

Exeter Medical Limited

Exeter Medical

Inspection report

Exeter Medical
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Overall summary

We carried out an announced comprehensive inspection of Exeter Medical on 17 July 2018 to ask the service provider 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

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.

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.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of treatment, advice or surgery by a medical practitioner. The aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we were only able to inspect the provision of minor surgery, advice and treatment but not the aesthetic cosmetic services.

We received nine Care Quality Commission comment cards. These were positive regarding the environment, staff, efficiency of service, care delivered and the caring

Summary of findings

attitude of the provider. Many stated that the service was professional, and that the staff took the time to explain the process to them. They found the provider professional and would recommend the service to others.

Our key findings were:

- The service was offered on a private, fee paying basis and was accessible to people who chose to use it. Some services were provided on behalf of NHS services. For example, vasectomy and carpal tunnel surgery.
- Procedures were safely managed and there were effective levels of patient support and aftercare advice.
- The service had systems in place to identify, investigate and learn from incidents relating to the safety of patients and staff members.
- There were systems, processes and practices in place to safeguard patients from abuse.
- Information for service users was comprehensive and accessible. Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- The service had processes in place to securely share relevant information with others such as the patient's GP, NHS organisations and when required, safeguarding bodies and private healthcare facilities. The service encouraged and valued feedback from service users via in-house surveys and the website.

We saw areas of outstanding practice:

- The organisation engaged with the local community by providing an annual charity 'mole check' event at the service. The event included full mole checks for members of the local community in exchange for a minimum £10 cancer charity donation. The Saturday morning event this year had seen 130 patients being checked and £5000 being raised. Any abnormal results were processed using the urgent two week wait pathways.

There were areas where the provider should make improvements:

- Review systems for retention of recruitment records.
- Continue to embed the nationally recognised Health and Safety Executive environmental assessments

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

We found:

- There was an effective system for reporting and recording significant events should they occur.
- The service had clearly defined systems, processes and practices to minimise risks to patient safety.
- The provider demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable young people relevant to their role.
- The service had arrangements in place to respond to emergencies and major incidents.
- Medicines were managed and stored safely
- Clinical areas appeared clean and hygienic
- Surgical safety checklists were used to ensure risks to patients were minimised during surgery.
- The provider did not have fully established processes in place to ensure records were kept of recruitment procedures that had been completed.

Are services effective?

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

We found:

- The provider was aware of current evidence based guidance.
- The doctors working at the service worked within NHS services and had the skills and knowledge to deliver effective care and treatment.
- Nursing staff had experience, skills and knowledge of working within surgical environments.
- The provider had a process in place to assure the staff working at the service maintained and updated their registration. This also included assurances regarding revalidation, medical indemnity, update training and personal development.

The service had protocols and procedures in place to ensure that signed consent for procedures was obtained.

Are services caring?

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

We found:

- Comment cards, in house and external survey results showed that patients said they were treated with compassion, dignity and respect and they were well informed with regard to the process and aftercare of procedures and screening.
- Information for patients about the services available was accessible and available in a number of formats. For example, the clinic provided information within leaflets, on the website and verbally within the clinic/theatre areas.

Are services responsive to people's needs?

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

We found:

Summary of findings

- The clinic had modern facilities and was well equipped to treat patients.
 - Information about how to complain was available.
 - The service offered post-operative support where required
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Are services well-led?

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

We found:

- The providers had the skills, capacity, capability and enthusiasm to deliver the service.
 - A governance framework supported the delivery of good quality care. This included systems to follow up and monitor surgical outcomes for patients.
 - The provider was aware of the requirements of the duty of candour.
 - The provider encouraged a culture of openness, honesty and staff engagement. The service had systems for acting on and learning from notifiable safety incidents.
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Exeter Medical

Detailed findings

Background to this inspection

We carried out this inspection on 17 July 2018. The inspection team consisted of a lead CQC inspector, an assistant inspector and a GP Specialist Advisor.

