

Fed Bucks

Unit 4 The Merlin Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 26 March 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 services in accordance with the relevant regulations.

Are services responsive?

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

Are services well-led?

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The service had not been inspected before.

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. Some services are provided to patients under arrangements made by other health services where The Merlin Centre provide staff but do not have responsibility for planning or delivering patients' care. These types of arrangements are exempt by law from CQC regulation. Therefore, at The Merlin Centre we were only able to inspect the services which are provided by The Merlin Centre in whole or in part.

The services provided which were within CQC's powers to inspect were:

- Intermediate gynaecology clinics at five locations across Buckinghamshire. Each clinic sees adult female patients who may need minor procedures, such as coils which may present complications in fitting, also

Summary of findings

known as an intra-uterine device (IUD). Also the clinics may take samples of tissue from patients for diagnostics or those where their onward referral path is not clear.

- Phlebotomy (taking blood samples) is provided at one location for practices who do not have the capacity to undertake these themselves. The Merlin Centre only provides the samples but analysis is undertaken by the local practices.
- Minor surgery for removal of skin lesions. Only those lesions that would not be eligible to be removed under current NHS guidance are treated. Adult patients pay a fee to be assessed and treated. All patients are encouraged to see their own GP first to ensure the lesion is not eligible to be removed under an NHS service.

In addition the service provided staff, referral administration and streaming of patients to other services for cardiology and ENT. They also audited services delivered by other providers such as ear, nose and throat clinics, NHS Health checks and vaccination clinics.

There was a registered manager in post. 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 39 comment cards from patients and all of these contained positive feedback regarding patients' experience of using services.

Our key findings were:

- There was a clear governance structure and leaders were available to staff, supportive and accountable.
- The provider identified and learnt from clinical practice in order to improve services where necessary.
- Risks associated with the provision of services were well managed.
- Medicines and related documentation were appropriately managed.
- The necessary checks required on staff who provided care were undertaken.
- Patients received full and detailed explanations of treatment including information enabling informed consent.
- The service was caring, person centred and compassionate.
- There were processes for receiving and acting on patient feedback.
- There were systems in place to respond to incidents and complaints.
- Staff received training relevant to their roles.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Unit 4 The Merlin Centre

Detailed findings

Background to this inspection

- Unit 4 The Merlin Centre
- Lancaster Road, Cressex Business Park High Wycombe Bucks HP12 3QL
- The provider undertakes services from several locations in Buckinghamshire including community hospital and GP practices.
- Timings of appointments were arranged directly with patients within the various clinic times that the provider operated.

We undertook an inspection on 26 March 2019.

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

We asked the provider for information prior to the inspection and spoke with stakeholders including the clinical commissioning group.

During the inspection we spoke with the leadership team, staff, looked at medicines and equipment used to deliver services and reviewed documentation including clinical records.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

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

Safety systems and processes

The service had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- There was consideration of safeguarding procedures and requirements. Safeguarding policies were accessible to staff including referral information in and out of hours. Staff had completed safeguarding vulnerable adults and children training. There was additional supporting guidance on shared drives available to staff.
- The provider had a chaperone policy and provided training to staff who undertook the role. This was to support staff with defining the role of a chaperone. Patient feedback to Care Quality Commission (CQC) comment cards indicated that chaperones were offered at clinics.
- There were appropriate recruitment and staff checks undertaken by the provider to assure themselves that all staff were safe and of good character in order to work with patients. This included proof of conduct in previous healthcare roles and DBS checks. This included appropriate checks of sub-contracted staff. All staff who worked alone with patients had a Disclosure and Barring Service (DBS) check (DBS checks provide background information on whether a person has committed a crime or is barred from caring for vulnerable adults or children).

Risks to patients

Risks to patients were assessed and managed.

- There was a plan for emergencies which may occur and affect the running of the service.
- Staff received resuscitation training (CPR) training. Emergency medicines and equipment were available to staff and monitored to ensure they were ready if required.
- The various services provided by The Merlin Centre were risk assessed and any mitigating actions as a result were undertaken.

