Medicare Reading Limited

Medicare

Inspection report

603 Oxford Road
Reading
Berkshire
RG30 1HL
Tel: 0118 956 1766
Website: www.en.medicareclinic.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 20 July 2018. This inspection was carried out to follow up on a range of concerns arising from earlier inspections undertaken in February and April 2018. As a consequence of these inspections we imposed conditions upon the provider's registration and issued requirement notices for the provider to improve services. We also asked the provider to send us an action plan detailing the improvements they intended to make. Therefore at this inspection we followed up on the actions the provider told us they would take to improve and asked the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

This inspection was planned as a comprehensive follow up inspection to check whether the service had taken the actions to improve set out in their action plans arising from earlier inspections. The provider gave us regular updates on progress made in delivering service improvement. At this inspection we found the provider had made significant improvements. However, these improvements had been undertaken in a short period of time and they could not be assessed for effectiveness and sustainability in the longer term.

Medicare Reading Limited is an independent health care provider. They offer private GP services for adults and children and a range of other private health care services including dermatology, gynaecology and urology. The services are mainly aimed at the Polish speaking communities in Reading but are offered to the whole community. Medicare Reading Limited also provides dental treatment. The dental service was inspected separately. The dental report can be found by selecting the 'all reports' link for Medicare Reading Limited on our website at www.cqc.org.uk

Summary of findings

Medicare Reading Limited is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some of the services available at Medicare Reading are exempt by law from CQC regulation. Therefore we were only able to inspect the regulated activities as part of this inspection.

The provider has a 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 received feedback from seven people about the service from a combination of comment cards and face to face discussions. All seven were very positive about the service describing it as responsive to their needs.

Our key findings were:

- The provider had introduced a system to receive and act upon safety alerts.
- Safeguarding systems in place were appropriate but had yet to be tested.
- A responsible officer for the service had been appointed to provide clinical leadership and monitor clinical performance.
- Appropriate clinical and prescribing guidelines had been introduced. Adherence to these guidelines was being monitored. However, it was too early to evaluate whether adherence would be sustained.
- Systems had been put in place to identify, assess and manage risk. For example, the quality of medical records was being monitored. However, these systems were not always operated consistently.
- The provider sent information to the patient's registered UK NHS GP to support continuity of care.
- Patient feedback on the service was positive.
- Staff received training appropriate to their role and appraisal systems had been improved.
- Medicines for use in an emergency were not risk assessed or held securely. The provider rectified this within one day of the inspection.

We identified regulations that were not being met and the provider must**:**

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care that are sustainable.

You can see full details of the regulations not being met, that resulted in enforcement, at the end of this report.

There were areas where the provider could make improvements and should:

- Review the advice to staff relating to identifying potential life threatening conditions.
- Continue to review the adherence to appropriate clinical guidelines and prescribing guidelines.
- Review the changes made in response to inspection to evaluate whether they are effective and sustainable.

We found the provider had made sufficient improvement to enable us to lift the conditions relating to not registering new patients and checking identity of patients we had placed on their registration. However, further progress is still required and enforcement action is detailed in the enforcement section of this report.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Medicare

Detailed findings

Background to this inspection

Medicare Reading Limited (also known as Medicare Polscy Lekarze) provides private GP services to adults and children. There is also a range of other private health care services including; dermatology and gynaecology. The registered provider is Medicare Reading Limited.

Services are provided from:

- Medicare Reading Limited, 603 Oxford Road, Reading, Berkshire RG30 1HL

Medicare Reading Limited was founded in 2013 and is located in converted privately owned premises within Reading, Berkshire. All Medicare Reading Limited services, including GP services, are provided from the same premises, which contain two treatment rooms, two dental suites and an office. There is an open plan reception area and waiting area with seating.

The team at Medicare Reading Limited consists of two doctors on the specialist register for internal medicine, undertaking general practice services, ultrasound and electrocardiograms, (one female and one male), three gynaecologists (two female and one male), a practice manager and three receptionists. Medicare Reading also provides GP services to patients from foreign countries that require medical assistance whilst visiting the UK from abroad. These are mostly one-off consultations.

