

Qure Limited

# Qure Limited

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 30 November 2018 to ask 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 providing well-led care in accordance with the relevant regulations.

We carried out this 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.

Qure Limited is a small organisation that offers a dermatology service to people who are referred by their GP.

The GP providing the service 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.

#### **Our key findings were:**

- The service had clear systems to manage risk so that safety incidents were less likely to happen. There was a process in place to enable the service to learn from incidents and improved their processes if incidents occurred. We found no incidents had occurred in the previous 12 months.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

# Summary of findings

- The GP maintained the necessary skills and competence to support the needs of patients and was up to date with all required training.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found it easy to access appointments and reported that they were able to access care when they needed it.
- Systems and processes were in place for managing governance in the service.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Qure Limited

## Detailed findings

### Background to this inspection

Qure Limited, Hessle Grange Medical Practice, 11 Hull Road, Hessle HU13 9LZ is an independent provider of dermatology services. The service has a website where people can access information, [www.quire.co.uk](http://www.quire.co.uk). Qure Limited provides services via a contract with the East riding of Yorkshire CCG to people living in the East Riding of Yorkshire area.

Clinics are held three times a month on a Friday morning and appointments are available to people on a pre-bookable basis. The service is delivered from a consulting room in a purpose built health centre. The service team consists of one GP, they have access to secretarial services.

The inspection took place on 30 November 2018, the team was led by a CQC inspector and included a GP specialist adviser.

We informed the East Riding of Yorkshire CCG that we were inspecting the service; we did not receive any information of concern from them.

During the inspection we spoke with the GP and looked at policies and procedures and other records about how the service is managed. We spoke with three people during the inspection. They told us they received good treatment and care, explanations about treatment were provided and they felt listened to and were treated with respect.

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?

## Our findings

### Safety systems and processes

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

- The provider assessed risk and had appropriate safety policies, which were regularly reviewed. The GP had access to safety information and had completed relevant training. There were systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible. They outlined clearly who to go to for further guidance.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked 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 GP had completed up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. There was access to chaperones and staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check. However, there was no chaperone notice in the consulting room.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

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

- The GP understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- We discussed emergency procedures with the provider. They told us they had access to equipment and staff to assist with any medical emergencies if required, from the adjacent medical practice.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. The GP had professional 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.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to the GP in an accessible way.
- The service had systems for sharing information with patient's GPs and other agencies to enable them to deliver safe care and treatment.
- Clinicians 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 service kept prescription stationery securely and monitored its use.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. For example, we observed a patient having a required test before a medicine was prescribed by the GP.

### Lessons learned and improvements made

The service had systems in place to learn and made improvements when things went wrong.

- There was a system for recording and acting on significant events. The GP understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. There was a process in place to enable the service to learn from incidents and improve their processes if incidents occurred. However, we found no incidents had occurred in the previous 12 months.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. There was an effective mechanism in place for the GP to be aware of alerts, however there was no record of any action that had been taken in response to alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The GP kept up to date with current evidence based practice. We saw evidence that the GP 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 GP 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 examples of three audits that the GP had undertaken.

- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. For example, following an audit of referrals for surgery made by the GP a skin lesion advice sheet was developed to give to patients. Results from an audit on the treatment of acne showed that advice and treatment selection was appropriate to significantly improve the patient's perception of their own acne. However, the GP also concluded that when the audit was repeated to improve the quality of the audit they would include additional questions and use a different method to gain information from patients.

### Effective staffing

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

- The GP was appropriately qualified, registered with the General Medical Council (GMC) and was up to date with revalidation.
- The GP undertook one clinic per month jointly with a Consultant Dermatologist.

### Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. The GP referred to, and communicated effectively with, other services when appropriate. For example, following consultation if patients required a surgical procedure they were referred to an appropriate service.
- Before providing treatment, the GP ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Where patients agreed to share their information, we saw evidence of a letter sent to a patients' registered GP in line with GMC guidance.

### 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 patients needs could not be met by the service, the GP redirected them to the appropriate service for their needs.

### Consent to care and treatment

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

- The GP understood the requirements of legislation and guidance when considering consent and decision making.
- The GP supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way the GP treated people. Results from the Friends and family survey in May and June 2018 showed that 18 out of 20 patients were extremely likely and two were likely to recommend the service. Comments received showed that patients felt listened to, had enough time during consultations and the GP was professional, friendly and helpful.
- The GP understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The GP 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.

- The GP had access to interpretation services when required for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients we spoke with told us that they felt listened to and supported by the GP and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

### **Privacy and Dignity**

The service respected patients' privacy and dignity.

- The GP recognised the importance of people's dignity and respect.
- The room door was closed during consultations and privacy curtains were available for use during examinations.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.

### 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 told us that following referral they had received appointments quickly.
- Patients with the most urgent needs had their care and treatment prioritised.

- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, the GP had access to a minor surgery service if patients needed a procedure doing quickly.

### Listening and learning from concerns and complaints

The service took complaints and concerns seriously and where required responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place which outlined how the service would learn lessons from individual concerns, complaints and also from analysis of trends. It acted as a result to improve the quality of care. However, we found no complaints had occurred in the previous 12 months.

# Are services well-led?

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

## Our findings

### Vision and strategy

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

- There was a clear vision and set of values. The GP had a realistic plan to achieve priorities.
- The GP developed the vision, values and plans with external partners, for example, the CCG.

### Culture

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

- The service focused on the needs of patients.
- Openness, honesty and transparency were a key element of the how the provider would respond to incidents and complaints. This was outlined in the providers' policies. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for the GP to obtain the development they needed. This included appraisal and career development conversations. The GP had one supervised clinic session per month with a Consultant Dermatologist. This enabled them to review performance and decision making and obtain support and advice. The GP had received regular appraisals was up to date with professional revalidation.
- The GP was a Royal College of GPs assessor for GPs training to be a GP with a Special Interest in Dermatology.

### Governance arrangements

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

- The GP was clear on their role and accountabilities
- The GP had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, the GP told us on one occasion they had moved to a different consulting room as their regular room had not been cleaned adequately.
- The service had processes to manage current and future performance. Performance of the GP could be demonstrated through the supervised clinic session once a month. The GP had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.

### Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### Engagement with patients and external partners

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

- The patients' and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The service was transparent, collaborative and open with stakeholders about performance.