As part of the preparation for the inspection, we reviewed information provided for us by the service. In addition; we reviewed the information we held on our records regarding this provider.

During the inspection we utilised a number of methods to support our judgement of the services provided. For example, we toured the building, interviewed the providers and staff, looked at the clinical systems and patient records and reviewed documents relating to the service.

Exeter Medical provides a broad range of medical and allied services to the population of the South West of England. The business roots and core business, however, are in reconstructive and aesthetic plastic surgery.

Exeter Medical undertakes both self-funded and privately insured local anaesthetic operations. The service also works for local Clinical Commissioning Groups and other NHS organisations to provide outpatient services including medical consultations and minor operations.

A wide range of outpatient procedures and treatments are offered to meet the needs of patients requiring reconstructive and aesthetic plastic surgery, dermatology, general surgery and laser treatments.

The service operates from:

Admiral House

Grenadier Rd

Exeter Business Park

Exeter

Devon

EX1 3QF

The premises is a modern purpose built building situated on a business park. There is level access and accessible facilities for any patient with mobility issues and those bringing children to the clinic. For example, it has level floor surfaces. There are three waiting areas in the building and two reception areas. The provider has responsibility for maintaining the building.

The service is led by two medical directors who are supported by a practice manager, deputy manager, team of administration and nursing staff. The doctors working at the service also work as NHS consultants and are experienced in their individual areas of practice. For example, dermatology, plastic surgery, vascular surgery and general surgery.

The clinic operates weekly from 9am to 5pm Monday to Friday.

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 service had systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. The service had a safeguarding lead. Policies and protocols had been developed which covered safeguarding, whistleblowing, management of disclosure and referral. The policies clearly outlined processes to be adhered to.
- We saw evidence that staff were up to date with all professional training requirements. We saw that records of required training were kept and were informed that clinicians also undertook self-directed learning to support their own professional development. The provider was in the process of transferring training records to an online provider.
- We spoke with staff regarding their recruitment process. These staff told us they had been interviewed, asked for proof of identification, an employment history, medical information and had given the names of two references. Clinical staff told us they had been interviewed by clinical staff and asked for information about their previous employment and experience. However, not all staff recruitment records contained evidence of these documents.
- The provider had a policy of completing a Disclosure and Barring Service (DBS) check for all staff. (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 persons who may be vulnerable).
- All staff had received training on safeguarding children and vulnerable people relevant to their role. For example, doctors had been trained to child protection or child safeguarding level three.
- Posters were displayed offering chaperones. This service was provided by staff who had received training in chaperoning and had evidence of DBS checks.
- The provider told us clinicians confirmed the identity of parents and the legal authority of accompanying adults before performing a procedure on a Minor (child or infant)
- The provider maintained appropriate standards of cleanliness and hygiene. Patients commented that the practice appeared hygienic and clean. Cleaning schedules were in place in all clinical areas. Systems were in place to return surgical equipment to central sterilising services and tracking was in place to trace this equipment. Single use equipment was also used. Protective personal equipment and cleaning equipment was readily available and used.
- There were infection control procedures in place to reduce the risk and spread of infection. An external infection control consultant was employed to complete an annual audit. The last audit was performed in January 2018 and resulted in small repairs to areas of flooring. Hand hygiene audits were completed each month and a walk round was performed each month to highlight any issues. For example, the last walk through had highlighted additional cleaning which had been completed. We inspected the consultation rooms, theatre areas and waiting areas which all appeared clean and were in good overall condition.
- Appropriate systems were in place for clinical waste disposal. Records were seen of contracts held for clinical waste and clinical sharps.
- We reviewed the legionella risk assessment for the premises and confirmed that the clinic kept records of and were aware of the control measures in place (Legionella is a bacterium which can contaminate water systems in buildings).
- Systems were in place for the prevention and detection of fire. Risk assessments and equipment was readily available.
- General environmental risk assessments were completed on a monthly basis. Discussions were held about using nationally recognised Health and Safety Executive records which the provider had sourced by the end of the inspection and had started to complete.

