

Medcentres Plus Limited

Medcentres Plus

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 21 February 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 this service was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Medcentres Plus is private GP service based in Salisbury, Wiltshire. The practice offers a range of other services including cosmetic (surgical and non-surgical) treatments, earfold implants and vaccinations.

The Nominated Individual is also known as 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.

32 people provided written feedback about the service, by completing CQC comment cards, and we also spoke to two patients during our inspection. Patients told us that care was excellent, and that they felt involved in decision-making about the care and treatment they received. They told us they felt listened to and supported by staff, and had sufficient time during consultations to make an informed decision about the choice of treatments available to them. All of the 32 CQC comment cards we received were highly positive and aligned with these views.

Summary of findings

Our key findings were:

- Patients told us they found it easy to access appointments with a GP or nurse.
- The practice offered out-of-hours appointments if required.
- The practice offered a range of vaccinations for children, adults and travel purposes.
- The practice held a register of its most vulnerable patients which was updated and monitored daily. Appointments were prioritised as appropriate.
- The practice developed evidence-based treatments such as a minimally invasive procedure for ear reshaping.
- The practice offered a range of healthchecks with a nurse or GP.
- The practice offered a minimally-invasive pre-natal test to screen for chromosomal abnormalities.
- Patient satisfaction with the standard and quality of services received was high.

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

Are services effective?

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

Are services caring?

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

Are services responsive to people's needs?

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

Are services well-led?

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

Medcentres Plus

Detailed findings

Background to this inspection

We carried out an announced visit to Medcentres Plus on 21 February 2018. Our inspection team was led by a CQC lead inspector and included a GP specialist advisor.

Medcentres Plus is private GP service based in Salisbury, a city in the county of Wiltshire. The practice offers a range of other services including cosmetic (surgical and non-surgical) treatments, earfold implants and vaccinations. It has occupied its current facility since 2013 and is arranged over the upper floors of a three-storey building. There are GP consulting and nurse treatment rooms, an operating theatre and a range of en-suite examination rooms. The top floor has a cosmetics treatment room, a gymnasium and a treatment room for minor operations; and patient waiting rooms are situated on both floors. The practice hosts complementary services such as psychotherapy and counselling, which are available on two days a week. Registered patients are drawn from a wide geographical area, and their age distribution is broadly in line with the national average, with most patients being of working age or older. In 2017, the practice had 451 new registrations for GP services only (which includes vaccinations, nurse appointments, medicals, and GP appointments), and also saw patients who were not registered, for non-GP services. The practice shares its facility with an NHS clinic, which is situated on the ground floor.

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 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 Medcentres Plus, services provided to patients under arrangements made by their employer, for example,

are exempt by law from CQC regulation. Therefore, at Medcentres Plus, we were only able to inspect the services which are not arranged for patients by their employers with whom the patient holds a policy (other than a standard health insurance policy).

The practice clinical team consists of two GPs (one of whom is also the clinical director), two cosmetic surgeons, a sonographer (sonographers are medical imaging professionals within the allied health sector who operate an ultrasound machine to perform diagnostic medical examinations), and three nurses. The clinical team is supported by a practice manager (who is also the Registered Manager), and two receptionists.

Medcentres Plus is open from 9am to 5pm, Monday to Friday, and the practice will take calls during these times. Routine appointments are generally available from 8am to 6pm, Monday to Friday, and can be booked as required. Details of fees are available on the practice website, on a leaflet available in the practice and when the patient completes a treatment form at the reception desk.

We reviewed a range of information we hold about the practice in advance of the inspection and asked other organisations to share what they knew. We informed Wiltshire Healthwatch that we were inspecting the service; we did not receive any information of concern from them.

During our visit we:

- Spoke with a range of staff including: one GP, one nurse, one receptionist, and two patients who used the service;
- Observed how patients were being cared for and talked with carers and family members;
- Reviewed an anonymised sample of the personal care or treatment records of patients;
- Reviewed 32 Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

- Reviewed a range of policies, procedures and management information held by the practice.

The provider delivers regulated activities from its sole location at Millstream House, Avon Approach, Salisbury SP1 3SL, Wiltshire.

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice 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 practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. It is the service's policy to request a Disclosure and Barring Service (DBS) check for all staff, and we saw documentary evidence that these 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. 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.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.

- There were comprehensive risk assessments in relation to safety issues including fire safety and Legionella (a term for a particular bacterium which can contaminate water systems in buildings).

Risks to patients

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. There were appropriate arrangements in place for indemnity insurance for all clinical staff.

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 temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections i.e. sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

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.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

Are services safe?

