

Ryminster Medical Services Limited

Summerfield Healthcare

Inspection report

Summerfield Healthcare
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Date of inspection visit: 24 May 2018

Date of publication: 30/07/2018

Overall summary

We carried out an announced comprehensive inspection on 24 May 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.

Summerfield Healthcare (Wolverhampton) is the main location for Ryminster Medical Services Limited. A branch site is located in Shrewsbury. The services provided from both locations are occupational health, GP consultations, physiotherapy, paediatric consultations, psychiatry, psychology and minor procedures.

The practice manager 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 gained feedback through two comment cards completed by patients. Comments made were universally positive; the service was described as excellent and helpful with positive comments on the friendliness of staff.

Our key findings were:

- There were effective systems in place for monitoring and managing risks to patient and staff safety.

Summary of findings

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
 - Patients' needs were assessed and care and treatment was tailored to individual needs and delivered in line with current evidence based guidance such as the National Institute for Health and Care Excellence (NICE).
 - Patients' were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
 - Patients received detailed and clear information about their proposed treatment, which enabled them to make an informed decision. This included the costs, risks and benefit of the treatment.
 - The service had a structured programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
 - There was effective leadership, management and governance arrangements in place that assured the delivery of high quality care and treatment. The practice held a central register of policies and procedures to govern activity.
 - The provider was aware of and complied with the requirements of the 'Duty of Candour'.
 - There was a clear leadership structure and staff felt supported by management.
- The areas where the provider **should** make improvements are:
- Review the arrangements for the ongoing maintenance of all equipment used at the practice to ensure they are safe to use.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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.

- There was a system and procedure for recording and acting on significant events and incidents. The service had not experienced any unexpected safety incidents but staff clearly explained what they would do in the event of an incident.
- The service carried out appropriate staff recruitment checks in accordance with the regulatory requirements.
- There was an effective system to manage infection prevention and control (IPC). There was a designated infection control lead and an infection control policy in place. Staff had received training and demonstrated a clear understanding of responsibilities in relation to infection prevention and control.
- There were effective systems to assess, monitor and manage risks to patient safety.
- A risk assessment tool was used to ensure appropriate and comprehensive risk assessments were completed.

Are services effective?

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

- Patients who used the service were assessed as suitable for the procedure or treatment by an appropriate professional, GP or consultant working at Summerfield Healthcare.
- The service had a structured programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- Staff had the skills, knowledge and experience to carry out their roles.
- The consent process for patients was detailed and reflected national guidance.
- The service ensured information was shared with NHS GP services and general NHS hospital services when necessary and with the consent of the patient.

Are services caring?

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

- Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Staff helped patients be involved in decisions about their care. Patients were provided with written information and counselling about any planned treatment.
- We saw staff treated patients with kindness and respect and maintained patient confidentiality.

Are services responsive to people's needs?

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

- Summerfield Healthcare provided a number of services at one of two locations based in Wolverhampton and Shrewsbury. Services provided included occupational health, GP consultations, physiotherapy, paediatric consultations, psychiatry, psychology and minor procedures. Some procedures were carried out at sites around the county where consultants worked under practising privileges.
- Patients were offered convenient, timely and flexible appointments at one of the two locations based on their choice.

Summary of findings

- The service took complaints, concerns and comments seriously and responded to them appropriately to continually improve the quality of care.
 - The service had had good facilities and was well equipped to treat patients and meet their needs.
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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 set of values, which were communicated to staff. A culture of openness and honesty was promoted throughout the service.
 - The service had an active business plan, which was regularly reviewed.
 - Patient and staff views was encouraged and shared to review and improve the service provided.
 - Staff received induction, role specific training, appraisals and supervision. Staff felt well supported, respected and valued by their colleagues and the management team.
 - There was an overarching governance framework, which supported the delivery of the service strategy and treatment delivered. Regular reviews and meetings were carried out to assess and monitor the quality and performance of the service.
 - The provider had effective systems in place for identifying, recording and managing and mitigating the risk of harm to patients and staff.
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Summerfield Healthcare