Medicare Reading has core opening hours of Monday to Sunday from 7am to 11pm. This service is not required to offer an out of hours service but does offer an emergency out of hours contact number on its website and patient literature. Patients who need urgent medical assistance out of corporate operating hours are also requested to seek assistance from alternative services such as the NHS 111 telephone service or accident and emergency.

The inspection on 20 July was led by a CQC inspector who was accompanied by a GP specialist advisor and a Polish translator.

We informed the local Clinical Commissioning Group (CCG) that we were inspecting the service; however we did not receive any information of concern from them.

During our visit we:

- Spoke with a range of staff, including the clinical lead for the service, an internal medicine doctor who provides GP services, a gynaecologist, the registered manager and the practice manager who manages the full range of services.
- Spoke to three patients and observed how patients were being cared for in the reception area.
- Reviewed comment cards where patients and members of staff shared their views and experiences of the service.
- Looked at information the service used to deliver care and treatment plans.
- Reviewed documents relating to the service.

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

Detailed findings

- There was a system in place to report, act upon and learn from significant events.
- Safeguarding systems were in place and staff trained to appropriate levels for their role.
- Processes were in place to identify, assess and mitigate risk.
- Systems to identify, assess and manage risk were in place. However, some risks identified during inspection were not picked up by the provider and were corrected at the time of inspection.

Are services effective?

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

- The provider demonstrated they had processes in place to assess the doctor's competency for the work they were undertaking.
- The service had introduced a system to monitor that the work of all its clinicians was undertaken in line with national UK guidelines. It was too early to assess whether these would be followed consistently.
- We reviewed a sample of prescribing undertaken and found national guidelines were followed in 80% of the prescriptions issued. When there was deviation from guidance there was a documented rationale for doing so. In the cases we identified the prescribing was evaluated as low risk.
- The appointment of a clinical lead had resulted in review of medical records and associated prescribing. Clinicians work was monitored on a monthly basis by the clinical lead.
- Clinical audits were underway and the provider was in the process of developing an audit programme to assess quality and service provision.
- The provider had an approach for supporting and managing staff to assess their performance, clinical care, or decision making. This had been introduced in the last two months and could not be evaluated.

Are services caring?

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

- Staff delivered services in a way that respected patient's privacy and dignity.
- Patients were involved in decisions about their care.
- Staff were kind and delivered care with compassion.

Are services responsive to people's needs?

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

- The facilities and premises were appropriate for the services delivered.
- The services were offered on a private fee basis. There was a range of payment options available to patients.
- The provider implemented a system to identify patients with a long-term medical condition within a day of inspection. It was too early for the service to identify if this enabled recall for health reviews.
- The provider had installed a hearing loop to assist hearing impaired patients
- The provider had reviewed their system and identified patients taking medicines on a regular basis. This would enable medicine reviews to be undertaken but was yet to be used.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement section at the end of this report).

The provider had made improvements, for example, the appointment of a clinical lead enabled monitoring and review of clinicians work. The governance systems had been improved but the improvements were made in the last four months. Sustainability could not therefore be evaluated.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, these were in their infancy and could not be tested for sustainability.
- The practice had a governance framework and was starting to support the delivery of safe, effective and responsive care. It was too early to evaluate if it would be maintained.
- The provider's vision to deliver high quality care and promote good outcomes for patients was beginning to be supported by effective governance processes. This was a direct result of the appointment of the clinical lead.
- The levels of risk found at this inspection had reduced significantly. Appropriate systems had been implemented but had yet to be evaluated by the provider.

Detailed findings

- There was a leadership structure in place and staff felt supported by management.
- The service encouraged and valued feedback from patients and staff.

Are services safe?

Our findings

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

Safety systems and processes

The service had made improvements to keep patients safe and safeguarded from abuse.

