

# Medicare

## Inspection report

603 Oxford Road  
Reading  
Berkshire  
RG30 1HL

Date of inspection visit: 1 October 2019  
Date of publication: 29/11/2019

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.

# Overall summary

We carried out an announced comprehensive inspection on 1 October 2019. This inspection was carried out to follow up on a range of concerns arising from earlier inspections undertaken in November and July 2018. Following these two inspections we found that the provider was delivering safe, effective, caring, responsive and well-led services. This inspection, on 1 October 2019, was a 12 month follow up to check that these improvements had been sustained.

## **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 well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

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](http://www.cqc.org.uk)

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 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 nine people about the service from a combination of comment cards and face to face discussions. All nine were very positive about the service describing it as responsive to their needs.

## **Our key findings were:**

- Safeguarding systems in place were appropriate and an audit of compliance had been undertaken.
- A clinical lead for the service had provided clinical leadership and regularly monitored clinical performance.
- Appropriate clinical and prescribing guidelines had been implemented and adherence to these guidelines was being monitored.
- Systems had been put in place to identify, assess and manage risk. For example, the quality of medical records was being monitored.
- Patient feedback on the service was positive.

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

- Review processes to check all emergency equipment is in date and fit for use.
- Review quality improvement system to ensure clinical areas, other than the current record keeping and prescribing, are assessed to improve the quality of care.
- Improve systems to ensure all staff are offered appraisals.

# Overall summary

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Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector and a GP specialist adviser.

## Background to Medicare

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.

During our visit we:

- Spoke with a range of staff, including the clinical lead for the service, an internal medicine doctors who provides GP services, 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 this practice was providing safe care in accordance with the relevant regulations

## Safety systems and processes

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

- The provider conducted a variety of non-clinical safety risk assessments which included disabled access risk assessment and a practice cleaners risk assessment. It had appropriate safety policies, which were reviewed on an annual basis 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 training and hard copies of policies were accessible to staff on site. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. For example, the service had a process in place to complete a safeguarding children checklist at every appointment involving a patient under the age of eighteen and would refer to the local authority where required. The practice had completed a monthly audit from July 2018 to August 2019 to ensure all practitioners were completing the safeguarding checklists where necessary and were able to demonstrate continuous improvement. The practice manager told us they had made two new safeguarding referrals for children and no new safeguarding vulnerable adult referrals since the previous inspection.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. This included all staff being trained to level three in safeguarding children in line with new intercollegiate guidance. Staff knew how to identify and report concerns. We saw evidence that staff who acted as chaperones were trained for the role and had received a DBS check.

## 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. The practice manager told us that there was a system in place to manage absence of staff which included providing alternative options to patients who did not require emergency treatment. If emergency treatment was required, the provider would direct patients to the appropriate service.
- There was an effective induction system for agency staff tailored to their role and we saw evidence these had been completed for new staff members.
- 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 suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. We found one pack of defibrillator pads that were out of date. A new one was ordered by the end of the inspection.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- We reviewed three records which identified that clinical staff had appropriate indemnity arrangements in place.

## Information to deliver safe care and treatment

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff 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

# Are services safe?

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.

## Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice had a system to receive and record safety alerts. We saw evidence of two recent examples being shared with staff through team meeting minutes and staff signing a hard copy in reception to acknowledge receipt. The practice manager told us that if staff were not on site or were unable to attend meetings then they would be informed by email.
- We were told that searches for safety alerts were undertaken by searching for key words. There was a risk that if staff had spelt a word incorrectly within the patient record that they may be missed.

## 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. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so, and outcomes were shared at team meetings. For example, after a glass frame was broken, the service decided to begin exchanging all glass frames for a plastic alternative and were in the process of completing this.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

We found this practice was providing effective care in accordance with the relevant regulations

## **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.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.

## **Monitoring care and treatment**

The service was actively involved in quality improvement activity.

- We saw evidence of a monthly audit to ensure that safeguarding checklists were being completed for all patients under 18 years of age who attended the service.

- The clinical lead undertook regular audits of clinical records to ensure that record keeping, and care and treatment was in line with their own policies and national guidance.
- Relevant professionals (medical and nursing) were registered with the General Medical Council / Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and had a process in place to monitor what training was required to be completed. Up to date records of skills, qualifications and training were maintained but these were not held in a single location for ease of monitoring.
- The provider encouraged staff to complete additional training relevant to their role and staff were given opportunities to develop. For example, the provider supported a doctor to complete ultrasound training to further develop in their role.

## **Effective staffing**

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

- We reviewed four staff records and found the provider had an induction programme for all newly appointed staff that covered topics such as safeguarding, infection control, fire safety, health and safety and confidentiality

# Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations

## **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, including planning for the future leadership of the service.

## **Vision and strategy**

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

- There was a clear vision and set of values to create an easily accessible private health service for anyone. The service had a realistic strategy and supporting business plans to achieve priorities.
- The provider had changed from offering service to predominantly the polish community to include other local community groups.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the provider had access to a portable hearing loop to assist hearing impaired patients and there was a disabled ramp access at the front of the building with appropriate access to ground floor consultation and treatment rooms.

## **Culture**

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

- Staff told us they felt respected, supported and valued and they were proud to work for the service.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- The provider had a system in place to carry out appraisals for clinical staff and there were processes for providing all staff with the development they need. This included appraisal and career development conversations.
- The practice manager told us that reception staff had not received appraisals and the phlebotomist was scheduled for their appraisal but had not yet been completed despite working at the practice for over two years. Staff told us that they were given regular feedback on the quality of their work.
- Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff and there were positive relationships between staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

## **Governance arrangements**

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established and regularly reviewed policies and procedures to ensure safety and assured themselves that they were operating as intended.

## **Engagement with patients, the public, staff and external partners**

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.



## Are services well-led?

- Feedback had been collected from patients throughout the previous few months and the practice had a plan to analyse the results at the end of the year to ascertain whether any themes had emerged.