Detailed findings

Background to this inspection

Summerfield Health care is an organisation registered with the Care Quality Commission (CQC). The organisation has two locations. The main location Summerfield Healthcare (Wolverhampton) is located on the outskirts of Wolverhampton city centre at 8 Summerfield Road, Wolverhampton WV1 4PR. The branch practice Summerfield Healthcare (Shrewsbury) is situated at Shrewsbury Building 1 Charlesworth-Court, Knights Way, Battlefield Enterprise Park Shrewsbury SY1 3AB. We only visited Summerfield Healthcare (Wolverhampton) as part of this inspection.

Summerfield Healthcare provides consulting rooms, which are hired out by verified visiting healthcare professionals for the purpose of treatment of disease, disorder or injury. Consultants working at Summerfield Healthcare work under practising privileges. Accommodation and administrative services are provided to healthcare practitioners to provide the following services:

- Occupational health
- GP consultations
- Physiotherapy
- Paediatric consultations
- Psychiatry
- Psychological interventions,
- Minor procedures

Practising privileges is a process within independent healthcare. Practising privileges grants a medical practitioner or other staff such as a specialist nurse or therapist permission to work in an independent hospital or clinic, independent private practice, or within the provision of community services.

The clinical staff team consists of eight GPs, one rheumatology consultant, two paediatric consultants, a general surgeon, a registered mental health nurse and a health care assistant. Clinical staff are supported by administration and reception staff.

We inspected Summerfield Health care (Wolverhampton) on 24 May 2018 as part of our inspection programme. Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser and practice manager specialist advisor.

Before visiting, we reviewed a range of information we held about the service and asked the service to send us a range of information. This included information about the complaints received in the last 12 months and the details of their staff members, their qualifications and training. Summerfield Healthcare also provided information on the day of the inspection that included policies, audits and risk assessments. We sent patient comment cards two weeks prior to the inspection to gain feedback from patients. We spoke with staff from the service that included the provider, lead nurse/registered manager and administration staff.

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 clear systems in place to keep patients safe and protected from harm.

- The service had clear systems to keep patients safe and safeguarded from abuse. Staff had received training in safeguarding and equality and diversity. Staff understood their responsibilities, had access to a safeguarding policy, and there was a designated safeguarding lead. The service had referred a safeguarding concern and was able to demonstrate the process it followed.
- The provider carried out staff checks on recruitment and on an ongoing basis, including checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken for all staff employed. (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 reviewed the recruitment records held for five staff, we found all of the required documentation had been obtained. This included photo identification and confirmation of qualifications. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. There was a designated infection prevention and control lead. Discussions with staff demonstrated they had a clear understanding of their role and responsibilities to ensure appropriate standards of cleanliness and hygiene were maintained. Staff had access to an infection control policy and had received training. An infection prevention and control audit had been completed and action taken to address recommendations made. External cleaners were contracted to maintain the cleanliness within the building and cleaning schedules were in place.
- The provider ensured that their facilities were safe. We found that electrical and clinical equipment checks to ensure that equipment was safe to use and working properly was not up to date. The registered manager arranged for this to be carried out at the time of the inspection.

- Fire checks and drills were carried out. The provider had undertaken health and safety, fire and legionella risk assessments. The service had a risk assessment in place for Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There were procedures in place for the prevention of Legionella, which included flushing of all water outlets.
- The service had an effective system in place for the collection of pathology samples such as blood and urine. An accredited laboratory, was used to process samples. The laboratory provided a daily collection service for all samples. Pathology results were provided the next day and in some cases on the day to ensure patients received their results in a timely manner.
- There were systems for safely managing healthcare waste. Suitable processes were in place for the storage, handling and collection of clinical waste. Spillage kits were provided to deal with the spillage of bodily fluids such as urine, blood and vomit. The service held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- The provider had arrangements in place to respond to emergencies. Staff had completed training in emergency resuscitation and life support to ensure they were able to respond appropriately to any changing risks to patients' health and wellbeing during their treatment.
- Emergency medicines and equipment were easily accessible to staff and stored in a secure area. All staff we spoke with knew of their location. The clinic had emergency resuscitation equipment available including an automatic external defibrillator (AED) and oxygen. The clinic also had medicines for use in the event of an emergency these were easily accessible to staff and stored in a secure area.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. This plan included arrangements to