- The practice manager had conducted a variety of non-clinical safety risk assessments which included a disabled access risk assessment, a fire risk assessment, a practice cleaners risk assessment, a violence and aggression towards staff risk assessment and two general premises and equipment risk assessments. We saw examples of safety policies which were communicated to staff.
- Procedures for safeguarding children and vulnerable adults were appropriate but had not been tested. Since the first inspection in February 2018 all clinical staff were trained to level three. There were up to date protocols for referring safeguarding concerns to the local authority. Details on how to make a referral were available to all staff. The service had completed safeguarding referrals for children identified at the first inspection. The clinical lead (Responsible officer) had briefed clinicians on the processes to identify any safeguarding concerns and this was recorded. In addition the service had added a template to their patient record system. Clinicians were required to complete this for all consultations with patients under the age of 18, including when they had no safeguarding concerns.
- The practice manager told us they had not made any new safeguarding referrals since the inspection in February 2018.
- Staff who acted as chaperones were trained for the role and had received a DBS check. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure).There were chaperone posters available throughout the premises.
- We looked at updated records and a newly appointed staff file and found the appropriate recruitment checks had been completed for all staff since the inspection of February 2018.
- 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).
- The service maintained appropriate standards of cleanliness and hygiene. We saw there was an effective system to manage infection prevention and control. The practice manager was the infection control lead and all staff had received infection control training. We saw a hand hygiene audit and a cleaning risk assessment was completed. There was a record of an infection control audit undertaken in July 2018. There were spill kits available in the event of a body fluid spillage.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste and we saw a waste audit was completed.
- There was an up to date fire risk assessment, staff had received fire safety training and the service carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use. Throughout the inspection we observed all clinical equipment had been calibrated where relevant to ensure it was working properly. The service had a variety of other risk assessments in place to monitor safety of the premises and staff such as a lone worker risk assessment and a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Risks to patients

The service had made some improvements since the inspection of February 2018. However, there were some areas of risk that required further improvement.

- Staff understood their responsibilities to manage emergencies on the premises.
- All staff received annual basic life support training.
- All the medicines were checked monthly and we found them to be in date. At the time of inspection the provider did not stock all medicines that may have been required to deal with a medical emergency. Within a day of inspection the service undertook a risk assessment of the emergency medicines and increased the stock held. For example, they obtained a supply of benzylpenicillin (Benzylpenicillin is the first line treatment for bacterial meningitis).

Are services safe?

- The service had a defibrillator and oxygen available on the premises. The defibrillator pads, battery and the oxygen were all in date and the oxygen cylinder was full. A first aid kit and accident book were available.
- We reviewed records that identified all clinical staff held professional indemnity cover appropriate to their role.

Information to deliver safe care and treatment

The service had made significant improvement in managing the information needed to deliver safe care and treatment since February 2018. There was a system in place to ensure risks to patients were assessed, monitored and mitigated.

- We found the systems for sharing information with a patient's NHS GP, where they had one, had improved. All patients registered with a GP were asked to give consent to the outcome of their consultation being shared with their GP. The service highlighted the benefits of sharing such information. Since the February 2018 inspection the practice had obtained consent from all patients to share this information with their registered GP and the service demonstrated that such information sharing was taking place. We were told by the practice manager that the provider's policy was to decline to treat patients if they did not give consent for the consultation information to be shared with their NHS GP. We noted that consent was given for all consultation information to be shared in this way.
- We looked at the system for dealing with patient correspondence regarding care and treatment delivered externally. We found that the system for recording and following up referrals had improved. The service had introduced a system to record and track referrals. This included urgent referrals for patients with suspected cancer needing to be seen within two weeks. We reviewed three examples where the system had been implemented and saw that referrals were followed up.
- At the time of inspection the service had not provided staff with guidance on identifying potential life threatening conditions. The service sent us evidence within two days of inspection that training in identifying such conditions had been undertaken by staff. For example, identifying possible sepsis and meningitis.

Safe and appropriate use of medicines

Systems to manage medicines safely had improved since the inspection of February 2018. However, we continued to find concerns with the storage of medicines.

