

Meliora Medical Group Head Office

Inspection report

Penhurst House
352-356 Battersea Park Road
London
SW11 3BY
Tel: 02037731045

Date of inspection visit: 25 January 2023
Date of publication: 01/03/2023

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 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 of Meliora Medical Group Head Office on 23 January 2023. Meliora Medical Group first registered with CQC in March 2021. This was the first CQC inspection of this location under the current CQC inspection methodology.

The registered manager is the partner and head of medical services for the company. 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.

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. Therefore, we did not inspect or report on these services. 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.

Our key findings were:

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

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

- Review how safeguarding concerns are recorded and develop systems to be informed when a child is subject to safeguarding processes.
- Review service user feedback to consider if any need to be recorded as a complaint.

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 remote CQC Inspection specialist adviser.

Background to Meliora Medical Group Head Office

Meliora Medical Group is located at Penhurst House, 352-356 Battersea Park Rd, London SW11 3BY.

Meliora Medical Group Head Office is an independent provider of medical services. They provide a head injury and concussion care service under the brand name Return2Play.

The service websites can be accessed through the following links:

<https://www.melioramedicalgroup.co.uk/>

<https://www.return2play.org.uk/>

The service provides care for people who have been noted to have a head injury or concussion. Service users who have suffered a head injury or concussion can book to see a clinician for a remote assessment as many times as is required. The service also provides face to face consultations and physical examinations but mostly provide remote care. The service is not involved with the immediate assessment or management of a head injury. The expert clinicians manage the head injury or concussion once identified to safely return the service user to their life and/or sport with clear and careful documentation throughout. The service also provides educational resources and training for staff, complete head injury policies and documentation via their online platform, and injury data analysis and reporting. The service contracts approximately 50 doctors (30 regular doctors) on a rota system and offer approximately 450 appointments each week.

The services' head office is not open to the public. Phonelines are open between 8am-6pm Monday to Friday with email support available outside of these times between 6pm-10pm and 8am-6pm on weekends. Clinical services are provided between 07.30am-9.30pm on weekdays and 8am-7pm on weekends.

How we inspected this service

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre-inspection information which we reviewed.

During our inspection we:

- Spoke with the head of medical services both face to face and remotely through video conferencing.
- Spoke with staff (Chief Operating Officer)
- Reviewed files, practice policies and procedures and other records concerned with running the service.
- Reviewed a sample of service user records.
- Looked at information the service used to deliver care and treatment plans.

To get to the heart of service users' 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 systems and procedures which ensured that users of the service and information relating to service users were kept safe. Information needed to plan and deliver care was available to staff in a timely and accessible way. The service did not see any service users at the head office location we visited and did not handle any medicines, so the risks in these areas was low. The service was not aware of and did not keep registers of any children subject to safeguarding processes.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had a number of safety policies which were regularly reviewed. We reviewed a health and safety risk assessment which had last been reviewed in Aug 2022 and summarised the changes made. We also reviewed an infection control and decontamination policy and procedure dated September 2022 which included relevant legislation and a scheduled review date. We reviewed a fire safety management and fire emergency plan for the building in which the head office was located which was not signed or dated but found no other concerns. We also reviewed the office building risk assessment dated January 2023 where potential risk had been identified and assessed as low risk.
- The head of medical services is the safeguarding lead. The provider told us that all staff have undertaken safeguarding training and relevant clinical staff were trained to level 3 children's safeguarding. We reviewed a combined adults and children policy last reviewed in September 2022 which included named safeguarding leads as well as relevant legislation and signposting to websites such as NICE, NSPCC and .GOV.
- These policies were accessible to all staff. The service had systems to safeguard children and vulnerable adults from abuse.
- The provider informed us they had not made any direct safeguarding referrals in the last year. They told us they did not keep any safeguarding registers and were not aware of any children who are subject to safeguarding processes.
- The provider told us that doctors always document who is present on the call when having remote consultations with a child and if there are any concerns, they will use their escalation protocol which all staff are aware of.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks 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).

