Pe-Ko Ltd

Corby Private Medical Centre

Inspection Report

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Date of inspection visit: 7 September 2018
Date of publication: 02/11/2018

Overall summary

We carried out an announced inspection on 07 September 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.The inspection was led by two CQC inspectors who were supported by a specialist dental adviser, a specialist GP adviser and a Polish/English speaking interpreter.

We have produced a separate report that contains our findings in relation to the dental services provided at this location. This report focuses on the provision of general practice and gynaecological services.

Corby Private Medical Centre provides mainly dental services. However, it also provides GP services (family medicine) and gynaecology services.

We were told that the majority of patients were from the Polish community and lived in Corby or surrounding border areas such as Kettering and Peterborough. We were informed that some patients had NHS registrations with other practices whilst others did not and had chosen to attend this practice to be seen privately.

The service is located on the first floor of a residential building. Level access is not available for people who use wheelchairs and those with pushchairs. However, relevant patients are signposted to other services. The service does not have its own parking facilities, but free public car parking is available near the premises.

The practice has one dental treatment room and one medical treatment room. During the inspection we spoke with a GP (female), two reception staff and both practice managers. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

On the day of inspection, we collected seven CQC comment cards filled in by patients and spoke with three other patients.

The service is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered managers at Corby Private Medical Centre are the two practice managers who share the responsibilities between them.

The service is open Monday to Friday from 10am to 8pm, Saturday from 9am to 9pm and Sunday from 10am to 7pm. For patients seeking general medical appointments and gynaecology services, appointments were available once weekly.

Summary of findings

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.

Our key findings were:

- There were systems in place to keep patients safe and safeguarded from abuse.
- There were systems in place for the management of significant events and incidents. Risks to patients were assessed and managed.
- The premises appeared well maintained. There were systems in place to support infection, prevention and control and for managing the safety of equipment.
- There were arrangements for the safe management of medicines and recruitment of staff. Staff were supported with their learning and development needs and had access to training.
- There was evidence of audits undertaken to ensure the quality of service against policies and procedures.
- Patient information was shared as appropriate with relevant health and care professionals involved in the patients care and treatment and patients were informed.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The provider had effective systems for obtaining consent to care and treatment in relation to general practice services provided.
- Feedback from people about the service they received was positive. People who had used the service felt involved in decisions and said they were treated with dignity and respect.
- People who used the service received timely care.
- There was a complaints process in place and available on the provider website.
- There were established governance arrangements and clear leadership to support the running of the service. Minutes of meetings did not demonstrate that meetings were held regularly. Staff told us that they had meetings but were held regularly but not always recorded to enable sharing of information.

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

- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, ensure that risks identified such as those presented by legionella are mitigated effectively.
- Review the appraisal process to ensure all staff undergo appraisals.
- Consider recording all team meetings to facilitate learning for all staff.

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?

No action

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

- The provider had systems and processes in place to keep people safe.
- Arrangements for managing infection control supported safe care and treatment.
- Systems were in place to learn from incidents and near misses.
- Effective recruitment processes were in place.
- Arrangements for managing equipment and medicines on site required further improvement and following the inspection the service provided assurance that this was being managed effectively.
- Information was obtained and recorded to support the delivery of individual safe care and treatment.

Are services effective?

No action

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

- Staff received guidance, support and training for their roles and duties. Most staff had access to appraisals to identify their learning and development needs.
- There was evidence of service improvement activity in relation to policies and procedures.
- The provider had effective systems for obtaining consent.

However, we found areas where improvements should be made relating to the effective provision of treatment. We saw some staff had not received appropriate appraisals.

Are services caring?

No action

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

- Positive feedback was received from people who used the service through the CQC comment cards and its own in-house surveys. Patients described staff as friendly and professional.
- People said they were involved in decisions about their care.
- Staff respected and promoted people' privacy and dignity when using the service.

Are services responsive to people's needs?

No action

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

- The service understood the people's needs and provided appointments according to demand. Currently GP consultations were offered once weekly.
- The service was located on the first floor of a converted residential building and was not accessible for patients who had difficulty with their mobility. However, relevant patients were signposted to other appropriate services.

Summary of findings

- The practice staff were multi-lingual; they were recruited with the language skills to respond to the needs of a predominantly Polish population.
- There was a system in place for handling complaints and concerns.

Are services well-led?

