

CHRISTCHURCH CLINICS

Inspection report

132 High Street

Braintree

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Date of inspection visit: 16 January 2023

Date of publication: 08/02/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (The previous inspection was completed on 05 March 2019 and was an unrated inspection)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at CHRISTCHURCH CLINICS as part of our inspection programme and to provide a rating for this service.

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 regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CHRISTCHURCH CLINICS provides a range of non-surgical cosmetic interventions, for example microdermabrasion, skin peels and dermal fillers which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The GP is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We requested the service share a link to our 'Give Feedback on Care' form. 7 people provided feedback about the service.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the service was led and managed promoted the delivery of high-quality, person-centred care.

The areas where the provider **should** make improvements are:

- Implement an ongoing programme of clinical audit.
- Take steps to make sure that action plans have an identified person responsible for actions and for updating the plan.

Overall summary

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to CHRISTCHURCH CLINICS

This service is provided by Christchurch Pharmacy Limited. Christchurch Clinics is a private medical clinic on the High Street in Braintree, Essex. The service has a small car park at the back, which can be accessed free of charge by patients attending the clinic. There is also a multi-story car park a short walk away. Entrance to the service is intercom controlled. This service is provided to both adults and children.

The regulated aspects of this service are provided by GMC and GPC registered clinicians as well as a health care support assistant. Support is provided by a service manager and administrative staff who are shared between Christchurch Pharmacy Limited's different services. Christchurch Clinics provides general medical services including health screening, contraception and vaccinations. The service also provides treatment for hyperhidrosis (excessive sweating) and carries out ear micro-suction. The service provides the regulated activities of: Treatment of disease, disorder or injury; Diagnostic and screening procedures; and Family Planning. The service website is: www.christchurchclinics.co.uk.

The service operates on Mondays to Fridays 9am to 6pm and is closed on Saturdays and Sundays. A service is not provided outside of these hours. Surgical procedures and the prescribing of medicines at the service is carried out by the clinical doctor. The service employs a GP, clinical pharmacists, health care assistant and reception staff who oversee appointments and administration for all patients.

How we inspected this service

Before visiting we reviewed a range of information we hold about the service and information provided pre-inspection by the service. This included:

- Key policies and protocols which related to regulated activities.
- The systems in place for the running of the service.
- Feedback received via the CQC online form.

During our inspection we:

- Spoke with the registered provider.
- Observed the premises where services were delivered from.
- Checked the environment and infection control measures.
- Explored how clinical decisions were made.
- Spoke with staff involved in the regulated activities.
- Observed staff interactions with patients via telephone and in person.
- Reviewed patient feedback received by the provider.

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?

We rated safe as Good because:

The provider had processes in place to keep patients and staff safe.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to ensure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff as part of the service's standard practice. (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 provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. We found that where a fire risk assessment had taken place, the accompanying action plan did not identify the person responsible for that action. We saw evidence that some of the recommended action had already taken place however this was not evident from the action plan.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place for the services provided and for the staff providing those services.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

Information to deliver safe care and treatment

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

Are services safe?

- 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 service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service used electronic prescriptions.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

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

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. Two significant events had been identified in the preceding 12 months. One incident related to a less commonly requested vaccine, which was found to be out of date when the patient attended for the vaccine. The patient received an apology from the service. The service then changed their system for ordering stock of this particular vaccine, so that it was only ordered once an appointment for that vaccination was booked. The second incident was also related to a vaccination. During the pandemic the practice was operating as a COVID-19 vaccination clinic. Both influenza and COVID-19 vaccinations were being provided and there was an incident where an incorrect vaccination was administered for a walk-in patient. Advice was sought and the provider informed the patient of the error. Changes were made so that separate clinics were held to avoid the error reoccurring.
- 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.

Are services safe?

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and an apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all relevant members of the team.

Are services effective?

We rated effective as Good because:

Patients were provided with effective care, that followed latest guidance and met their needs.

