

Mayflower Healthcare Alliance Ltd

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 15 February 2019 to ask the service the following key questions; Are services safe, effective, caring, responsive, and well-led?

Our findings were:

Are services safe?

We found that this service was 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 care 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.

Mayflower Healthcare Alliance is an independent provider of a community dermatology service, and were undertaking pilots for urology, gynaecology and neurology assessment service. The service carried out minor surgery which included cryotherapy, excisions, biopsies and cauterisation and cutting. The service holds contracts with the local Clinical Commissioning Group (CCG) to deliver community services, closer to patient's homes and avoid attendances at secondary care. They have been providing these services for approximately 14 years. They treat approximately 8000 patients each year.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Mayflower Healthcare Alliance, the

Summary of findings

cosmetic treatments provided which were not funded by the NHS are exempt by law from CQC regulation. Therefore, we were only able to inspect services related to our regulation.

A senior 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 received 40 Care Quality Commission comment cards, and all of these were wholly positive about the care and service and positive outcomes the patient had received. We reviewed surveys the service had carried out in individual clinics where patients shared their views and experiences of the service. We found patients had reported that they had received excellent care in a timely and efficient manner and by staff who were caring and dedicated.

Our key findings were:

- We saw there was strong leadership within the service and the team worked together in a cohesive, supported, and open manner.
- There was an effective system in place for reporting and recording significant events.
- Information about services and how to complain was available and easy to understand. We found the provider had acted accordingly, responded to complaints with an apology and full explanation.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- All staff had received a Disclosure and Barring Service (DBS) check.
- Risks to patients were assessed and well managed. We found that the provider had clear oversight of all locations from which they provided their services.
- The service held a comprehensive central register of policies and procedures which were in place and staff were able to access these policies easily.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge, and experience to deliver effective care and treatment.
- All patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- The service did not have access to interpretation services for patients whose first language was not English.
- Risk assessments for Legionella were carried out at all four patient sites however the service did not have oversight of the risk assessments. Since the inspection the provider had requested and obtained evidence of legionella assessments for each site.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- We found the provider had not considered all relevant emergency medicines and appropriate risk assessments were not in place. Since the inspection the provider provided us with evidence that they had considered their range of emergency medicines, purchased and risk assessed the full range of required emergency medicines.
- The service proactively sought feedback from staff and patients, which it acted on. Regular surveys were undertaken and reports collated from the findings and action taken where required.
- The service worked closely with an external organisation to promote men's health checks at local events.

The area where the provider **should** make improvements is

- Strengthen systems to review emergency medicines available.
- Improve access to information for patient whose first language was not English.
- Develop systems to gain oversight of risk assessments for Legionella at patient clinic locations.
- Strengthen methods of sharing information to all staff.

Professor Steve Field

CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Mayflower Healthcare Alliance

Detailed findings

Background to this inspection

Mayflower Healthcare Alliance is registered with the Care Quality Commission at Kingsman Farm, Tye Common Road, Billericay which serves as the providers headquarters. No patients are seen at this location. Patients are seen at four different community sites, East Thurrock Road Medical Centre, Thurrock Health Centre, Billericay Health Centre and Brentwood Community Hospital where minor surgery is carried out. The services offered are dermatology, neurology, urology and gynaecology services within a community environment that offers clinics to patients 16 years and over.

The registered aspects of this service are provided by four GPs with extended role (GPwERs), two consultants, one surgeon, two nurses and two healthcare assistants (HCAs). Support is provided by a service manager and a team of reception and administrative staff. Patients registered with GP practices in Thurrock and Basildon and Brentwood could only access the service via a GP referral.

The service provides the regulated activities of: Diagnostic and screening procedures; Treatment of disease and Surgical procedures.

The aspects of the service regulated by the CQC include the treatment of skin cancer, eczema, acne, psoriasis and nail, hair and fungal infections. The diagnosis and treatment of the female urinary system, disorders of the kidneys, ureters, bladder, prostate and male reproductive organs.

Problems with uterine fibroids, ovarian cysts, cervical polyps or menstrual cycles. They also specialise in headaches of all types, neck pain, facial pain and cluster headache. Minor surgery includes cryotherapy, excisions, biopsies and cauterisation and cutting.

Clinics ran from 8.30am to 6pm on Monday and Wednesday, 12pm to 7pm on Tuesday and Thursday and 8.30am to 12pm on Friday. Three Saturday clinics ran each month from 8.30am to 5pm. Clinics were booked three months in advance and times were variable depending on demand. After treatment, the staff give each patient an aftercare package which outlines who to call in the event of an out of hours emergency. Patients are made aware they can call 111 to access out of hours services.

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

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

During our visit we:

- Spoke with staff including the lead GP with special interests in dermatology, consultant nurse and nurse. We also spoke with members of the administration team.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

Detailed findings

- 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

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff, locums. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. A notice on their website and the introduction leaflet advised patients that chaperones were available if required. A chaperone policy was in place and we saw evidence of chaperone training certificates during our inspection. 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 an infection prevention and control audit in place. The service provided an annual statement each year which included an audit, and risk assessment in relation to IPC and records of staff training. In addition to the annual audit, infection control checks were carried out every six months at all four clinic locations.