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

No action ✓

- There was a clear vision to provide a high quality sustainable service.
- There were clear leadership and governance arrangements in place which supported the running of the service. There was a range of policies and procedures in place to support staff in their roles.
- Risks were generally well managed.
- Staff felt supported and valued with opportunities for learning and development.
- Feedback from people who used the service helped drive improvement.

However, we found areas where improvements should be made which related to recording of meetings to facilitate learning.

Are services safe?

Our findings

Safety systems and processes

- The provider had policies and procedures in place covering adult and child safeguarding to provide support and guidance to staff. The policies contained contact details for relevant agencies responsible for investigating safeguarding concerns. The practice managers were the safeguarding leads and had completed appropriate (level three) training. Staff members we spoke with told us that they would approach them in event of relevant safeguarding issues or concerns. There was a poster in the reception to guide staff on the actions to take if they had concerns. The service had carried out a safeguarding audit in August 2018. However, there were no patients subject to safeguarding concerns and the audit was carried out on the process.
- All staff members had Disclosure and Barring Service (DBS) checks in place (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).
- A notice outside of the consultation room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for their role and those we spoke with were able to demonstrate appropriate knowledge of the purpose of the role.
- The service had completed most risk assessments. For example, to ensure the safety of electrical equipment used within the service and infection control. The practice had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The latest risk assessment was completed in May 2017 and highlighted risk areas and recommendations to be acted upon. We noted that these had not been actioned at the time of our inspection. We were told that the service had raised the remedial actions with the landlord; but these were still awaiting action. Following our inspection, the practice provided documentation which showed that the remedial actions had been completed in September 2018 and the certificate showed that identified 'risks had been removed'.
- We looked at the systems to manage infection prevention and control. We observed the premises to be visibly clean and tidy. Staff had access to personal protective equipment and spill kits for the cleaning of bodily fluids. Cleaning schedules were in place and we saw infection control audits were undertaken. The latest audit showed the practice had identified areas for improvement and had developed action plans to improve. Staff had access to a range of infection control policies and procedures and training was provided by the lead nurse as part of the induction process for new staff.
- We found the premises appeared well maintained and arrangements were in place for the safe removal of healthcare waste. Risk assessments were in place in relation to health and safety, fire and the control of substances hazardous to health (COSHH). Staff told us that they carried out daily visual checks of the premises and restocked clinical rooms, any maintenance issues identified was raised with the practice managers. Risks relating to the premises were managed by the practice managers but we noted that although there was regular checking of fire equipment, and testing of alarms
- We saw some arrangements in place to ensure the safety of clinical and other equipment. Corby Private Medical Centre provided mainly dental services. However, it also provided GP services (family medicine) and gynaecology services. These services had been started in the last 12 months and currently they were being offered one day a week. Records we looked at showed that most equipment had undergone electrical safety testing and calibration checks within the last 12 months to ensure it was in good working order. For example, we saw evidence of calibration of the ultrasound used to deliver gynaecological services. All relevant dental equipment had undergone appropriate testing and calibration However, clinical equipment used to deliver GP services such as blood pressure monitor and the pulse oximeter had not undergone calibration. The GP service had been started within the last 12 months and following the inspection, the service provided evidence that calibration of all relevant equipment had been carried out. The service also assured us that a process had been established to pick this up in the future.

Risks to patients

Are services safe?

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

- Staff felt that there were sufficient staff to enable them to deliver the service. Staff worked flexibly to ensure that there was cover for annual leave and during sickness absence. Administration staff we spoke with told us that the two practice managers covered any unplanned sickness and absences if there was no capacity among staff members.
- There was an induction process for new staff tailored to their role. We reviewed the induction training for some staff which set out various training requirements and competency based assessments.
- There was a process in place to manage emergencies on the premises and to recognise those in need of urgent medical attention. Staff received annual basic life support training as part of their mandatory training.
- The provider held emergency equipment including a defibrillator and oxygen. Records seen showed these were checked weekly to ensure they were in working order.
- We saw that systems were in place to refer and manage patients with severe infections, for example, sepsis (a life-threatening illness caused by the body's response to an infection). We spoke with one clinical staff who told us that sepsis had been discussed in team meetings and kept up to date with new guidelines.
- Professional indemnity arrangements were in place for all clinical staff.
- Records were maintained of staff immunisations.