- There were emergency medicines cupboards and a medicines fridge on the ground floor. They were easily accessible to staff and all staff knew of their location. There were further emergency medicines in the first floor dentist room. We identified that the fridges were either left unlocked or with the key in the lock. Both rooms were not lockable. However, this was dealt with on the day of inspection.
- The service kept an electronic secure clinical record for each patient that attended for consultation. Since February 2018 the provider had identified a means to search the clinical record system for the names of medicines prescribed. We noted that the lead clinician had conducted audits on specific medicines. The results of the audits were shared with the clinicians to identify where prescribing could be improved. The service had also introduced prescribing guidelines adopted from a UK health authority. Whilst the guidelines were found to be out of date progress had been made and the provider downloaded an up to date set of guidelines within one day of inspection. The clinical lead had also met with clinicians to give them guidance on following prescribing guidelines. We noted that one to one meetings with clinicians also recorded them receiving guidance to follow UK prescribing guidance.
- The service had improved security of prescriptions by introducing sequentially numbered prescription pads. Prescriptions were scanned and uploaded into the attachments section of the clinical record system. We reviewed records of 45 consultations undertaken in the last four months. When a consultation resulted in a prescription being raised we found these on the system and the doctors matched their record with the prescription issued.
- Since the February 2018 inspection the service had developed a system for responding to medicine and safety alerts. We found the system in place to respond to and take action on relevant alerts included searching the clinical system to find patients that may be subject to a medicine alert. Those alerts that had not been responded to at our previous inspection had been followed up and action completed.

Are services safe?

- The provider demonstrated the system for searching their clinical record system for medicines that could then be audited.

Track record on safety

The provider had developed systems to assess and manage risk.

- The service undertook regular medical record audits. The recently appointed responsible officer had followed up on an independent audit carried out in April 2018 that had identified inconsistency in recording clinical information. They undertook a monthly review of a sample of medical records and where improvements to recording were identified these were discussed with the clinician that made the record.
- Before any medicines were prescribed a clinician had to undertake a consultation. This reduced the risk of providing repeat prescriptions without seeing the patient and enabled the clinician to assess if the patient continued to require medicines.
- The responsible officer had commenced reviews of the work of the clinicians. There was evidence of one to one meetings at which best practice guidance and risk management were discussed.
- Patient records were stored appropriately and the provider was registered with the Information Commissioner's Office and had a procedure in place to govern information governance and data protection.

Lessons learned and improvements made

The service had an awareness of the need to review and investigate when things went wrong and there was system for staff to inform the practice manager of any incidents. There was a structure for staff meetings in place.

- We noted that staff meetings were in place and that significant events were timetabled for these meetings. We also noted that the system of having sequentially numbered prescriptions had arisen from a member of staff alerting the manager to the fact that prescriptions could not be tracked. However, we could not test if the reporting and learning from significant events was effective because there had not been any reported since the focused inspection in April 2018.
- Staff were able to describe the rationale for Duty of Candour, Regulation 20 of the Health and Social Care Act 2008. This relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The provider told us their clinicians were expected to work within current national guidelines. We noted that since the responsible officer had commenced in post in May 2018 that UK clinical guidelines had been introduced to the service. These were held in a central location and all clinicians had signed to confirm they had read them and would follow them in their day to day practice. The responsible officer held monthly meetings with the clinicians at which case studies were reviewed and adherence to UK guidelines monitored. It was too early to evaluate whether such guidelines were being followed in all consultations. However, the sample of 45 records of consultations reviewed indicated that guidelines were being followed in most cases. Also the review of medical records of recent consultations showed that there was a documented rationale for alternative treatment provided when it deviated from guidelines.

The provider had undertaken checks to ensure clinicians were appropriately registered with professional bodies. We also noted that membership of Royal Colleges was encouraged.

The responsible officer for the service undertook monthly monitoring of the work of the clinicians. They had also introduced a revised appraisal system for the clinicians and ensured they were assigned to appropriate appraisers.

Monitoring care and treatment

The service was developing their programme for clinical audits or quality improvement to assess the service provision.

The provider had undertaken the following audits:

- A gynaecological medical record audit completed by the practice manager.
- A hand hygiene audit.
- A waste management audit.
- An independent medical record audit.
- Infection control audit
- Medical records audit (three cycles)

Prescribing had been reviewed by the responsible officer and a set of UK prescribing guidelines had been introduced. The provider had also introduced clinical governance meetings, clinical meetings and monthly one to one clinical reviews with the clinicians working at the service. The responsible officer had commenced spot checks of prescribing from medical records audits and any anomalies in prescribing were brought to the attention of the prescribing clinician.