Risks to service users

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The provider told us that at the time of inspection, they felt staffing levels were sufficient and only occasionally had to add extra clinics due to a surge in demand.
- There was an effective induction system for agency staff tailored to their role. We saw evidence of a concussion clinic induction and training checklist.
- When there were changes to services or staff the service assessed and monitored the impact on safety. We saw evidence of the weekly clinicians update email sent to all staff.

Information to deliver safe care and treatment

Are services safe?

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

- Individual care records were written and managed in a way that kept service users 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.
- We reviewed a sample of service users consultation notes and found no concerns in the way these were documented. The consultation notes contained a sufficient amount of clinical information and it was clearly documented when an adult was present. We found appropriate safety netting in place and service users of an appropriate age would only be seen alone if they were assessed as being Gillick competent.
- When a service user did not attend their appointment, these would be coded and this would be communicated to the school/club of that service user. Frequent non-attendance cases would be escalated to the concussion clinical specialists who would then escalate to the school or club.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The provider used their bespoke return to play software to share information with staff and the schools who they provided services for.
- Clinicians did not make any external referrals. There were complex clinics available for those cases where it was felt a more experienced clinician was needed and all clinicians kept up to date with evidence-based guidance.
- The provider told us that service users' GP's were not routinely communicated with, if there were any issues, they would advise the service users' parents and school to notify their GP's.

Safe and appropriate use of medicines

The service did not handle any medicines.

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 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.
- We saw evidence of a significant events policy and procedure last reviewed in September 2022 and a significant events analysis form.
- There were adequate systems for reviewing and investigating when things went wrong. The provider told us that had not had any clinical significant events in the last 12 months.
- The provider gave an example which showed learning and improvement: a school child about to sit their exams who was still suffering from the effects of a concussion. The provider identified this and contacted the school as well as the exam board to arrange an extension to the exam period and put in place additional support.
- 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?

- The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional staff.

Are services effective?

We rated effective as Good because:

The provider had systems and procedures which ensured clinical care provided was in relation to the needs of service users. Staff at the service had the knowledge and experience to be able to carry out their roles.

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 and above 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 and the consensus statement on concussion in sport.
- Service users' 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.
- Arrangements were in place to deal with repeat service users. The provider told us that service users could book a consultation for as many times as they felt was needed via their Return2Play portal.
- Staff assessed and managed service users' pain where appropriate. The provider told us that they did not prescribe or dispense any medicines and any medication that they advised a service user take was available over the counter, e.g. paracetamol.
- The provider told us that their bespoke software and website helped to support service users' independence and return to daily activities by providing extensive material, videos, signposting and guidance which was updated regularly.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The provider told us that they request feedback after each consultation and a link to give feedback was available on their website.
- We saw evidence of a clinical records audit which aimed to ensure clinicians are adhering to the note keeping requirements as laid out in their training. A random sample of 50 service users notes was selected and reviewed from a single week of appointments. The audit found that 84% of reviewed notes contained the required information (five or six out of the six required fields). Documentation of safety-netting was only present in 50% of notes. 34% of reviewed notes contained all the required information (6 items). The audit included recommendations including discussions with clinicians about documenting safety netting and gaining consensus on when this was required. A second cycle audit was planned for September 2023.
- The provider told us they had a weekly review of their head Injury and concussion service with weekly dissemination of lessons learnt to all staff.

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.

Are services effective?

- Up to date records of skills, qualifications and training were maintained.

Coordinating service user care and information sharing

Staff worked together, but did not routinely work with other organisations, to deliver effective care and treatment.

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the service user's health, however they did not have access to any relevant test results or their medicines history unless the service user had shared this information. There was evidence of service users being signposted to more sources of information via the website to ensure safe care and treatment.
- All service users were asked for consent before they used the service. Consent was asked for at the point the school, university or club signed up with the service. The school, university or club informed the parents of children who then gave their consent.
- The provider had risk assessed the treatments they offered.

Supporting service users to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified and highlighted to service users
- Where service users' 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 service users to make decisions. Where appropriate, they assessed and recorded a service user'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:

The service treated service users with kindness, respect and dignity. The service involved service users in decisions about their treatment and care. Staff we spoke with demonstrated a service user-centred approach to their work and were able to describe how lessons were learnt and actions were taken when things went wrong.

