

Ultima Vitality

Inspection report

718A Wilmslow Road
Manchester
M20 2DW
Tel: 01614347373
www.ultimavitality.co.uk

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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

This service is rated as Good overall. We last inspected the service in January 2019 but did not rate the service at that time.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Ultima Vitality as part of our inspection programme.

Ultima Vitality is a private GP practice that offers a range of services including medical consultations, travel immunisations, a sexual health clinic, hay fever injections and laboratory analysis.

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

Comment cards were not distributed to the provider prior to the inspection in order to minimise the risks associated with the COVID-19 pandemic. No patients attended the clinic on the day of our inspection.

Our key findings were:

- The service was offered on a private, fee paying basis only and was accessible to patients who chose to use it. Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- The provider was aware of current evidence-based guidance and they had the skills, knowledge and experience to carry out their role. Systems, processes and records had been established to seek consent and to offer coordinated and person centred care.
- Systems and processes were in place to help keep patients safe including the maintenance of the premises, clinical equipment and the management of infection control, medication and clinical waste.
- Patient information had been developed in the form of clinic information leaflets and additional information on treatments available and the provider’s fees were available on the clinic website.
- Patients were encouraged to provide feedback on their experience and systems were in place to act on and learn from any complaints. Patient feedback was overall positive.
- Staff had access to ongoing training, supervision and appraisal.

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

- Continue to develop and expand the clinical audit system and range of audits undertaken.

Overall summary

- Seek feedback on the quality of clinical care patients receive and evaluate and record the findings and any actions taken regarding feedback submitted via the clinic website.
- Take steps to provide an appropriate sink in the main consulting room and review how privacy and dignity is preserved for patients who need to undress during any consultations in the smaller consultation room.

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 also included a GP specialist adviser.

Background to Ultima Vitality

Ultima Vitality is provided by Mesopotamia Surgical Ultima Vitality Ltd. The service is located at:

718A Wilmslow Road,

Manchester,

Lancashire,

M20 2DW

Ultima Vitality is a private GP practice run by Mesopotamia Surgical Ultima Vitality Limited. The clinic is based in Didsbury which is a suburb of Manchester. There are good public transport links and paid parking close to the clinic.

The clinic is located on the first floor of the building and facilities include a waiting room; two consulting rooms, administration area, toilets and store room. There is no disabled access however the doctor will provide home visits if required.

The practice provides a range of services including medical consultations, travel immunisations, a sexual health clinic, hay fever injections and laboratory analysis.

The service is registered with CQC to undertake the following one regulated activity: Treatment of disease disorder or injury.

The set opening times are Monday to Friday 9am to 5.30 pm and patients can arrange for appointments at their own convenience. The GP also provides a service outside of these hours on request. There is one GP and one administrator employed by the service.

Another GP is based at the clinic on a Friday but is not employed by the service.

Information on the service and prices can be found the clinic website: www.ultimavitality.co.uk

How we inspected this service

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Undertaking a review of information we hold about the service in advance of the inspection;
- Requesting a provider information return and additional evidence from the provider prior to the site visit;
- A shorter site visit to enable us to undertake a tour of the premises, interview the registered manager and receptionist, review clinical records and other documents such as management information and policies and procedures relating to the service;
- Reviewing feedback from patients;
- Further communications for clarification.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?

- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

The service had effective systems to keep people safe and safeguarded from abuse. There were systems to assess, monitor and manage risks to patient safety. Staff had the information they needed to deliver safe care and treatment to patients. There were systems in place to learn and make improvements should things go wrong.

Safety systems and processes

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

- The service conducted safety risk assessments. For example, in relation to environmental health and safety matters and fire safety.
- The service also had appropriate safety policies such as health and safety and infection control which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. The service did not use locums.
- The service had systems in place to assure that an adult accompanying a child had parental authority. The policy was to check photo identification and match the child's birth certificate and details with that of the accompanying adult.
- The service promoted contact with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service carried out the majority of staff checks at the time of recruitment. We noted that a staff member did not have any evidence of satisfactory conduct in previous employment in their employment file. This was addressed by the provider following our inspection and we received evidence by way of an email to confirm the outstanding information had been received. 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).
- Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a system to manage infection prevention and control. The provider had developed an infection control policy and routinely undertook basic infection, prevention and control audits. The last audit was completed on 10 March 2022. Any required actions had been documented and addressed.
- 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.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were appropriate indemnity arrangements in place to cover potential liabilities including medical indemnity insurance.

Are services safe?

- There were some emergency medicines and equipment to deal with medical emergencies such as oxygen supplies which were stored appropriately and checked regularly. During our inspection we noted that the service did not have a defibrillator and not all recommended emergency drugs were maintained. Following our inspection the provider sent us evidence that they had purchased a defibrillator and that they had risk assessed the absence of recommended emergency medicines.