Information to deliver safe care and treatment

- Staff had the information they needed to deliver safe care and treatment to patients.
- Patient information was held by the service in paper form and they were maintained and stored in secure lockable cabinets.
- The service regularly carried out audit of patient clinical record keeping and the most recent audit was carried out in February 2018. We reviewed 11 Individual care records and saw that they were written and managed in a way that kept patients safe.

Safe and appropriate use of medicines

The service had reliable systems for prescribing of medicines.

- The service prescribed according to regulation and followed the British National Formulary (BNF) guidelines. Clinicians told us that they did not prescribe any unlicensed medicines. When prescriptions were issued, they were written by the prescriber on a private prescription form containing the patients details and the clinicians' details such as their General Medical Council (GMC) number and the service address. The prescription was then handed over to the patient during a consultation. Patients were given advice on the medicines prescribed in line with legal requirements and current national guidance.

Track record on safety

The provider had some systems for monitoring safety in the service. This included:

- Systems and processes in place for managing risks to patients and others.
- Systems were in place for managing incidents and complaints.

Lessons learned and improvements made

The provider learned and made improvements when things went wrong.

- There was a policy in place for reporting incidents and near misses. Staff were aware of their duty to raise concerns and report incidents and near misses. They told us they would report any incidents to their line manager. There was a standard reporting form and systems for reviewing and investigating incidents.
- There were four recorded incidents over the last 12 months.
- Staff we spoke with were aware of the duty of candour but did not have any specific examples where this had applied. The service encouraged a culture of openness and honesty.
- There was a system in place receive safety alerts. Patients who visited the service declared their medicines and this was cross referenced by the service against the MHRA alerts to identify any actions. Records we viewed did not indicate that patients were affected by the safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The staffing team consisted of a GP who worked one hour weekly and a gynaecologist who also worked once weekly. We spoke with the GP on the day and they were able to discuss how they stayed up to date with current evidence-based practice and delivered care and treatment in line with current legislation, standards and guidance.

Patients received an assessment of their needs. This included their clinical needs and their mental health and wellbeing.

- A comprehensive assessment was undertaken which included an up to date medical history
- We saw no evidence of discrimination when making care and treatment decisions.
- Service users were advised what to do if their condition got worse and where to seek further help and support.
- The GP was able to demonstrate that they had access to national prescribing guidance and discussed how they followed this.
- The service had access to an accredited diagnostic microbiology and virology laboratory service for tests undertaken. Emergency results are received via email and the results were also sent to the patient.

Monitoring care and treatment

- There was evidence of quality improvement activity. There was evidence that audits were used to improve care and treatment. For example, we saw evidence of record keeping audit which confirmed that appropriate clinical record keeping was being undertaken. An infection prevention and control audit had been undertaken. We also saw a prescribing audit to ensure that clinical staff were following appropriate national guidance.

Effective staffing

We looked at whether staff had the skills, knowledge and experience to carry out effective care and treatment

- There was an induction process for new staff. This included completing the provider's mandatory training programme which covered areas such as basic life support and safeguarding. Staff also received on the job training and guidance.
- Employed staff received annual appraisals which enabled them to discuss any concerns or development needs. We saw that most staff appraisals had been carried out over the last 12 months. Appraisals of staff were carried out by the practice managers and a clinical director carried out appraisals of clinical staff. However, the practice managers had not undergone appraisals. The practice managers told us that they will now arrange this going forward.
- We also saw that clinical staff had undertaken annual appraisals as part of the revalidation process. This is the mechanism by which doctors and allied health professionals demonstrate their fitness to practice.

Coordinating patient care and information sharing

- The practice carried out cervical cytology and had a contact with an accredited laboratory.
- The laboratory provided a courier service to pick up samples. Results were received by email and paper and communicated to the patient.
- The practice recorded the patients GP during the registration process and could share information where it was clinically necessary to do so. We looked at 11 records and did not see any evidence of communication with patients GPs. However, in these cases there were no clinical indication to do so.
- The practiced made two-week emergency or private referral. Records we looked at contained relevant information. If patients wanted NHS referral they were advised to go to their own GP.

Supporting patients to live healthier lives

There was a consistent and proactive approach in helping service users to live healthier lives.