Kindness, respect and compassion

Staff treated service users with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care service users received.
- Feedback from service users was positive about the way staff treat people. Evidence of feedback seen showed that out of 71 respondents, 52 (73%) strongly agreed their clinician listened well; 51 (72%) strongly agreed their health and wellbeing was their clinicians priority and a combined 66 respondents (93%) either agreed or strongly agreed that their clinician helped them understand concussion and the concussion guidelines.
- Staff understood service users' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all service users.
- The service gave service users timely support and information.

Involvement in decisions about care and treatment

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

- For service users with learning disabilities or complex social needs, the schools and family were involved.
- Staff communicated with people in a way that they could understand. Extensive online materials were made available to service users.

Privacy and Dignity

The service respected service users' privacy and dignity.

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

Are services responsive to people's needs?

We rated responsive as Good because:

The provider was able to provide patients with timely access to the service. The service had a complaints procedure in place, and it used patient feedback to make adjustments and improve quality of care. The service had received some negative feedback that they did not feel constituted a complaint but had logged and addressed this feedback.

Responding to and meeting people's needs

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

- The provider understood the needs of their service users and improved services in response to those needs. The provider recognised a recurring theme in feedback that service users and parents were reporting difficulties in booking appointments through the website. This was discussed at a feedback review meeting and changes were made to the website to improve functionality.
- The facilities were appropriate for the services delivered.

Timely access to the service

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

- Service users had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Some service users reported that the appointment system was easy to use. Other reported finding it difficult to book appointments, update symptoms and website links not working. These were recorded on a spreadsheet with actions taken documented.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded/did not respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The service informed service users of any further action that may be available to them should they not be satisfied with the response to their complaint. Details of how to escalate a complaint were seen on the final response letter template.
- The service had a complaints, suggestions and compliments policy and procedure in place that was last reviewed and amended in September 2022. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- The provider told us that they had not received any complaints, however a feedback spreadsheet provided showed evidence of some service users that had given negative feedback. Examples seen included emails being sent to the wrong service users' parents, and clinicians overlooking other aspects of a child's wellbeing and not taking a holistic approach. These negative points as well as intended actions had been documented along with the positive feedback.

Are services well-led?

We rated well-led as Good because:

Service leaders were able to articulate the vision and strategy for the service. Staff worked together to ensure that patients would receive the best care and treatment that would allow patients to lead active lives. There were good systems in place to govern the service and support the provision of good quality care and treatment. The service used patient feedback to tailor services to meet patient need.

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. The provider told us that one of the main challenges they faced was being able to grow the service to keep up with demand. The provider told us they had already begun to look at ways of developing the service in the future, including providing a walk in service where they would employ doctors to cover clinics and told us of plans to move location to accommodate a larger staffing team.
- 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 service users.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- The service focused on the needs of service users.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. We saw evidence of a duty of candour policy last reviewed and amended in September 2022.
- The provider told us that staff could raise concerns and were encouraged to do so, with the confidence that these would be addressed.
- There were processes for providing staff with the development they need. The provider did not provide formal appraisals, however they told us they regularly checked in with staff. Staff were requested to send evidence of professional revalidation where necessary.
- The provider told us there were positive relationships between staff and management. The provider also told us that there was consistent education and support around the services' approach to clinical care. The service would hold educational days where they would discuss complex cases and upskill staff.

Are services well-led?

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 joint working arrangements 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.

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 service user safety.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for service users. There was evidence of action to change services to improve quality.
- The provider had plans in place 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 service users.
- Quality and sustainability were discussed in relevant meetings where staff had sufficient access to information.
- 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.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of service user identifiable data, records and data management systems.

Engagement with service users, the public, staff and external partners

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

- The service encouraged and heard views and concerns from service users, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

Are services well-led?

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 reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work. We saw evidence of service improvement projects including the creation of a complex case clinic where service users with complex cases would be under the care of a senior clinician subject to them meeting the internal referral criteria. Also the creation of a concussion clinical specialist role to provide early access to clinician-to-clinician advice for diagnosis and management of concussions and an advice clinic for service users.