These monitoring processes had been introduced in the last four months. The provider had not had the opportunity to assess whether they would prove effective and sustainable in the long term.

We asked the provider to send us a weekly report of medicines prescribed. We reviewed two of the reports in detail and followed them up with checks of medical records at inspection. We found 80% of the prescribing followed UK guidelines. The remaining four (20%) did not follow UK guidelines but were assessed as low risk.

Effective staffing

- The service had an induction check list for newly appointed members of staff that covered topics such as safeguarding, infection control, fire safety, health and safety and confidentiality.
- The practice manager told us, and was able to demonstrate, that appraisals had been scheduled for all staff. This included an appraisal for the manager to be conducted by the responsible officer.
- We saw evidence to confirm that doctors had received an up to date annual revalidation appraisal. We saw records which demonstrated that the clinicians had attended various training updates. We also saw evidence that clinicians were expected to attend at least one Royal College event each year providing updates that were relevant to their practice.
- The provider had developed an approach for supporting and managing staff to assess if their performance was poor or variable. It was too early in the implementation of the approach to identify whether it was effective.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment for relevant staff in a timely and accessible way was improving. The auditing of medical records had highlighted specific areas for improvement and the

Are services effective?

(for example, treatment is effective)

responsible officer was following these up with clinicians. The sample of records reviewed showed that notes were becoming consistent in content and were in a clear timeline.

- The service had revised their policy to ensure information about consultations was shared, at all times, with the patient's registered UK GP. All patients were encouraged to consent to such information sharing. Since our first inspection no patients had refused consent. We were told that if a patient refused consent they would be declined treatment.

Supporting patients to live healthier lives

The reception and waiting area within the service had a range of information leaflets providing information on various conditions, health promotion, support organisations and alternative care providers.

The responsible officer had introduced a recommendation to all clinicians to discuss healthy lifestyles with patients when relevant. For example stopping smoking, benefits of exercise and a balanced diet.

Consent to care and treatment

- We saw a consent policy which set out the practice's approach to consent and the way in which the principles of consent would be put into practice. Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice undertook limited monitoring of the process for seeking consent. This was carried out from monthly spot checks of the quality of medical records which could identify any issues where consent had not been documented when it was required.

Are services caring?

Our findings

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

Kindness, respect and compassion

- During our inspection we observed a relaxed and friendly atmosphere at the service and members of staff were courteous and helpful to patients whilst treating them with dignity and respect.
- The clinic was very clean and tidy and the consulting rooms were very well equipped.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed and music was played in the waiting room to ensure that during consultations, conversations taking place could not be overheard.
- There was access to private rooms if a receptionist identified a patient was distressed and wanted to speak to them in confidence to discuss their needs. Chaperones were available on request and patients had an option of whether they saw a male or female doctor.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection, we received four completed comment cards which were all positive about the standard of care received and given. The services were described as very good and professional and the staff very caring.

Involvement in decisions about care and treatment

- Written and verbal patient feedback told us that they felt involved in decision making about the care and treatment they received. Four patients commented that they used the clinic because they felt the clinicians listened to what they wanted from their treatment.
- Staff greeted patients with a smile and introduced themselves by name to the patient and relatives.
- There was patient information literature, available in both English and Polish, which contained information for patients and relatives including procedural information. This information was also available on the services website. Both paper literature and digital literature included relevant and up to date information including what can be treated and the different types of treatment available.
- Staff facilitated patients involvement in decisions about their care. Leaders had been briefed on the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given). There were arrangements to meet the broad range of communication needs within the patient population and information and signage in the clinic was in both English and Polish.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect and the service complied with the Data Protection Act 1998. All confidential information was stored securely on computers and staff had received information governance training. However, we identified that the electronic lock on computers did not come on when computers were left unused for more than five minutes. The provider had this corrected within one day of the inspection.
- The reception team had a facility to make outbound telephone calls away from the reception area when necessary to promote confidentially.
- Appointments for all services provided by Medicare Reading were co-ordinated and scheduled to avoid a busy reception area and strengthen existing privacy and dignity arrangements.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

Services at Medicare Reading Limited could be accessed in person by attending the service or through a telephone enquiry. Appointments could also be booked online. Other information and general enquires could be accessed through the website.