Are services safe?

be taken in the event of major disruptions to the service in the event of adverse weather conditions. The service held emergency contact numbers for all members of staff. A copy of the plan was available off site.

- The provider ensured that they had an appropriate level of indemnity insurance and that all relevant staff, GPs and consultants had professional indemnity in place. All clinical staff were up to date with their professional registration and revalidation.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a comprehensive health and safety policy in place, which was accessible to all members of staff electronically. We observed that this policy was in date.
- The service held a risk register, which contained numerous risk assessments such as manual handling, infection control, health and safety and COSHH. (Control of Substances Hazardous to Health).

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The service received completed referral forms for each patient from other health care professionals.
- Individual care records were written and managed in a way that kept patients safe. The service maintained electronic records for all patients.
- All medicines administered were only done with an accompanying prescription by a doctor.
- Where appropriate and with the patients consent the service shared information with the patient's GP.
- Regular audits were carried out to ensure patient records were comprehensively completed and all relevant data recorded.

Appropriate and safe use of medicines

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

- During our inspection, we looked at the systems in place for managing medicines. The systems for managing and storing medicines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed or administered medicines to patients and gave advice on medicines in line with current national guidance.
- The service did not hold a stock of prescription forms. All prescriptions were issued on a private basis and were computer generated and printed individually by the GP during consultation. Repeat prescriptions were issued to patients who used the service if the patient had been seen by a GP for a consultation within the last three months.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity on a regular basis to understand risks and made safety improvements where required. Action plans were put in place to mitigate risks identified.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- 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.
- There had not been any unexpected or unintended safety incidents. As there had not been, any incidents we spoke to staff about safety and reporting and they could explain what would constitute an incident and what actions they would take.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The service had systems to ensure clinicians and other health professionals kept up to date with current evidence-based practice.

- We saw detailed clinical assessments were undertaken before patients received care and treatment. Assessments carried out included obtaining a detailed medical history to check any condition which would make a particular treatment or procedure potentially inadvisable for patients.
- Assessments and treatment protocols were based on a range of sources, including the National Institute for Health and Care Excellence (NICE) guidance. Individual GPs were registered to receive safety alerts.
- Staff had access to best practice guidelines and used this information to deliver care and treatment that met patients' needs. The provider monitored that these guidelines were followed. The provider showed examples of referrals made in line with NICE two weeks cancer referral pathways.

Monitoring care and treatment

The provider reviewed the effectiveness and appropriateness of the care and treatment provided.

- Audits were carried out to demonstrate quality improvement. These included asking patients to complete a questionnaire, which asked about their experiences before and after treatment. Regular audits were completed on patients' records and the outcome discussed with individual GPs and consultants and at clinical meetings. Action plans were developed to address areas identified for improvement.
- Patients' care and treatment were closely monitored. If more than one visit was needed scheduled appointments were provided over the term of the agreed treatment plan to monitor patients' progress.

Effective staffing

The service ensured staff had the skills, knowledge and experience to carry out their roles.

- The qualifications and experience of healthcare professionals were verified and assessed as competent at recruitment before access was granted to the consulting rooms.
- New staff completed a comprehensive induction process. Topics covered included emergency equipment, data protection and the procedures to be followed when carrying out clinical investigation and tests.
- The provider understood the learning needs of staff and had systems in place to ensure staff were aware of their responsibility to maintain and update their knowledge and skills.
- The provider checked that all healthcare professionals were registered with their relevant professional body. For example, all doctors were registered with the GMC, were on the performers' list, and had appropriate medical defence subscriptions. Staff records we looked at confirmed that all GPs were up to date with NHS appraisals and revalidation.