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

Safe and appropriate use of medicines

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

- The provider had taken action to ensure systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The provider kept prescription stationery securely and monitored its use.
- During our inspection we noted that the daily temperature records for a fridge storing vaccines had been ticked and the actual temperature had not been recorded. Following our inspection, the provider confirmed that they had started to record the daily fridge temperature and provided evidence to confirm this.
- The provider prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. For example, in relation to environmental health and safety matters and fire.
- The provider had started to monitor and review operational activity since the last inspection via a range of basic audits. For example, in relation to document control, consent, procedure results, infection prevention and control, non conformities and complaints. This helped it to understand risks and make improvements if necessary.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services safe?

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The provider had developed a significant and non-conforming event policy and systems were in place to learn from and share any lessons identified to improve safety in the service. Five significant events had been recorded in the last 12 months which had been documented and appropriate action had been taken where necessary.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The service encouraged a culture of openness and honesty.
- The provider had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The provider confirmed they would give affected people reasonable support, truthful information and a verbal and written apology.
- Written records of verbal interactions as well as written correspondence would be maintained in the event of an unexpected or unintended safety incident.
- The provider acted on and learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

We rated effective as Good because:

The provider assessed needs and delivered care in line with current legislation, standards and evidence-based guidance. Staff had the skills, knowledge and experience to carry out their role and supported patients to manage their own health and maximise their independence. The provider obtained consent to care and treatment in line with legislation and guidance.

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The provider 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 patients who were not good candidates for the service. For example, people at risk of drug misuse requesting private prescriptions.
- The provider assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in clinical improvement activity.

- The provider had commenced some basic audit activity following the last inspection. Information collated through audit activity was used to make improvements to the operation of the service where necessary.
- The provider used information from outside sources about care and treatment to make improvements.

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.
- The provider was registered with the General Medical Council (GMC) and was up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider reviewed their own training needs and routinely completed GP update and other training courses to keep their skills up to date.

Coordinating patient care and information sharing

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

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the patient's NHS GPs and test laboratories.
- Before providing treatment, the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- The detail of the consultation was shared with patients registered GP unless the patient opted out and refused for this to happen. The provider had identified medicines that were not suitable for prescribing if the patient did not give consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for long term conditions such as asthma.
- Patient information was shared appropriately whenever possible (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The provider monitored the process for seeking consent and obtained written consent from patients when appropriate

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- Systems were in place to ensure risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The provider 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.
- The provider supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent and obtained written consent from patients when appropriate.

Are services caring?

We rated caring as Good because:

Feedback from patients was positive and confirmed they were treated with kindness, respect and compassion. Staff helped patients to be involved in decisions about their care and treatment. Staff understood the needs of patients and respected their privacy and dignity.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Patients were encouraged to provide suggestions and feedback on their experience via the clinic's website, informally and in writing. No review or analysis of this patient feedback was available for review at the time of our inspection.
- We did not observe any feedback forms in the clinic for patients to complete during the inspection. Following our visit, the provider sent us a photograph to confirm they had placed feedback prompt cards (which had been removed during the Covid pandemic) on the reception desk. The card directed patients to the 'iWantGreatCare' on line patient feedback website. This is an electronic platform that enables patients to leave feedback on their experience and care. We checked the 'iWantGreatCare' website following our inspection and found that one 5-star (positive) review had been left by a patient in September 2021. The patient confirmed it was easy to make an appointment and provided positive feedback on the service.
- The provider's website also contained a link to the 'whatclinic.com' website. This website helps patients to find, compare and leave feedback on their experience. We looked at the 'whatclinic.com' website and found that the clinic had an average positive score of 4.9 out of 5 stars for eleven verified reviews for the period June 2017 to March 2021. There had been no reviews in the last 12 months.
- We also checked Google reviews of the clinic and found that the clinic had an average score of 4.6 out of 5 stars for nine reviews for the period 2018 to 2022. Eight out of the nine reviews were positive. The one negative review had been analysed by the provider via a non-conformity significant event form and action had been taken in response.
- No complaints, safeguarding or whistleblowing information had been received by CQC in the last 12 months.
- 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.

- Patient feedback confirmed that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Interpretation services could be accessed for patients who did not have English as a first language upon request.
- Staff communicated with people in a way that they could understand. For example, the clinic could access additional services to enable effective communication with deaf patients and could produce information in easy read formats such as large print upon request.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff mostly recognised the importance of people's dignity and respect. Since the last inspection a privacy screen had been purchased for the main consulting room. We noted that the window in the smaller consulting room, used by

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another GP on a Friday (who was not directly employed by the provider) had been partially covered with privacy glass film. There was therefore a risk that the room could be overlooked from adjacent properties. This was highlighted to the provider who arranged for the privacy glass film to be applied to cover more of the window following our inspection to eliminate the risk. We saw evidence by way of a photograph which confirmed this work had been completed following our inspection.

