

East Midlands Medical Services

Inspection report

190 Wollaton Road
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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

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Overall summary

The service was previously inspected in March 2018.

At the previous inspection the provider was found in breach of two regulations: safe care and treatment and good governance. The provider sent us an action plan and at this inspection we found that they had completed most of the actions and met the requirement notices, however, further work was required in some areas.

At this inspection, this service is rated as Requires Improvement overall. We have found the provider in breach of two regulations: staffing and fit and proper persons employed.

The key questions are rated as:

Are services safe? – Requires improvement
Are services effective? – Requires improvement
Are services caring? – Good
Are services responsive? – Good
Are services well-led? – Requires improvement

East Midlands Medical Services was last inspected in March 2018, but it was not rated as this was not a requirement for independent health providers at that time. Since April 2019, all independent health providers are now rated, and this inspection was undertaken to provide a rating for this service.

A clinician 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 people'. 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.

Four patients provided feedback about the service using CQC comment cards. Patients were very positive regarding the quality of the service provided.

Our key findings were:

- The practice mostly provided care in a way that kept patients safe and protected them from avoidable harm, however, evidence could not be provided to demonstrate that the provider had followed appropriate recruitment processes for clinicians.
- Patients received effective care and treatment that met their needs, however, staff training was not fully documented and checked to ensure that all staff had attended training to meet their role requirements.
- Patients were treated with respect and commented that staff were kind and caring and involved them in decisions about their care.
- Services were tailored to meet the needs of individual patients.
- The culture of the practice was positive and better governance systems were now in place, however, they could be further strengthened to ensure they were fully effective.

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

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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

- Continue to strengthen governance systems to ensure they are fully effective.

Overall summary

- Continue to develop mechanisms to obtain patient feedback.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team also included a Nurse specialist advisor.

Background to East Midlands Medical Services

East Midlands Medical Services is registered with the Care Quality Commission to provide services from an opticians at 190 Wollaton Road, Nottingham NG8 1HJ. The provider has been registered to provide services since 21 June 2013.

The provider, East Midlands Medical Services, is registered with the CQC to carry out the regulated activities of treatment of disease, disorder or injury and diagnostic and screening procedures from the location.

East Midlands Medical Services is a community eye service specialising in the provision of on-going testing and management for patients with glaucoma. In addition, it provides a paediatric service specialising in the management of lazy eyes, squints and children who need glasses. These services are funded by the NHS and patients are referred to the service from a local hub following a GP assessment.

The staff work primarily within other services and on average work one day a week on a scheduled basis within this service, depending on demand and availability. The clinic offers appointments at variable times depending on demand:

- Monday to Friday 9am until 5pm
- Saturday 9am until 4.30pm
- Sunday 10am until 4pm

The main workforce consists of three ophthalmologists, 12 optometrists, three orthoptists, two administrative staff and the service manager. The service utilises a room within an opticians and has a safe storage

area for records and equipment within the site. All patient treatment rooms are on the ground floor and there is an accessible disabled toilet and baby changing facilities available. There are some parking spaces available on the shop front and it is located on a bus route.

Before visiting we reviewed a range of information we hold about the service and information which was provided by the provider prior to the inspection taking place.

During the inspection:

- we spoke with staff
- reviewed CQC comment cards where patients shared their views
- reviewed key documents which support the governance and delivery of the service
- made observations about the areas the service was delivered from

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 Requires improvement because:

The practice provided care in a way that kept patients safe and protected them from avoidable harm, however, evidence could not be provided to demonstrate that the provider had followed robust recruitment processes for clinicians.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse, however staff recruitment processes were not robust.

- The service had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies and procedures were in place and contact numbers for the local authority were available. A clinician was the safeguarding lead. The nurse lead from the CCG attended the service each year to carry out a face to face training event with staff. Some staff had evidence of training in this area, but staff training was not fully documented and checked to ensure that all staff had attended appropriate training.
- The service had systems in place to assure that an adult accompanying a child had parental authority. This had been identified as an issue at the previous inspection.
- Recruitment checks had been completed for a non-clinical staff member recently employed. However, evidence could not be provided to demonstrate that the provider had followed robust recruitment processes for clinicians. The provider contacted us shortly after the inspection setting out the actions they would be taking to address this area.
- A chaperone policy was in place and a chaperone poster was displayed. However, staff had not completed specific training in this area.
- There was an effective system to manage infection prevention and control. The consultation room, which was rented from the opticians, and the reception area, shared with the opticians, were clean and hygienic. Staff followed infection control guidance. The service did not undertake regular infection prevention and control checks, but the clinician checked the consultation room before use for any infection control risks.
- 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. Legionella risks had

now been considered. This had been identified as an issue at the previous inspection. The provider had an agreement in place with the opticians regarding the health and safety of the premises.

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 were available to cover in the event of annual leave or illness.
- The service had purchased a defibrillator since the last inspection. Emergency treatment had been identified as an issue at the previous inspection. Staff understood their responsibilities to manage emergencies on the premises where appropriate and to recognise those in need of urgent medical attention.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. The provider had public liability and medical indemnity insurance to cover the service.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to the provider in an accessible way.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment. The service would share information with local authorities if safeguarding concerns arose. The provider encouraged patients to share information with their own GP practice if appropriate and would share information with secondary care providers where necessary.

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 minimised risks. Prescription paper was stored securely.

Track record on safety and incidents

Are services safe?

The service had a good safety record.