Coordinating patient care and information sharing

The provider ensured information was shared with NHS GP services and general NHS hospital services when necessary and with the consent of the patient.

- Patient information was stored on an electronic patient information system. This was specifically designed to record private care and treatment received by patients. 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 electronic patient record system. This included care assessments, medical records, clinical investigations and test results.
- The provider did not have access to a full medical history from medical or hospital records and relied solely on the patient offering their history freely during a consultation.
- The provider understood that information sharing was restricted between out-of-hours (OOH) services and the provider as an independent healthcare provider cannot be recorded as a patient's primary GP service. The provider told us that if patients attended an OOH service or accident and emergency department, the patient was responsible for advising them that a consultation had occurred and the documentation related to the consultation.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

The provider had a consent to examination and treatment policy in place. Staff sought patients consent to care and treatment in line with legislation and guidance.

- An appropriate process for seeking consent was demonstrated through records we reviewed and discussions we held with staff and a patient. For example, the provider told us that any treatment including fees was fully explained prior to the procedure and that people then made informed decisions about their care.
- Before patients received any care or treatment, they were asked for their consent and the provider acted in accordance with their wishes. Patients were required to sign a written consent form.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. Where a patient's mental capacity to consent to care or treatment was unclear, the GP assessed the patient's capacity and, recorded the outcome of the assessment.
- Services were provided for children and young people. Written consent was obtained from parents or legal guardians with the involvement of children where appropriate before undertaking procedures.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service gave patients timely support and information.
- The patient Care Quality Commission comment cards we received contained positive comments about the service experienced.
- All patients were asked to complete a satisfaction survey following any treatment or procedure.
- The service managers reviewed the results of patient surveys. All comments were shared with the relevant doctor or other professional. If negative comments were made these were also discussed and action taken to address them.

Involvement in decisions about care and treatment

Staff ensured patients were involved in decisions about their care.

- The service gave patients timely support and information and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given)
- Patients were provided with information about their planned care and treatment, which included any fees payable and procedures to be carried out.
- Staff encouraged patients to ask questions about any treatment and counselling appointments were available if patients wanted to discuss any concerns that they may have.
- Information could be made available in different formats and languages. Patients who did not have English as a first language were asked to bring a family member or other appropriate person to their appointment to act as an interpreter for them.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. Staff told us that patient privacy and dignity was maintained at all times.
- The service complied with the Data Protection Act 1998. All confidential information was stored securely.
- The reception area and waiting room at Summerfield Healthcare (Wolverhampton) was located away from the consulting rooms.

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

Summerfield Healthcare provided services to both adults and children who wished to seek private medical treatment and advice.

- The services provided by Summerfield Healthcare (Wolverhampton) included consultations for adults and children, minor procedures and physiotherapy.
- The service located in Wolverhampton was a former family residence. The building was easily accessed by all visitors, including those with limited mobility.

Timely access to the service

Patients were able to access care and treatment from the service within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients could access appointments at both locations at a time suitable to them.

- Patients with urgent symptoms were prioritised and offered an immediate appointment if suitable. In the event of an emergency patients, were signposted to urgent care services for example, A&E (Accident and Emergency) or NHS 111.
- Where required all patients were offered a follow up appointment to monitor and assess their treatment or procedure carried out.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems in place to ensure they were responded to appropriately.

- The complaint policy and procedures were in line with recognised guidance.
- Information about how to make a complaint or raise concerns was available, in the reception area and on the service website.
- There was a designated responsible person who handled all complaints about the service.
- The service had not received any complaints during the previous 12 months.
- The provider had systems in place to ensure complaints could be appropriately acted on and staff were aware of the process they should follow.
- The process included ensuring that lessons learned from individual concerns and complaints would be shared with staff.

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.

