

Danes Camp Medical Centre

Inspection report

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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		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

We carried out an announced comprehensive inspection at Danes Camp Medical Centre on Friday 3 December 2021.

This was the clinic's first inspection since it registered with CQC in November 2017.

We based our judgement of the quality of care at this service on a combination of:

- What we found when we inspected.
- Information from our ongoing monitoring of data about services.
- Information from the provider, patients, the public and other organisations.

How we carried out the inspection:

During the inspection, we visited all areas of the service. We spoke with the Business Manager, Finance Manager and Consultant Ophthalmologist.

We have rated this service as Good overall.

We found that:

- The service had good systems to ensure patients received safe and effective care and treatment.
- There was an effective system to identify and safeguard people from abuse.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect. Patient feedback received by the service through a recent survey supported this.
- Patients could access care and treatment within their preferred timescales.
- Leaders were visible and approachable.
- There was continuous learning and improvement.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC inspector. The inspection team included a CQC GP National Clinical Advisor.

Background to Danes Camp Medical Centre

Danes Camp Medical Centre (clinic location) is operated by Danes Camp Health Care Limited. The clinic is based in Northampton. Facilities include three clinic rooms and a waiting area. The clinic is based in the building of Danes Camp Surgery GP practice.

The clinic provides diabetic retinal screening for adults only. It does not provide services for children. Screening on other parts of the eye are also carried out if appropriate. Any required surgical procedures are carried out at a local hospital.

Northampton General Hospital is responsible for booking patients in for clinics at Danes Camp Medical Centre. Northampton General Hospital also manages Danes Camp Medical Centre patient lists, medical records, contact with patients who do not attend appointments and any follow up actions from the diagnostic procedures.

Consultants worked at the clinic under practising privileges. Staff consists of a Business and a Finance Manager. The team also consisted of receptionists, healthcare assistants and nurses who worked for the service on a sessional basis.

The clinic is registered to provide the following regulated activities:

- Surgical procedures.
- Treatment of disease, disorder or injury.
- Diagnostic and screening procedures.

The clinic operated on days and times coordinated with Northampton General Hospital according to the patient lists and availability of consultants.

Are services safe?

Safety systems and processes

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

- The service had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse.
- The provider carried out appropriate recruitment checks, including Disclosure and Barring Service (DBS) checks.
- All staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control. An infection prevention and control audit had been carried out in May 2021.
- 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.

Risks to patients

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

- There were arrangements for planning the number and mix of staff needed.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- Staff had received training to help them assess any changes in patient's health to identify when emergency help was needed. Staff had received basic life support training.

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 managed by Northampton General Hospital and were shared with the service prior to their clinics.
- The service had systems for sharing information with Northampton General Hospital to enable the service to deliver safe care and treatment.

Safe and appropriate use of medicines

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

- The service did not prescribe medicines.
- Staff were trained to use eye drops on patients which were used to prepare them for the eye scanner.
- Processes were in place for checking emergency medicines at the GP practice and staff kept accurate records of medicine stocks.

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments and policies in relation to safety issues.

Are services safe?

- 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 and incidents. There had been no significant events since the service was registered four years previously.
- The service kept a log of clinical risks and action taken. For example, there had been minor problems with the eye scanner chin rest. These were rectified quickly by the servicing company.
- There were adequate systems for reviewing and investigating when things went wrong.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. Concerns were shared with the Ophthalmology partner at Northampton General Hospital.

Are services effective?

Effective needs assessment, care and treatment

We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- There were arrangements in place to ensure patients' immediate and ongoing needs were being assessed.
- Clinicians had enough information to make decisions about a course of treatment.
- 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. Staff provided information to the consultants and Ophthalmology partner at the hospital to share concerns, seek advice and promote improvement in the service.
- The service made improvements following information obtained from audits.

Effective staffing

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

- All staff were qualified to the appropriate level for their role.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) or the Nursing and Midwifery Council and were up to date with revalidation.
- The provider kept up to date records of skills, qualifications and training. Staff were encouraged and given opportunities to develop their skills.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, relevant test results and their medicines history.
- All patients were advised to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

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. Oversight of consent was managed through a formal arrangement with the hospital trust.

Are services caring?

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 in a patient survey carried out in November 2021 was positive about the way staff treat people.
- 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 their first language.
- Patients had 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.

- The service recognised the importance of people's dignity and respect. There were different treatment rooms to maintain privacy during clinics.

Are services responsive to people's needs?

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. For example, providing a range of available appointment times, including a Saturday and Sunday clinic if appropriate.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so people in vulnerable circumstances to access and use services on an equal basis to others.

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 treatment.
- Waiting times were short and managed appropriately.

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 support available to them should they not be satisfied with the outcome of their complaint or how the complaint was handled.
- The service had complaint policy and procedures in place.
- There had been no complaints about the service in the last four years. There had been a comment in the November 2021 patient survey about the use of plastic chairs in the waiting room. The service had assessed this issue and the outcome was the chairs needed to be plastic for infection control and ease of cleaning between patients.

Are services well-led?

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.

Vision and strategy

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

- The service had a realistic vision and strategy and supporting business plans to achieve priorities.

Culture

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

- The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff could raise concerns and were encouraged to do so.
- There were processes for ensuring staff had received an annual appraisal.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.

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.
- Staff were clear on their roles and accountabilities.
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The provider had formal arrangement in place with a local secondary care provider who carried out audits, oversight of consent, training and managed the appointment booking system as well as provided staff who worked on a sessional basis for the service?.
- 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.

Are services well-led?

- 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 was monitored through audit carried out by the Ophthalmology department at the local hospital. Leaders had oversight of safety alerts, incidents, and complaints.

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 patients, staff and external partners and acted on them to shape services.

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 from patients was shared and used to make improvements.