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

Are services responsive to people's needs?

We rated responsive as Good because:

The service organised and delivered services to meet patients' needs. Patients were able to access care and treatment from the service within an appropriate timescale for their needs. The service took complaints and concerns seriously, and procedures were in place to ensure they were appropriately investigated.

Responding to and meeting people's needs

The provider 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 had developed services in response to those needs. For example, the provider had decided to operate within a narrow range of practice that was focused on areas such as medical and travel clinics, sexual health and laboratory analysis as there was an increased demand from patients for these type of services.
- The facilities and premises were generally appropriate for the services delivered. We noted that there was no sink or privacy screen in the small consulting room however there were hand washing facilities in other parts of the building and staff had access to personal protective equipment. The previous inspection report highlighted that the sink in the main consulting room did not meet best practice guidance for clinical facilities as it was fitted with an overflow outlet. We noted that the same sink was in use at this inspection.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way.

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.

- The service had developed a complaints procedure to provide guidance to staff on how to handle complaints. Information for patients about how to make a complaint or raise concerns was also available in the reception area of the clinic in the form of a complaint's procedure leaflet.
- Since the last inspection, the patient complaints procedure leaflet had been updated to inform patients of who they could contact should they not be satisfied with the provider's response to their complaint.
- The complaint log indicated that the service had received no formal complaints and one concern in the last 12 months. This concerned a review of the clinic on a website, that raised concerns re difficulties accessing the clinic via the phone. In response the provider had completed a significant event analysis form and made changes to the appointment system and arrangements for answering the phone.
- The service has systems in place to enable them to learn lessons from individual concerns and complaints. It acted as a result to improve the quality of care.

Are services well-led?

We rated well-led as Good because:

The provider had the capacity and skills to deliver high-quality, sustainable care. The service had developed a set of aims and objectives which outlined the standards patients should expect to receive to ensure the delivery of good quality care. There were clear responsibilities, roles and systems of accountability to support good governance and management. There were processes for managing risks, issues and performance and evidence of systems and processes for learning, continuous improvement and innovation. There were systems in place to enable patients to provide feedback on the service however there was scope to seek feedback on the clinical care provided to patients and to evaluate the information received via the suggestions and feedback form on the clinic website.

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 at all levels 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.

Vision and strategy

The service had developed a set of aims and objectives to deliver high quality care and promote good outcomes for patients.

- The provider had not developed a mission statement however it had developed a set of aims and objectives for the service. For example, a key stated aim was “to provide a high quality, safe and professional general medical and health service through our high street clinic, for all ages of the general public.”
- Staff were aware of and understood the aims and objectives of the service and their role in achieving them.
- The provider was able to articulate their plans for the development of the service. For example, developing well man and well women clinics however they had not formalised a supporting business plan to achieve these priorities.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The provider acted on behaviour and performance inconsistent with the aims and objectives of the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing staff with the development they need. This included appraisal and career development conversations. Staff had received an annual appraisal in the last year.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity and there were positive relationships between staff and teams. Following our inspection, we received confirmation that staff had completed equality and diversity training.

Governance arrangements

Are services well-led?

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities
- The provider had established policies, procedures and activities. Since the last inspection the provider had started to undertake a range of basic audits to gain assurance that the service was operating as intended.
- The information used about performance and the delivery of care was accurate and useful.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- The provider had oversight of safety alerts, incidents and complaints.
- The service had a business continuity plan in place for dealing with major incidents. Staff spoken with confirmed their awareness of the plan and their individual roles in responding to major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in meetings and staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

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

- The provider encouraged and heard views and concerns from the patients, staff and external partners and acted on them to develop the services provided and culture. For example, the provider had acted on some of the recommendations identified in the last inspection report such as purchasing a privacy screen for the main consulting room, introduced a programme of audits, updated the complaints procedure and formalised the business continuity plan. The provider also responded promptly to feedback shared following this inspection.
- Staff could describe to us the systems in place to give feedback. For example, through the clinic website, external websites and feedback form. However, the provider was unable to demonstrate that they had routinely sought feedback on the clinical care provided to patients or reviewed and evaluated the information received via the suggestions and feedback form on the clinic website as per their quality manual policy.

Continuous improvement and innovation

Are services well-led?

There was evidence of systems and processes for learning, continuous improvement and innovation.

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