- The lead GP and registered manager had the experience, capability and integrity to ensure high quality care was delivered to patients who used the service strategy.
- There was a clear leadership structure in place and staff told us that they were supported by the management team and were aware of their roles and responsibilities.
- We saw that leaders at all levels were visible and approachable and all staff were observed to speak with their peers and the managers with ease.
- The management team worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality, sustainable care.

- The lead GP had a strong vision for the future development of the service and its values were clearly embedded within the whole team.
- The GP and registered manager continually reviewed the future development of the service and told us of their aspirations for the future including marketing the service.
- The vision for the service was described in the statement of purpose. The aims described ensuring that a consistent and high standard of care would be maintained. The plans to deliver this included:
 - Providing accessible healthcare, which is proactive to healthcare changes, efficiency and development.
 - Providing a personal service offering choice and continuity of care.
 - Promoting high standards of health and safety.
 - Providing ongoing training and development for staff.

Culture

- Feedback from staff and patients showed the culture of the service actively encouraged candour, openness and honesty.
- Staff told us they felt confident to report concerns or incidents and felt they would be supported through the process. There was a system and processes in place to enable staff to raise concerns.
- Staff told us the organisation supported them to maintain their clinical professional development through training and supervision.
- Staff told us they felt valued and supported in their work and were very proud to work for the provider.

Governance arrangements

Structures, processes and systems to support good governance and management were in place.

- Responsibilities, roles and systems of accountability to support good governance and management were in place.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The provider had established a complete suite of policies and procedures, which were specific to the service to ensure safety and these were available to staff.
- The provider had a clinical and operational governance programme in place that comprised of audits, adverse incidents, complaints, risk assessments, patient feedback and education and training.
- The service held a register of all professional registrations for clinical staff such as the General Medical Council (GMC). The register included details of medical indemnity insurance, renewal dates, dates checks were undertaken, Hepatitis B status, and dates safeguarding vulnerable adults and children training was completed.

Managing risks, issues and performance

There were effective systems in place for monitoring the quality of the service, managing risk and making improvements.

- There was a comprehensive system to monitor the performance of the service.
- The services of an external safety organisation was used to introduce a comprehensive risk management system that would reduce avoidable harm to patients and staff. The system also provided the service with a tool to monitor compliance and safety performance.

Are services well-led?

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

- Risk assessments we viewed were comprehensive and had been reviewed.
- There were checks in place to ensure clinicians worked within standard operating procedures and safety checklists were completed.
- The provider had oversight of external safety alerts to include Medicines and Healthcare products Regulatory Agency (MHRA) alerts.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- We saw evidence that the service collected appropriate information from new patients prior to and at the time of their appointment and held those records securely on the electronic patient system.
- The Provider had access to portable IT equipment. The equipment was not used outside of the service, home visits were not offered. IT equipment was password protected, had secure connections and were encrypted.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The provider encouraged and valued feedback from patients and staff.

- The vision and strategy for the service included ensuring that liaising with patients was identified as important to help improve services.

- Patients were invited to complete a satisfaction survey asking for their feedback about the service they had received.
- The comments were reviewed on a monthly basis and any issues discussed at the monthly governance meeting.
- The management team contacted individual patients to further discuss comments if required. The survey results were collated and discussed with staff.
- We saw that information on the service website was not fully aligned with GMC and national guidance. The lead GP and registered manager acknowledged this and were aware that the content needed to be reviewed and updated.
- Feedback was encouraged from staff through informal and formal meetings. Suggestions made by staff were listened to. For example, medical equipment used at the service were replaced following concerns received from clinical staff about the standard of equipment available.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- We saw there was a focus on continuous learning and improvement at all levels within the service.
- The service used information and national guidance to inform their practice.
- The provider made use of internal reviews of audits, incidents and complaints and consistently sought ways to improve the service and shared outcomes with staff.
- Staff were encouraged to identify opportunities to improve the service delivered through team meetings, appraisals and open discussions.