Risks to patients

The clinic had arrangements in place to respond to emergencies and major incidents.

Are services safe?

- All staff had received basic life support training.
- The service had a defibrillator, oxygen and emergency equipment on the premises which clinical staff knew how to use. Emergency alarms and panic buttons were situated throughout the premises. A first aid kit and accident book were also available on-site.
- Emergency medicines were safely stored, and were accessible to staff in a secure area of the theatre area. We saw that the emergency medicine stock included medicines used for the emergency treatment of allergic reactions or surgery.
- All electrical equipment was checked to ensure it was safe to use.
- Clinical equipment was checked regularly to ensure it was working properly and had been calibrated.
- Clinical rooms storing medical gases were appropriately signed. This included liquid nitrogen which was stored appropriately
- The practice manager was made aware of any issues which could adversely impact on health and safety. Staff from the clinic were aware of evacuation procedures and routes.

The provider had employer's liability insurance cover and clinicians had medical indemnity insurance in place. All doctors were registered with the GMC and were on the performers list, nurses were all on the NMC register.

Information to deliver safe care and treatment

The providers and staff worked with other services when this was necessary and appropriate. For example, the provider spoke with patients GPs, the clinical commissioning group and insurance companies.

If a procedure was unsuitable for a patient we saw records to demonstrate that the provider had referred the patient back to their own GP.

The clinic had processes in place to share information with safeguarding bodies when required.

Safe and appropriate use of medicines

The arrangements for managing medicines, including emergency medicines in the service minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

Medicines were checked on a regular basis and expiry dates of all medicines clearly labelled. Expiry dates of medicines and equipment were recorded on a document to show these checks had taken place.

Prescription stationary was stored securely and logs were in place to monitor the distribution of prescription pads.

Track record on safety

There was a system in place for reporting and recording significant events. The provider had systems and processes in place to identify, record, analyse and learn from incidents and complaints.

There had been four significant events recorded by the service. These had included a needlestick injury, staff injury and a patient fainting post surgery. Investigation and learning of these incidents had been completed. One outstanding event was discussed and demonstrated openness and transparency during the investigation.

Lessons learned and improvements made

Any significant events and complaints received by the clinic were reviewed and investigated promptly.

The provider was aware of the requirements of the Duty of Candour. An annual duty of candour report was produced to monitor any themes.

This means that people who used services were told when they were affected by something which had gone wrong; were given an apology, and informed of any actions taken to prevent any recurrence. The provider encouraged a culture of openness and honesty. There were systems in place to deal with notifiable incidents.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The service delivered care in line with relevant and current evidence based guidance.

Patients who used the service had an initial consultation where a detailed medical history was taken from the patient. Patients and others who used the service were able to access detailed information regarding the procedures and different procedures which were delivered by the provider. This included advice on the procedures and post-operative care. Some treatments required a 'cooling off' period enabling the patient to return at a later date for the treatment. Some treatments were offered on a see and treat arrangements. If the initial assessment showed the patient was suitable for the procedure this would be documented and the patient then assessed and treated.

After the procedure the staff discussed after care treatment with patients and sought to inform them of what to expect over the recovery period. This was both to allay concern and anxiety from the patients and to prevent them unnecessarily attending other primary or secondary care services. Patients were provided with details of other primary care services for the out of hours period but were also encouraged to contact the staff during opening hours.

The provider was aware of evidence based guidance and had access to written guidance should this be required. For example, NICE (National Institute for Health and Care) guidance. The provider told us the patient demographic were mostly fit and healthy but was also aware of identifying the symptoms of the acutely unwell patient. For example, anaphylaxis and sepsis.

Staff received safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) and cascaded this to the staff team through team meetings and their email system.