- The service encouraged and supported patients to be involved in monitoring and managing their health. Staff told us that if the patient required any further support they would be referred to their GP or other more appropriate services as required.
- The service discussed changes to care or treatment with patients as necessary.
- Where appropriate national priorities and initiatives to improve the population's, for example in areas such as smoking and high blood pressure were discussed opportunistically during consultations.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

We reviewed 11 records of service users who had undertaken minor surgical procedures and saw evidence that consent was in place where relevant. For example, the service offered gynaecology services including cervical smears and we saw that written consent was in place. There was no written consent in place for routine GP consultations as there were no procedures or interventions carried out.

We saw evidence of follow up of the patient following chest infection and back pain.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service managers we spoke with demonstrated understanding of patients' personal, cultural, social and religious needs. Most of the patients (more than 90%) spoke Polish and all the staff also spoke polish. The service was set up to serve Polish speaking patients but was looking at ways of expanding to all patient groups.
- Patients received timely support and information.
- As part of the inspection we asked for CQC comment cards to be completed by people who used the service prior to our inspection. We received seven completed comment cards, all were positive. People were very complimentary about the service they had received and the way they were treated by staff. Patients said staff were friendly and professional and that they were treated with respect.
- We reviewed the services website for any reviews, we noted 72 reviews posted since October 2017 to September 2018. Overall, we saw that the service was rated 4.9 out of 5 stars. All the feedback we reviewed were positive about the service. However, the feedback related to both the dental and the GP services.

Involvement in decisions about care and treatment

- Staff helped patients be involved in decisions about their care.
- Feedback received from the people who used the service through the completed CQC comment cards told us that clinical staff took the time to involve them in their care and that they felt listened to. Where relevant patients we spoke with on the day also confirmed this.
- Service users had access to information about the clinicians working for the service. Information about each clinician was available on the services website as well as in leaflets at the clinic.
- Patients were also able to ask for further information and ask questions about the service through the provider's website or by telephone.
- Discussions took place with patients at the point of referral and throughout their treatments to support them to make the right decisions about care and treatment.
- Over 90% of patients spoke Polish and all the staff also spoke Polish. Members of the management team also demonstrated the use of online translate services when required.

Privacy and Dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- If people appeared distressed or wished to speak in private at reception the service could offer a private room they could offer away from the main waiting area.
- Feedback received from the people who used the service through the completed CQC comment cards told us patients felt they were treated with dignity and respect.
- Privacy curtains were available in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consulting room and treatment room doors were closed during consultations and conversations taking place in them could not be overheard.
- The practice complied with the Data Protection Act 1998. We saw evidence that staff had completed relevant training.

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.

- Service users were routinely advised of the expected fee in advance of any consultation or treatment.
- Services available to patients were made clear on the website as well as through leaflets available.
- The service operated outside people's usual working hours providing evening and Saturday appointments. Phone bookings were available seven days a week from 9am till 9pm.
- All consultation rooms were located on the first floor and patients were advised that they were unable to cater to those using a wheel chair due to limitations of the building. Where relevant, patients were signposted to other relevant services.

Timely access to the service

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

- Corby private medical centre predominantly offered dental services. GP consultations along with gynaecology services had been started recently. The service currently offered weekly GP consultations and gynaecology services. Patients could book appointments seven days a week from 9am to 9pm.
- Comments received from patients through our CQC comment cards indicated that they were able to get an appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and had procedures in place to receive complaints and act on them.

- Although the service had not received any written complaints in the last 12 months, information about how to make a complaint or raise concerns was available and easily accessible. Staff told us that they would treat patients who made complaints compassionately. The service had received two verbal complaints and we saw that these had been resolved in a timely manner.
- The service requested feedback from service users and acted on them. For example, we were told that the GP consultation service had been introduced following feedback from patients.
- We were told that there was a nearby convenience store used predominantly by Polish speaking customers and the service engaged with the owner of the store as well as the customers before introducing the GP service. The service also invited feedback through social media and acted on them.

Are services well-led?

Our findings

Leadership capacity and capability;

The practice managers demonstrated that they had the capacity and skills to deliver high-quality, sustainable care.

- They had the skills and experience to deliver a service based on demand and sustainable clinical care
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, they recognised the need for re-organisation and managing risks related to political changes which may impact on the patient group.
- The practice managers were visible and available when required. For example, they covered reception if there was a shortage. There were two managers which provided flexibility.
- Patient care and experience was given high priority. The practice managers worked closely with clinicians to help meet patient needs.