- 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. We examined one significant event and it had been thoroughly investigated and appropriate actions had been taken.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider demonstrated a culture of openness and honesty. This was apparent during the inspection and post-inspection when providing us with evidence and acting quickly on issues raised on the day.
- Alerts from the Medicines and Healthcare products Regulatory Authority (MHRA) were received by the registered manager and communicated to staff where it was relevant.

Are services effective?

We rated effective as Requires improvement because:

Patients received effective care and treatment that met their needs, however, staff training was not fully documented and checked to ensure that all staff had attended training to meet their role requirements.

Effective needs assessment, care and treatment

The provider had systems to keep up to date with current evidence-based practice.

- 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' needs were fully assessed. A comprehensive clinician assessment process was in place and was being followed by clinicians.
- We saw no evidence of discrimination when making care and treatment decisions.

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 reviewed the care given to each patient and encouraged feedback. Peer meetings and informal discussions took place regularly where patient care was discussed and improvements identified. Audits had taken place and actions had been identified. The provider agreed to consider re-auditing areas where actions had been identified to check that improvements had been made.

Effective staffing

Systems to ensure that staff had the skills, knowledge and experience to carry out their roles, were not fully effective.

- Staff were appropriately qualified and were registered with the General Medical Council (GMC), General Optical Council (GOC) and Health and Care Professions Council (HCPC). However, systems to ensure that professional registration was maintained were not robust.

- Staff training was not fully documented and checked to ensure that all staff had attended training to meet their role requirements. This had also been identified as an issue at the last inspection. The provider had obtained access to online training for all staff but not all staff had completed all appropriate training at the time of our inspection.
- A formal induction process was now in place. This had been identified as an issue at the last inspection.

Coordinating patient care and information sharing

The provider worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. The provider referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- The provider encouraged patients to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider told us they would follow their safeguarding policies if they had any safeguarding concerns.

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.

- Patients were assessed and given individually tailored advice, to support them to remain healthy.

Consent to care and treatment

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

- The provider understood the requirements of legislation and guidance when considering consent and decision making. Staff were observed to ensure patients consented to be examined.

Are services caring?

We rated caring as Good because:

Patients were treated with respect and commented that staff were kind and caring and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patient comment cards was positive about the way staff treated them. We observed patients were treated with kindness.
- 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.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. A hearing loop was in place.
- Detailed information was given to patients regarding treatments available.
- Patients were observed to have sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consultations were conducted behind closed doors, where conversations were difficult to overhear.
- All patient records were stored securely.

Are services responsive to people's needs?

We rated responsive as Good because:

Services were tailored to meet the needs of individual patients.

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.

- Staff understood the needs of their patients and improved services in response to those needs. Services were provided on different days to meet patient needs.
- The facilities and premises were appropriate for the services delivered. The reception area and consultation room were on the ground floor.
- Equipment and materials needed for consultation, assessment and treatment were available at the time of patients attending for their appointment.

Timely access to the service

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

- Patients had timely access to consultations.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients could make an appointment by telephoning the provider.
- Comments recorded on CQC comments cards noted that patients were satisfied with the care provided at the service.

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 a complaint policy and procedures in place.
- The service had responded appropriately to the complaints we examined during our inspection.
- The provider regularly reviewed any complaints received and shared learning with staff to improve the quality of care.

Are services well-led?

We rated well-led as Requires improvement because:

The culture of the practice was positive and better governance systems were now in place, however, they could be further improved to ensure they were fully effective.

Leadership capacity and capability

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

- The provider had a clear leadership structure in place and staff felt supported to provide high quality care.
- Staff were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider responded quickly to any areas of concern raised on the day of inspection.

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 provider's mission statement was, 'Providing quality care, to every person, every day ... exceeding expectations by pushing boundaries.'
- Values were, 'We are responsible, accountable, respectful, effective, efficient stewards of public money. We promote honesty, integrity and openness in all we do. We encourage innovations to meet challenges. We foster an environment of collaboration.'

Culture

The service had a culture of high-quality sustainable care, however, the monitoring of staff training required improvement.

- The service focused on the needs of patients.
- Staff were aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff kept their knowledge up to date, had an annual appraisal, however, staff training was not fully documented and checked to ensure that all staff had attended training to meet their role requirements.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management, however they were not fully effective at the time of inspection.

- Structures, processes and systems to support good governance and management were in place, however, they could be further improved to ensure they were fully effective in relation to recruitment and training.
- Staff were clear on their roles and accountabilities.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. A system had been set up to evidence that staff had read policies. This had been identified as an issue at the last inspection.

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. The provider had oversight of safety alerts, incidents, and complaints. Regular Partners meetings took place which considered risks, issues and performance.
- Audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. Working practices had been reorganised to minimise waiting times for patients.
- The service had a business continuity plan in place for major incidents such as power failure or building damage.

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.
- The service submitted data or notifications to external organisations as required.

Are services well-led?

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The 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. The

provider had regular meetings with commissioners to review the quality of the service provided. However, the provider had not addressed all issues identified at our last inspection.

- Patients were encouraged to feedback on every consultation, however, processes could be further developed to obtain more feedback from patients.

Continuous improvement and innovation

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

There was a focus on continuous learning and improvement. Learning was shared among staff to support improvement.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- The service was unable to provide documentary evidence that all staff had received training relevant to their role.

This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular:

- The service was unable to provide documentary evidence that all clinical staff had received all relevant checks before providing care and treatment on behalf of the provider.

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.