- Although Legionella risk assessments had been carried out at their four patient sites, the management team did not have oversight of these risk assessments. Since the inspection the provider had requested and obtained evidence of legionella assessments for each site.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. This included when patients moved between services.
- The service had systems for sharing information with staff and the patient's own GP and other agencies to enable them to deliver safe care and treatment.
- The service did not have access to electronic referral systems but we saw that letters detailing the referral recommendation to the patient's own GP included all the necessary information. The provider had an effective system to ensure referrals were triaged appropriately and followed up when required.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Are services safe?

Safe and appropriate use of medicines

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

- There was a system for managing medicines, including vaccines, emergency medicines and equipment minimised risks. Regular checks were carried out to ensure the emergency medicines were appropriately monitored and stored. The provider had access to their own emergency medicines when working from the community hospital site where minor surgery was carried out. We found the provider had not considered all relevant emergency medicines and appropriate risk assessments were not in place. Since the inspection the provider had considered their range of emergency medicines and we were provided with evidence that the service had purchased and risk assessed the full range of required emergency medicines. Oxygen was available with children's and adult's masks and a defibrillator was on site.
- The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there is a different approach taken from national guidance there is a clear rationale for this that protects patient safety

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. This included risk assessments for health and safety and fire safety.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service.
- 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
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs, these were shared at regular meetings. We spoke with a number of clinic staff who were aware of recent NICE guidelines, however we found one member of staff who was unaware.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, the service had made improvements to the waiting room following written feedback from patients.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, they had conducted an audit to review excision margins of basal cell carcinoma against Royal College of Pathologists and British Association of Dermatologists guidelines, which found that with incomplete excisions, the only options were further treatment or prolonged follow up to monitor for tumour recurrence. The provider had discussed the finding with staff.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, when referring to secondary care or discharging patients back to their GPs.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who have been referred to other services

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

Are services effective?

(for example, treatment is effective)

- Where appropriate, staff gave people advice so they could self-care. Patients were provided with a comprehensive aftercare plan when discharged back to their GPs. Patients were told how to care for their condition and how to treat it if it reoccurred in the future.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. Patients were able to leave feedback on the services website and verbally over the telephone. Following their consultations and procedures, patients were also asked for their feedback. We found 100% of dermatology and neurology patients found the appointment positive and 97% of the urology found the appointment positive. The clinic had received one negative comment regarding the waiting time for an appointment.
- We made CQC comment cards available for patients to complete one week prior to the inspection visit. We received 40 completed comment cards all of which were very positive and indicated that patients were treated with kindness and respect.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- The service did not have access to interpretation services for patients whose first language was not English. Staff requested that relatives who can translate attended during their appointment. A number of the clinical staff spoke multiple languages and were able to translate when required. Since the inspection the provider had enquired about signing up to a translation service which ensure all patients would have appropriate access to the service.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Results from a survey undertaken in January 2019 showed that all the responses were positive about the service experienced. 100% of patients reported they were treated with dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, every patient was contacted the day before their appointment. During these telephone calls the service confirmed location and available transportation links to ensure patients knew where to go. The service found this also ensured their did not attend (DNA) rate was below 9%.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the service was mindful of transportation links when deciding where the clinics were located. They ensured all locations had access to good transportation links for improved access and risk assessed each location to ensure patients were able to access clinics.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. The service only offered pre-bookable appointments. Staff triaged the referrals

immediately to ensure that the referral had included all information needed and that the reason for referral was appropriate for their services. Referrals not appropriate for their service were either referred on to secondary care or back to the referring GP.

- The service monitored and managed referral times to ensure waiting times were not delayed. The service held regular performance meetings with the clinical commissioning group to review this.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. The provider had an effective system to ensure referrals were followed up.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. The service had received one complaint in the last year and had made changes to improve the service offered.

Are services well-led?

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

Our findings

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- The GPs were proactive in sharing their experience and knowledge and often provided educational sessions to local GPs.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. Staff were confident that they had the skills and training opportunities to further develop.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. They had confidence that these would be addressed and were able to give examples of incidents they had raised and the learning from these events.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

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

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. For example, during appraisals consultation information was reviewed to ensure performance was managed appropriately. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information, including audits, such as a post minor surgery infection audit, a biopsy audit and prescription audit to ensure performance was reviewed and monitored. Staff were held to account when performance varied.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust 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 service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The public's, patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The service was proactive in capturing patient feedback and acted on negative comments.
- Staff were able to describe to us the systems in place to give feedback. The service carried out internal staff surveys, we saw an action plan as a result of the surveys. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.
- The provider had engaged with a local charity to provide dermatology services for a population group they felt was hard to target. This involved attending events at local sporting facilities to carry out skin cancer checks. The provider had seen 65 men during one event and diagnosed two patients with potential skin cancer.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. The provider had shared learning with referring GPs to improve the quality of referrals.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work through staff development and audits.