Monitoring care and treatment

The provider kept a record of each procedure conducted in theatre and had processes in place to capture histology results. Patients were given comprehensive details of what complications may arise and what to look for. Details of out

of hours providers were given and instructions to contact the service should any complications arise. The service provided data to show complications were recorded at less than 2% which was lower than the national averages of 5%.

Effective staffing

The service was led by two medical directors who also worked as NHS consultants. All doctors also had secondary employment as NHS consultants in their area of speciality and kept up to date in their specialist fields. All medical staff had medical indemnity cover and were registered on professional registers. For example, Nursing and Midwifery Council and General Medical Council. All staff had training records and had completed the provider's mandatory training in subjects including basic life support, safeguarding and fire safety.

Each staff member had an annual appraisal where training needs were identified, although staff said training needs could be identified informally throughout the year or more formally at staff meetings.

The practice had a staff risk assessment overview document which listed how the organisation would reduce risks associated with staffing. This document included adhering to training and appraisal programmes, facilitating targeted specialist training programmes, monitoring consultant practising privileges and implementing health and safety assessments.

Coordinating patient care and information sharing

We were given many examples of working with other services and saw that the provider did so when necessary and appropriate. For example, the provider liaised with patients GPs, insurance companies, CCGs and NHS departments and booking departments.

The medical staff asked for consent to contact the patients GP at the initial consultation and did so where appropriate. We saw records to show that this request was given or declined.

Consent to care and treatment

We found that staff sought patients' consent to care and treatment in line with legislation and guidance.

Are services effective?

(for example, treatment is effective)

- The provider had developed protocols and procedures to ensure that consent for procedures and treatment were obtained and documented. Consent forms were bespoke to each treatment and contained benefits and risks associated with the procedure.
- Consent was obtained for the use and retention of medical photographs
- The provider understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services caring?

Our findings

Kindness, respect and compassion

Comment cards and internal and external surveys contained comments to demonstrate that the patients were happy with the care, treatment and service received. Patient comments included feedback that the staff were courteous, caring and helpful to patients and treated them with dignity and respect.

Involvement in decisions about care and treatment

Feedback from comment cards showed that patients had been involved in the decision making process. The medical staff actively discussed the procedure with patients and recorded discussion in the patient record. We saw evidence of this on the day of inspection.

The provider made extensive use of patient feedback as a measure to monitor and improve services and did this by monitoring compliments, complaints and results from NHS Choices, Google reviews and patient survey.

Privacy and Dignity

Doors were closed during consultations and conversations taking place in these rooms could not be overheard. Equipment was available in theatre areas to protect the privacy and dignity of patients when surgery was taking place. One member of the administration staff who was communicating with patients over the telephone about intimate surgery had moved to a quieter office to provide patients with a more confidential environment to discuss their procedure.

The provider told us that time was spent with patients both pre- and post procedure carefully explaining the after care, recovery process and options to reduce any anxieties they may have.

The provider had access to written information and advice resources for patients that they could take away with them to refer to at a later time.

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 provider demonstrated to us on the day of inspection they understood their patients and had used this understanding to meet their needs:

- The provider had a range of information and support resources which were available to patients.
- The website for the service was very clear and easily understood. In addition, it contained valuable information regarding treatment and procedures available, fees payable, procedures and aftercare.

Exeter Medical offers both self-funded and privately insured local anaesthetic operations. The service also worked for local Clinical Commissioning Groups and other NHS organisations to provide outpatient services including medical consultations and minor operations.

Timely access to the service

The service operated between Monday and Friday depending on patient demand. Appointments were available between 9am and 5pm. Enquiries could be made by telephone, using the website and appointments made via a dedicated telephone booking line.

The clinic offered appointments to anyone who requested one and did not discriminate against any client group.

Exeter Medical was in a good condition and repair and was accessible to those with mobility difficulties, or those who used a wheelchair being entered via level surfaces. Patients received treatment on the ground floor and first floor which could be accessed by passenger lift.

The provider told us the majority of patients used English language but added that telephone interpreting services were available if required.