Effective needs assessment, care and treatment

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

- The 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' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- The provider sent reminder text messages to the patient with a link to consent and information forms. This enabled the patient to complete the information prior to their appointment, if they were able. For patients who were unable to complete the form electronically staff would support them with completion.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. They had completed one audit in 2022 relating to ear micro-suctioning. Areas for improvement were identified but also good practice in relation to contact with the patient's usual GP. They planned to complete audits relating to vaccinations and contact with the patient's usual GP post immunisation. Despite limited clinical audit, there was other evidence of action to resolve concerns and improve quality, using significant events and feedback from staff and patients.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

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

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, one patient attending for a rash, was subsequently referred on for further investigation.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, where a safeguarding concern was identified during an appointment, this was raised with the relevant agencies.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- The service provided free smoking cessation advice, blood pressure monitoring and also provided health checks.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, a patient was offered an opportunistic free blood pressure check when attending for a vaccination. Their blood pressure was found to be high. They were given advice to purchase a blood pressure monitor for home testing and to arrange an ambulatory blood pressure monitor provided by the service.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

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

The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

We found that most patients who fed back to us were positive about the attitude of staff. Staff supported patients to access care and treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was mostly positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- The service gave us several examples where staff had supported patients to access treatment. For example, a patient traveling by taxi was taken to the wrong address for his treatment. Staff from the service drove him to the correct address. For another patient the service liaised with his carers and arranged for him to use the clinic wheelchair to attend with support of the carers.
- During a very hot month, when the service was completing COVID-19 vaccinations, they had a dedicated team outside where patients were waiting, to offer water and a biscuit for anyone who became unwell due to the heat. Team members also alerted clinical staff if additional support was needed.

Involvement in decisions about care and treatment

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

- The practice had access to an interpretation service for patients who did not have English as a first language. They had some members of staff who spoke different languages, including basic British Sign Language (BSL), or they used Google translate, whichever the patient was comfortable with. Patients were also encouraged to be accompanied if they wished. If they could not be accompanied, then a consultation could take place alongside a remote call with a person the client suggested.
- Patients told us through our 'Give Feedback on Care' form on our website that the service received was excellent. Staff were knowledgeable and informative.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.

Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

The service was responsive to feedback from staff and patients and provided timely access to patients flexing according to patient need.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. The provider recruited staffing according to the demand from patients. They previously had a nurse on the team however identified that there was low demand, they therefore had recently recruited clinical pharmacists who would be able to support the GP in providing the services that patients were requesting.
- The facilities and premises were appropriate for the services delivered. During the pandemic the service had adjusted how patients entered and exited the building, to accommodate feedback from staff and patients, and to reflect guidance at the time.
- Some reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Examples included staff providing support for those patients who could not use electronic devices to fill in forms. Guide dogs were able to come into the clinic and for those for whom British Sign Language (BSL) was their first language, the receptionist was trained in communicating using basic BSL. For those patients for whom English was not their first language the service encouraged them to attend the service accompanied, however was able to access interpreters if this was more appropriate.
- At the end of 2021, a team from the service administered vaccinations in a minibus at a local college campus. This enabled them to increase uptake of the vaccination for this age group.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way. We saw that where ear micro-suctioning had identified an infection this was referred to the patient's own GP in a timely manner.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service had not received any complaints relating to regulated activities in the preceding 12 months, however staff at the service told us that any complaints were usually discussed in staff meetings.

Are services well-led?

We rated well-led as Good because:

The overall governance structures in place were effective and supported staff to provide high quality care. There were systems in place so that feedback from staff and patients, or through significant events, was used to review and improve the quality of care and the supporting systems and processes.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

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

Culture

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

- Staff felt supported by leaders. They enjoyed coming to work for the service.
- The service focused on the needs of patients.
- There were systems in place for leaders and managers to be able to act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. Patients affected by incidents were offered an apology. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff felt able to raise concerns. 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. Staff were encouraged to develop new skills. They were given protected time for training and development.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff in the service.

Governance arrangements

Are services well-led?

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information, which was reported and monitored, and management and staff were 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 identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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 service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Where clinical audit had taken place there were changes identified that would have a beneficial impact to outcomes for patients and for other service providers. As this was not a full cycle audit it was not yet possible to see the impact of these changes. There was evidence of other action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. 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.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. During the pandemic when the provider was providing a high number of COVID-19 vaccinations, they responded to suggestions from staff and patients to make the processes more effective.

Are services well-led?

- Staff could describe to us the systems in place to give feedback. They told us that there were meetings where they could provide feedback. The service had a small amount of staff, so they were communicating informally daily. We saw evidence of feedback opportunities for staff.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

There were systems to support improvement and innovation work. For example, the service introduced a barcode system for vaccinations. When a patient presented at the service for a vaccination, they presented their barcode and the service were able to bring up their details. They also sent reminder texts to patients with a link to forms that the patient could complete prior to their appointment. The forms also contained information relating to the procedure, as well as questions that would usually be asked at the start of an appointment. This saved time within the appointment and ensured that the patient was well informed about the procedure.