- There was an infection control policy and monitoring processes. Staff were provided with training relevant to their role. Staff were supported with any occupational healthcare needs.
- Premises risk assessments were reviewed annually for the sites where The Merlin Centre provided its services from.

Information to deliver safe care and treatment

Staff were able to access medical records belonging to patients when delivering care. Any data supplied to The Merlin Centre was stored and transported securely. Correspondence was shared with external professionals in a way that ensured data was protected.

There was a system of dictating correspondence letters to external providers regarding patients' care. These were then typed up by support staff and sent to patients, then reviewed by the clinician responsible to ensure that any supplementary information required was then also given to patients.

Staff had access to the relevant information they needed in order to support patients with the specific medicines for which they were being supported and monitored.

Safe and appropriate use of medicines

The provider did prescribe a small number of medicines for patients where needed after specific treatments. The service shared information on any prescribed medicines with patients' GPs. Blank prescription forms were stored and transported securely.

The provider had a process for receiving medicine alerts from the MHRA and these were reviewed.

Track record on safety

There were systems to identify, assess and mitigate risks. For example:

- There were risk assessments for every location where services were provided to patients and related actions noted.
- Any related risk assessments undertaken by providers of their own premises were reviewed by The Merlin Centre.

Lessons learned and improvements made

- There was a formal process for recording and investigating incidents and events which may indicate required changes to practice and procedure. Staff could

Are services safe?

report incidents and investigations subsequently took place. There was analysis to identify any trends from incidents and complaints. Where learning was identified

changes were made. For example, a repeat of an incident where a patient had been 'discharged' from the service prematurely led to changes to ensure this would not be repeated again.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

There were appropriate systems to ensure patients' needs were assessed and their care was planned effectively. Staff undertook appropriate assessments prior to planning and delivering care.

- National Institute for Health and Care Excellence (NICE) guidance was reviewed quarterly by the clinical governance lead and staff during meetings to identify any changes to best practice.
- Assessment forms were used to identify patients care needs and we found these to be comprehensive and appropriate to the services delivered.

Monitoring care and treatment

The provider monitored the care provided via clinical and non-clinical audit and patient feedback to ensure the quality of service was maintained and improved where necessary.

Annual audit was undertaken on each of the services provided. These were conducted in real time at the locations when services were being delivered.

Patient feedback was sought via questionnaires and surveys on the support and care provided. This was highly positive about the quality of service patients received. This was shared with commissioners quarterly as part of the provider's monitoring processes.

Effective staffing

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

- A training programme was in place which included a broad range of clinical and non-clinical training including, safeguarding, infection control and equality and diversity.
- There were clinical procedures in place for all of the various care and treatments provided. These were tested and monitored.

- Staff received an induction from the provider prior to starting work. Annual appraisals were provided to staff to ensure they could identify any additional development and training needs.

Coordinating patient care and information sharing

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

- There were processes for sharing information about patients' care and treatment, including communication with their GPs where necessary.
- The provider had means of accessing necessary information such as patient's assessments prior to referral.
- Before providing treatment, staff ensured they had adequate knowledge of patients' health, any relevant test results and their medicines history.

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.

- The intermediate care services provided by FedBucks were designed to reduce the need for patients to go to hospitals for care which could be provided in the community. This reduced the need for hospital referral waits.
- Patients were provided with information and advice prior to and following their care and treatment.
- 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

Consent forms were used to ensure written consent was obtained where necessary. There was guidance and a protocol on consent available to staff.

There was dedicated Mental Capacity Act (MCA) 2005 training. Formal training had been provided on Gillick Competency and this was incorporated into the ongoing training programme for staff.

Are services caring?

Our findings

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

Kindness, respect and compassion

We received 39 Care Quality Commission (CQC) comment cards from patients who had used the service. All of the feedback cards we received from patients contained positive feedback regarding services.