Vision and strategy

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

- There was a vision and set of values which strived to place the service user first. They planned to expand the services being offered and to reach a wider patient population group. The managers told us that they were constantly exploring opportunities for expanding the range of services available and help secure the viability of the service. For example, the service predominantly provided dental services but had started GP consulting services and gynaecology services. The service aimed to appeal to all population groups and not just Polish speaking patients.
- Patients were at the centre of the services health plan and treated with respect, independence and choice was promoted.

Culture

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

- Staff we spoke with felt respected, valued and supported. They told us that they were a small team that worked well together and supported each other. Staff also told us that there was always someone they could contact for advice and support if needed.
- There was a focus on the needs of patients and staff. The practice managers told us that they wanted to provide a caring environment for patients as well as staff. We were told that journals on managing stress was shared with staff. One of the practice manager was covering a reception staff so that they could have a day off on their Birthday.
- Staff had access to support and training. The provider had identified mandatory training requirements which staff had completed. There were opportunities for discussing staff learning needs through regular appraisals.
- There was a focus on customer service and staff including clinicians had completed training in this.
- The managers acted on behaviour and performance consistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The culture of the service encouraged candour, openness and honesty. Although there were no specific examples available where this had applied.

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. The GP service had started within the last 12 months and therefore the development of the framework to support effective governance arrangements were ongoing.
- Both practice managers were responsible for the day to day running of the service and had set out clear roles and accountabilities including in respect of safeguarding and infection prevention and control.

Are services well-led?

- There were policies, procedures and activities to ensure safety and systems that ensured they operated as intended.
- The provider had established policies and procedures to support the safety of the service and were accessible to all staff.
- Staff told us that internal meetings took place on a regular basis. Minutes of meetings we looked at demonstrated that meetings were taking place. However, they also demonstrated that they were not being held regularly. Staff members and managers told us that because they were a small service they held ad-hoc meetings to communicate any issues but did not always record this.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety which included risk assessments and significant event recording.
- There were arrangements to manage current and future performance.
- The practice managers and clinicians had access to Medicines and Healthcare Regulatory Agency (MHRA) alerts, incidents and complaints. However, there was no mechanism in place to show that clinicians had received and acted on MHRA alerts. Following the inspection, we were sent a newly implemented monitoring tool; this demonstrated how arrangements were being strengthened.
- Service specific policies and standard operating procedures were available such as safeguarding and infection control.
- There were plans in place for major incidents. We saw records to demonstrate that appropriate training had been completed by all.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Records relating directly to patient care and treatment were held at site. The appointment system was electronic but all patient notes were in paper form and were kept as lockable facilities on site.
- We reviewed records relating to the running of the service and found comprehensive records were available to ensure systems and processes were running smoothly.
- Quality and operational information was used to ensure and improve performance and this performance information was combined with the views of patients.
- There were 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 and other relevant partners to support high-quality sustainable services.

- The service had sought feedback from people who used the service on an ongoing basis through their patient satisfaction survey. There was a touchscreen electronic mobile device available in the reception area and patients were encouraged to leave feedback. Patients could also provide feedback through the provider's website. We saw that a total of 74 reviews had been left over the last 12 months and all the feedback we sampled were positive. The feedback related to both the dental service as well as the medical and gynaecology service.
- The service regularly engaged with stakeholders to ensure the service was meeting their specific needs. Staff were able to give examples of changes made in response to patient feedback such as introduction of the GP consultation service.
- We were told that patient wanted water in the waiting area. However, the reception area was too small to install a water fountain and the service decided to provide free water bottles instead.
- The service had carried out a patient survey in June 2018 and also engaged and sought feedback through

Are services well-led?

social media platforms. The service provided information on how to join an NHS GP (as many of the patients were Polish speaking) and this was following findings from the patient survey.

- Clinical staff advised patients to see their usual GP if they had any concerns.
- The service was transparent, collaborative and open with their patients.

Continuous improvement and innovation

- The service advised us that they were continuously looking for opportunities to expand and this was supported with a business plan. There was a focus on continuous learning and improvement at all levels. We were told that a variety of training was made available around customer service and record we looked at confirmed this. We were told that clinical staff were reminded of good customer service during meetings and discussions.
- The service provided a variety of health care and health promotion information through its social media page. This benefitted patients as well as the service as it allowed the service to gain the trust of potential patients.

The service had a plan to renovate and improve the building and was in discussion with the landlord.