Listening and learning from concerns and complaints

The provider had a complaints policy and process in place.

At the time of our inspection the provider had received two complaints in the last year. Detailed records showed that these had been managed in an open, transparent and reflective way. Patients had been given explanations and external organisations contacted where appropriate to check procedures had been correctly followed and to show evidence of duty of candour had been followed. One complaint had been received from a patient's GP about communication issues regarding anticoagulation medicine changes prior to surgery. The GP was contacted and situation resolved.

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;

The organisation was headed by two directors. The directors were supported by a practice manager, theatre manager, reception manager and deputy practice manager. There were clear organisational responsibilities and communication was effective within the organisation. The providers (directors) were responsible for the organisational direction and development of the service and the practice manager responsible for the day to day running of the clinic. The providers were aware of their scope of competencies and services offered.

Vision and strategy

The providers had a clear vision to provide care and treatment options in response to patient demand and within their clinical competencies within a clinically-clean and safe environment.

Culture

The providers were aware of, and complied with, the requirements of the Duty of Candour. Each year a duty of candour report was produced to monitor any events and trends and to review any actions taken. When unexpected or unintended safety incidents occurred, the provider gave affected patients reasonable support, truthful information and a verbal and written apology.

Governance arrangements

The service had an embedded governance framework in place and produced records to demonstrate the processes and systems being completed. For example, checks on medicines, WHO (World Health Organisation) safe surgical check lists, cleaning schedules and minor surgery procedures.

Service specific policies and protocols had been developed, implemented and reviewed and were accessible in electronic and paper formats. These included policies and protocols regarding:

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

- The service had processes to manage current and future performance.
- The centre manager had oversight of incidents, and complaints.
- The service had plans in place and had trained staff for major incidents.
- The provider implemented service developments. Changes were made with input from clinicians to understand their impact on the quality of care.

Engagement with patients, the public, staff and external partners

The provider encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Online feedback and compliments and complaints.
- Verbal feedback post procedure and at reviews.
- External independent surveys

During the period of April 2017 and March 2018 the service had received 31 letters of thanks and numerous verbal thanks. The service had received two letters of complaint.

Online feedback about the service had been positive. Feedback on NHS Choices included two five star ratings (Five stars is the highest rating). Facebook showed that the practice had received nine reviews, all of which were 5.0 of 5 stars.

The service had conducted an annual patient experience survey in March 2018. 135 patients were asked to complete a survey and 67 responses had been received. Of the 67 respondents:

- 61 people said they rated the building and facilities as good (6 average)
- 64 people rated staff as good (3 average) and
- 66 people were satisfied with the service (one neither satisfied or dissatisfied)

The service had also recently developed a child friendly survey to give to children. This was yet to be implemented.

The practice encouraged staff to give feedback and offer suggestions for improvement. Staff we spoke with said they felt able to share new ideas and offer suggestions which were usually implemented. For example, a member of staff collecting payment for services suggested a more discreet

Are services well-led?

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

method of capturing information from patients following their procedures. A simple slip of paper had been subsequently introduced to communicate the consultation fee, procedure and patient's personal details.

The organisation engaged with the local community by providing an annual charity 'mole check' event at the service. The event included full mole checks for members of the local community in exchange for a minimum £10 cancer charity donation. The Saturday morning event this year had seen 130 patients being checked and raised £2,340.00 with over £5,000 being raised to date from mole check events over the past few years. Any abnormal results were processed using the urgent two week wait pathways.

Continuous improvement and innovation

We saw a continued history of clinical audit. For example, completed audit cycles of basal cell carcinoma audits in 2011 and 2012, paediatric pain audit in 2013, pilonidal sinus (cyst around buttock area) audit and a more recent mole check audit which was in the process of being written up.

- There was a focus on continuous learning and improvement at all levels within the service. Staff told us that they were encouraged to consider and implement improvements.

Incidents and feedback, including complaints, were used to make improvements.