The provider regularly sought feedback from patients on the services they received. From October 2018 to January

2019 89% of patients who used the gynaecology service reported they would recommend the service and 99% of patients who used the phlebotomy service reported they would recommend this to others.

Involvement in decisions about care and treatment

There was patient literature available and this explained the various types of treatment and what it entailed. Feedback provided on CQC comment cards was positive in regards to patients' involvement in care decisions.

Privacy and Dignity

Staff received training and procedures in order to protect patients' dignity and privacy. We saw no concerns in patient feedback or complaints to the provider regarding privacy and dignity concerns.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service provided personalised care to patients including ongoing access to advice and information. There had been consideration of the accessible information standard. For example,

- The provider assessed any equality and diversity concerns regarding patient care and treatment and potential improvements within their risk assessments undertaken for providing each of their services.
- A choice of female and male clinicians was offered to patients.
- Larger size fonts in patient literature were available for any patients who had difficulty reading due to visual impairments.
- Hearing loops were provided when needed.
- Translation services were available including face to face translation where required.
- Home visits were organised by the provider for patients who were unable to attend clinics.

- Patient feedback received by CQC indicated that patients received detailed explanations about their medicines.

Timely access to the service

Patients were sent letters for some appointments on specific services with an offer of a specific time and date, but they could call the service and change this if required. Other services such as phlebotomy provided a call and book system.

Comment cards contained positive feedback about access and to services.

Listening and learning from concerns and complaints

The provider had a complaints policy which set out the process for dealing with complaints. This included timeframes for acknowledging and responding to complaints with investigation outcomes. We saw complaints were acknowledged and investigated.

There was information provided to patients on how to escalate their complaints to external advocacy services such as the Independent Complaints and Advocacy Service.

Are services well-led?

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

Our findings

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

Leadership capacity and capability;

The provider had the experience, capacity and capability to ensure patients accessing services received high quality assessment and care.

- It was evident that the leadership within the service reviewed performance frequently.
- The leadership team included the relevant mix of clinicians and management expertise required to deliver the services and monitor performance.
- The services had been transferred to FedBucks within the last 12 months and the transition had meant some changes in leadership roles and structure. This had not impacted on the quality of the service provided.

Vision and strategy

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

- The provider had an ethos of identifying new, high quality and locally focussed care and treatment which would enhance patient outcomes within the Buckinghamshire area.
- The delivery of care and mix of services provided to patients reflected the provider's ethos.
- The service developed its vision, values and strategy jointly with staff and external partners

Culture

The provider ensured an open and transparent culture.

- The provider had a policy in place to comply with the requirements of the Duty of Candour and there was an open culture.
- This was reflected by incident and significant event reporting where staff were open about any concerns they had. Staff were complimentary about working for the provider.

Governance arrangements

The service had suitable governance frameworks with which to support the delivery of services. Specific policies and procedures were in place and easily accessible to staff. For example,

- There were policies covering specific areas of service delivery including safeguarding, whistleblowing and significant event reporting.
- There were regular clinical governance meetings where outcomes regarding the care provided and patient outcomes were discussed.
- We found that a process for investigating and identifying actions resulting from significant events was in place.
- Audit was used to assess quality and identify improvements.

Managing risks, issues and performance

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

- The service had systems to effectively identify, assess and manage risks related to the service provided.
- The risks associated with the treatment provided were assessed and well managed via ongoing assessment and periodic review of the services provided. For example, audits of the clinics where care was delivered took place regularly.

Appropriate and accurate information

Patient assessments, treatments, including ongoing reviews of their care, were monitored. The clinical staff responsible for delivering patients' care were able to access the information they needed.

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients. They acted to improve services on the basis of this feedback.

- Comments and feedback were encouraged. These were reviewed and considered by the provider.
- Patient feedback was consistently positive.
- Staff feedback was collected via appraisal and meetings. This was valued and acted on where necessary.

Continuous improvement and innovation

There were systems to identify learning outcomes and implement improvements where necessary.

Are services well-led?

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

- A pilot undertaking virtual consultations was underway to identify where this may benefit patients.