- The systems for managing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice 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 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

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

The practice 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. When we spoke to the practice, no incidents had occurred, but we saw that systems were in place to learn and share lessons, identify themes and take action to improve safety.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Patients received a full assessment of their needs. This included their clinical needs and their mental and physical wellbeing.
- When we spoke to patients, reviewed our CQC comment cards and reviewed processes and protocols, we saw no evidence of discrimination in supporting care and treatment decisions.
- The practice used their computer systems to undertake searches of suitable patients for clinical audits to improve their health outcomes and to monitor performance against, (for example) NICE guidelines.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice offered child, adult and travel immunisations.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice undertook regular clinical audits to monitor the quality of care at the practice. We reviewed two cycles of a clinical audit where actions had been implemented and improvements monitored. For example, the practice undertook an audit to improve the electronic medical recording of medicine allergy status, to prevent induced allergic reactions and improve patient safety. The audit undertaken in 2017 identified that five patients (22%) in the study had their medicine allergy status documented in their medical records. The results of the audit were shared with all practice staff, and the practice reviewed and updated procedures to improve results and ensure best practice. Changes included updating the patient registration form to include specific questions on allergy status, adding an allergy alert to electronic records when registering new patients, and reminding staff of the

importance of recording allergy status along with specific details of the allergy. A re-audit in 2018 found that 59 patients (91%) had their allergy status recorded in their electronic notes.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff had received specific training and could demonstrate how they stayed up to date.

- The practice 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.
- The practice provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice could demonstrate how they ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff if their performance was poor or variable.

Coordinating patient care and information sharing

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The practice hosted a nutritional therapy service.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

The practice 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 practice monitored the process for seeking consent appropriately. We spoke to staff and saw documentary evidence of the process for obtaining child consent during the consultation, with parental consent established and recorded in all cases. The practice had processes to ensure that implied (not explicitly stated) consent was also recorded, and we saw minutes of meetings where issues around parental responsibility or capacity were discussed.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 32 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. This is in line with the results of the practice's own surveys and other feedback received. For example, 310 patients submitted online feedback to the practice, all of whom awarded a five-star rating for quality of service.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care 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).

- Staff told us interpreting and translation services could be made available for patients who did not have English as a first language. As well as a hearing loop, interpreting and translation services were also available for patients who were either deaf or had a hearing impairment. Practice leaflets could be made available in large print and Easy Read format, which makes information easier to access for patients with learning disabilities or visual impairments.
- Staff helped patients and their carers find further information and access community and advocacy services.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice was open from 9am to 5pm, Monday to Friday and offered out-of-hours appointments (usually to around 6.30pm, if required), for corporate patients and those unable to attend during standard opening times.
- The practice improved services where possible in response to unmet needs. For example:
 - The practice offered a range of vaccinations for children, adults and travel purposes.
 - The practice developed evidence-based treatments such as a minimally invasive procedure for ear reshaping.
 - The practice offered a range of healthchecks with a nurse or GP.
 - The practice offered a minimally-invasive prenatal blood test to screen for chromosomal abnormalities.
- The practice held a register of its most vulnerable patients which was updated and monitored daily. Appointments were prioritised as appropriate.
- The practice offered advanced booking and text reminders for appointments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the patient car park had dedicated disabled parking spaces, and there was a lift inside the building and an external ramp to facilitate access.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Telephone and online GP consultations were available which supported patients who were unable to attend the practice during normal hours.

- Patients with no previous consultation history at the practice were able to register their interest for an online appointment. They were then contacted by the practice.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to the service

Patients were able to access care and treatment from the practice 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.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients told us the appointment system was easy to use.

Listening and learning from concerns and complaints

The practice 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 and when we spoke to patients, they told us it was easy to do. No complaints were received by the practice in the last year.
- The complaints policy and procedures were in line with recognised guidance.
- The practice acted to improve the quality of care and learn lessons to prevent any significant events from occurring again. For example, following a mislaid histopathology sample, the test was repeated and the practice changed its minor operations procedures to ensure additional confirmations that these were collected and checked. No harm came to the patient as a result.

Are services well-led?

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

Our findings

We rated the practice as good for leadership.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They 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 practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice 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. It had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work in the practice.
- The practice 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 significant events.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- 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 practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- 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 including in respect of safeguarding and infection prevention and control.
- Practice 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.
- The practice had processes to manage current and future performance. Performance of employed clinical

Are services well-led?

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

staff could be demonstrated through audit of their consultations, prescribing and referral decisions.

Practice leaders had oversight of MHRA 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 practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice 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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any weaknesses.
- The practice 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 practice provided opportunities for patients and staff to support high-quality sustainable services. For instance, through staff meetings, and patient feedback forms available online and in the practice facility.

The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example:
 - The lead nurse attended vaccination and respiratory update courses.
 - The practice devotes a part of its weekly clinical governance meetings to review evidence-based training and practice.
 - The chief clinical advisor suggests courses for staff development and learning which are communicated to staff and staff are supported to attend.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.