Group Directions (PGDs) in the near future.
- At the time of this inspection the service had not carried out any formal audits of travel vaccine administration, although we were given assurances that this would be undertaken.Following the inspection we were sent evidence that five patient records had been checked and no issues relating to the administration of travel vaccines were identified.
- The fridge temperatures were appropriately monitored and recorded on a daily basis.
- We saw that prescription pads were held securely, were appropriately signed in and out and audits were undertaken.
- The service did not hold any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- The dermatology service in some instances used 'off-label' medicines.We saw that a full explanation was given to the patient, consent was obtained and their GP was informed in writing.

Track record on safety

- The service had an incident reporting policy and maintained a log of all incidents, concerns and complaints.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff. Staff told us they would have no hesitation in reporting any incidents and there was a recording form available.
- The staff we spoke with were aware of and complied with the requirements of the Duty of Candour.We saw an example of a letter sent to a patient following an incident in line with the Duty of Candour.Duty of Candour was covered in the induction process and staff spoken with confirmed that a culture of openness, transparency and honesty was encouraged.
- The service had systems in place for managing notifiable safety incidents.

Lessons learned and improvements made

- The service demonstrated a commitment to learn from all patient comments and incidents to help improve the service delivery.Incidents, concerns and complaints were reported, recorded and analysed. We saw an example when following a review of a clinical incident lessons learnt from the review were shared with staff. A change of practice had been implemented as a result and the patient had been informed in writing and given a written apology.
- The service received safety alerts which were reviewed and any actions taken had been documented.

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 saw no evidence of discrimination with the service delivery when making care and treatment decisions.
- Patients were given a verbal explanation of the service to be provided and were involved in the decision making process. Feedback from patients confirmed this.In addition to verbal discussions patients were given written information detailing the service which included post procedure instructions where appropriate.
- The clinicians assessed and delivered treatments in line with relevant and current evidence based guidance, standards, best practice and current legislation.
- Clinical staff attended training and educational events and where appropriate had clinical supervision to keep up to date with best practice in their field.

Monitoring care and treatment

- The service collected and monitored information on patients' care and treatment outcomes to help make improvements to the service delivery.
- We saw audits of patient records and consent.
- The service had undertaken audits of clinical practice to monitor the quality of the service being delivered.The audits included infection prevention and control, audit of two week wait pathology, benign lesion to malignant lesion ratio, patient reported outcomes of carpel tunnel surgery, vasectomy service audit, an audit of histological verse clinical diagnosis in skin and audit of HbA1C (glycated haemoglobin) control in diabetic patients . (
- Regular contract monitoring took place with the Clinical Commissioing Group (CCG) who commissioned some of the services. These reviews also monitored the quality of service.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The service had an induction programme for newly appointed members of staff that covered such topics as information governance, incident reporting, fire safety, health and safety, work equipment and first aid.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff.Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff spoken with confirmed this and told us that training was very good and the registered provider was good at sourcing training.
- We saw a record was kept of staff training to demonstrate the training undertaken by staff and the recording system automatically flagged up when training was due or had expired.
- Staff received annual appraisals.
- Clinical staffwere on the appropriate specialist registers and were qualified to undertake the scope of their work.

Coordinating patient care and information sharing

- The information needed to deliver care and treatment was available to relevant staff in a timely and accessible way through the patient recording system.
- The service shared relevant information with other services in a timely way if appropriate and had clear protocols in place to ensure the referring GP received up to date information .

Supporting patients to live healthier lives

- The service offered advice and support appropriate to the condition treated, including healthy lifestyle advice where relevant.
- There was written information for patients relating to the service they were receiving.

Consent to care and treatment

- We spoke with clinical staff about patient consent to care and treatment and found this was sought in line with legislation and guidance.
- We saw there was a consent policy and a consent audit had been undertaken which demonstrated consent had been obtained for the procedures included in the audit.

Are services effective?

(for example, treatment is effective)

- Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) and clinical staff had undertaken MCA training.

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 observed that members of staff were courteous and helpful to patients.
- We received 44 CQC) comment cards which highlighted that patients were treated with kindness and respect.
- Patients said they felt they were listened to and received an excellent service and staff were friendly, respectful and knowledgeable.
- The service carried out its own satisfaction surveys, which included an annual privacy and dignity survey.This was done by giving patients a feedback survey form to complete following a service being delivered.The results were then reviewed by the chief executive and the head of service delivery and quality.The results demonstrated there was high patient satisfaction rate.