- Medicare Reading was situated on two stories in a converted building. The facilities and premises were appropriate for the services delivered and the two doctor consulting / treatment rooms were on the ground floor with appropriate access for patients with a disability.
- There was a disabled ramp access at the front of the building and appropriate hand rails and pull cords in the toilets.
- The provider had installed a hearing loop to assist hearing impaired patients.
- There was a baby changing facility.
- The services were offered on a private fee basis. There was a range of payment options available to patients.
- Patients with a long-term condition had been offered a review of their condition at no additional cost. During the inspection the provider identified a means of entering a long term condition into their clinical record. This would enable patients who did not receive an annual review of their condition from their registered UK NHS GP to be called for an annual review to check their health and medicines needs were being appropriately met. This process had not been tested at the time of inspection.
- Medicine reviews had not been undertaken by the provider but there was the ability to search for repeat prescriptions and offer such a review. However, we noted that patients could not receive a prescription without consulting a doctor.

Timely access to the service

Medicare Reading had core opening hours of Monday to Sunday from 7am to 11pm.

- Bookings were recorded on an electronic booking system. This included full personal details as well as free text notes that related to the individual patient.
- Patients were able to access care and treatment from the service within an acceptable timescale for their needs.

Listening and learning from concerns and complaints

The complaint policy and procedures were in line with recognised guidance. This included the practice manager as the designated responsible person who handled complaints in the service. A form was also available at reception for patients to raise complaints or concerns.

There had not been any complaints received since the February 2018 inspection. We were therefore unable to test whether the provider had improved their response to complaints. However, the provider had updated their complaints policy to include relevant investigation and timely responses to complaints.

Are services well-led?

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

Our findings

We found that this service was not providing well-led services in accordance with the relevant regulations. Management systems and processes established in the last four months were in their infancy and could not yet be assessed for effectiveness and sustainability.

Leadership capacity and capability

The levels of risk found at this inspection had been reduced since the previous two inspections in February and April 2018. The provider had undertaken a wide range of improvements across the service. Leadership had been strengthened by the appointment of a responsible officer in May 2018. This had resulted splitting general management leadership from responsible officerership enabling the responsible officer to focus on improving clinical performance. The manager demonstrated a stronger focus on improving systems and non-clinical performance.

The provider was developing a business strategy and we noted that adherence to UK clinical guidelines formed an integral part of this strategy. In addition we also noted that a firmer focus on clinical audit, appraisal and clinical performance management had taken place since the appointment of the responsible officer. However, it was too early to evaluate whether the changes made and planned were effective and sustainable in the long term.

The service manager was also the registered manager. A registered manager is a person who is registered with the Care Quality Commission and had responsibility for the day to day running of the service.

Vision and strategy

The provider told us they had a clear vision to provide a high quality responsive service that put caring and patient safety at its heart.

Governance processes were beginning to underpin the provider's vision to deliver high quality care and promote good outcomes for patients. The responsible officer had devoted time to work with the clinicians to promote best practice and review their clinical decision making. For example, we noted that 90% of the 45 consultation records we reviewed met good practice standards.

Evidence gathered at inspection showed the provider moving towards of care and quality outcomes for patients that were in line with national guidelines. Medicare Reading Limited communicated a passion and drive to improve services provided in the service. The appointment of the responsible officer was driving improvement in clinical standards.

Culture

There was a leadership structure in place that supported staff. The leadership structure had been strengthened by the appointment of the responsible officer.

- Clinical staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the manager and the responsible officer.
- We were unable to speak with non-clinical staff because there were none on duty on the day of inspection.
- The service told us they had an open and transparent culture. We were told that if there were unexpected or unintended safety incidents, the service would give affected patients reasonable support, truthful information and a verbal and written apology. This was supported by an operational policy.

Governance arrangements

The service had a governance framework and this had begun to support the delivery of safe, effective and responsive care.