Involvement in decisions about care and treatment

- Patient information about the service and the procedures available were on the website and information booklets were available.
- CQC comment cards highlighted that patients felt they had received good advice and treatment. Comments included that patients were listened to and full explanations were given to ensure the patient fully understood the service being provided.

Privacy and Dignity

- Patients were seen in the privacy of the consulting room to maintain privacy and dignity during consultations or treatments.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The CQC comment cards we received were positive about the service received.Patients said staff were helpful, pleasant, caring and treated them with dignity and respect.
- Reception staff knew if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff were trained in providing dignity and respect to patients as part of their equality and diversity training.

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

- The premises and facilities at the service were appropriate for the services delivered. The service was located in a shared building, with six GP practices and was accessible to people with impaired mobility.
- The service had contact numbers for translation services (Language line) if required for people whose first language was not English.The premises had a hearing loop. A hearing loop (sometimes called an audio induction loop) is a special type of sound system for use by people with hearing aids.
- The information on the website made it clear to patients what procedures were available to them.

Timely access to the service

- Vernova openingwere Monday to Friday 8am to 8.30pm and Saturday 8am to 1pm.
- In the main the administration staff contacted the patients to arrange an appointment at a time convenient to them, followed by a confirmation letter and text reminders were sent to patients in an attempt to help reduce non-attendance. If the patient was not contactable by phone a written appointment would be sent to the patient.
- The majority of feedback we received from patients was that appointments were professional and were on time. We did receive information in one comment card and one patient told us there had been a delay in obtaining their appointment.

Listening and learning from concerns and complaints

- The service had a complaints policy and procedure and a patient's guide on how to make a complaint. The policy contained appropriate timescales for dealing with a complaint.The patient's guide and the final letter sent to the patient following investigation contained details of the Parliamentary Health Services Ombudsman (PHSO) if the service they had received had been commissioned by the NHS and patient was not satisfied with the response to their complaint.
- Information about how to make a complaint was available at reception and in the service booklet.
- We saw a written log was kept of all complements, complaints, concerns, comments or issues raised by patients.We saw they had all been addressed and reviewed to identify and learn from them and any themes or trends arising.There was evidence of learning as a result of complaints, concerns and other feedback received. If appropriate, changes to the service had been made and these had been communicated to staff.
- Staff told us of the procedure that would be undertaken in the event of receiving a complaint. This discussion indicated that all complaints, verbal and written, would be logged and addressed in a timely manner and that complaints would be reviewed and addressed in a timely manner.

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 care in accordance with the relevant regulations.

Leadership capacity and capability

- There was a clear leadership structure and staff employed understood their roles and responsibilities.
- Staff told us that the management team were supportive, approachable and operated an open door policy. The culture of the service encouraged candour, openness and honesty. There were policies and procedures in place, which had been regularly reviewed, for reporting incidents or concerns and staff were aware of their responsibilities.
- The service had a freedom to speak up policy that was available to all staff.This policy supported and protected someone if they wanted to raise concerns about practice or staff within the organisation. Staff we spoke with said they felt supported and confident in raising any issues and they felt they would be listened to.

Vision and strategy

- The service had a clear vision and set of values for staff to work together to provide a high quality responsive service that put caring and patient safety at its heart. The vision and strategy were included in the induction process and staff spoken withwere aware of their role in achieving them.

Culture

- The service had an open and transparent culture and we saw that staff had good relationships with each other.
- The culture of the service encouraged candour, openness, honesty and there was a no blame culture.
- The leadership and quality strategy was clear about the standard of patient care expected.

Governance arrangements

- There was a clear organisational structure and staff were aware of their own roles and responsibilities.
- There was a range of policies and procedures that were available to all staff and they were regularly reviewed.
- There were appropriate arrangements for identifying, recording and managing risks.
- Clinical audit was used to monitor quality and to make improvements.
- As well as informal daily staff discussions staff meetings were held and documented.Areas for ongoing development had been identified and were on-going.

Managing risks, issues and performance

- There was a variety of daily, weekly and monthly checks in place to monitor the service and manage any risks associated with the premises.
- There was a comprehensive understanding of performance.Informal daily discussions and staff meetings provided an opportunity for staff to be engaged in the performance of the service.Staff told us they were encouraged to share any issues or concerns they had and felt confident they would be listed to and actions would be taken.
- We saw there were effective arrangements in place for identifying, recording and managing risks; which included risk assessments and incident recording.
- A business contingency plan was in place for any potential disruption to the service.

Appropriate and accurate information

- Systems were in place to ensure that all patient information was stored and kept confidential.
- There were IT systems in place to protect the storage and use of patient information and a small amount paper records were stored securely.