- There was a system in place to ensure safe prescribing guidelines. A set of prescribing guidelines from a UK health authority had been adopted and shared with clinical staff. The responsible officer provided management of medicines and supported clinicians with their prescribing decisions. We noted from lists of medicines prescribed, sent to us by the provider, that approximately 80% of prescribing followed UK guidelines. The four instances where prescribing did not follow guidelines were assessed as low risk. The responsible officer was aware that some issues in following prescribing best practice remained to be resolved. We were reassured by their monthly case reviews with clinicians that any anomalies would be closely scrutinised and guidance given. This was already evidenced from notes of the one to one meetings.
- The system for monitoring and supporting clinical staff had commenced facilitation of quality improvement. There were checks in place to monitor the performance of the service. This included spot checks of consultations and clinical record keeping by the responsible officer.

Are services well-led?

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

- We reviewed records of 45 consultations from the last four months and found 90% were complete, legible and securely kept. This was a significant improvement on the situation found when we carried out the first inspection in February 2018.
- We found that prescribing rationale was now documented in patient records.
- Clinical meetings were held to ensure safety messages were communicated and clinical care was reviewed. These were organised and led by the responsible officer appointed in May 2018.
- The responsible officer had established a programme of one to one reviews with clinicians to monitor their adoption and use of UK clinical guidelines.
- Clinical governance meetings had been established and these were recorded. When action was identified from these meetings it was timetabled and monitored.

Managing risks, issues and performance

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions but these were not always operated consistently.

- A system had been put in place to enable significant events, and the learning from them, to be shared with staff.
- Safeguarding systems were in place. The service demonstrated that liaison with the safeguarding authority had taken place. Staff were appropriately trained and clinicians had been updated in identifying safeguarding concerns and how to report them. Every consultation with a patient under the age of 18 required the clinician to confirm they had assessed the patient for any safeguarding concerns and enter this assessment in their record.
- The recruitment processes in place included all relevant checks.
- Information from consultations was shared with the patient's registered UK GP.
- The service had improved the recording of clinical information by following UK guidelines and auditing of record quality.
- The service had adopted a set of UK prescribing guidelines. Prescribing was audited by the responsible officer. Evidence from inspection showed 80% of prescribing followed UK guidelines.
- Management of medicines had improved because the service was able to identify prescribing from their clinical record system.
- There was a system in place to receive and act upon safety alerts.
- Systems in place to monitor and manage risk were not always operated effectively. At inspection we found a number of concerns that had to be addressed by the provider on the day or within two working days of inspection. These included, failure to identify that medicines fridges were not secured, failing to risk assess the range of emergency medicines required and having a system of recording patients with long term conditions to enable them to follow up these patients to provide relevant health checks.

The majority of processes in place to identify, assess and mitigate risk had been introduced in the last four months. It was therefore too early to evaluate whether they were effective and sustainable in the longer term.

Appropriate and accurate information

The service acted on appropriate and accurate information. There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The service was registered with the Information Commissioner's Office and a system was in place to ensure that all patient information was stored and kept confidential..

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. For example:

- It had gathered feedback from patients through feedback and in-house patient surveys. We saw that all feedback and survey results was analysed and that actions were implemented as a result.
- There were mechanisms in place for staff to offer comments and feedback. Staff meetings and governance meetings had been established.
- There was a designated section on the services website for updates on the service to help keep patients informed.
- There was a whistleblowing policy in place and staff had been provided with training in whistleblowing. A whistle blower is someone who can raise concerns about the service or staff within the organisation.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 Good Governance** **How the regulation was not being met:** **Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** • Systems to identify, assess and manage risk had been introduced but were in early stages of implementation and had not yet been monitored • Systems for managing medicines were inconsistent in following UK prescribing guidelines. Monitoring of prescribing was underway but had not yet been embedded in day to day practice at the service. • Clinical guidelines had been introduced but were in early stages of implementation and had not been tested for sustainability. • Emergency medicines were not appropriately risk assessed • Medicines were not stored securely. • Safeguarding protocols had been introduced but had not been tested. • The process for identifying patients requiring a review of their long term condition or repeat medication had not been tested and could not be evaluated.