

## Early Assessment Limited

# Early Assessment Limited

## Inspection report

The Tower Clinic  
8 Tinshill Lane  
Leeds  
West Yorkshire  
LS16 7AP  
Tel: 0333 567 0666  
Website: [www.earlyassessment.co.uk](http://www.earlyassessment.co.uk)

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### Ratings

Overall rating for this service	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.**

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 Early Assessment Limited as part of our inspection programme. This was the first time the provider had been inspected since registering with the Care Quality Commission.

Early Assessment Limited is an independent assessment centre providing private services for children from birth to 18 years of age. Patients and their parents can access

# Summary of findings

screening and diagnostic assessments, investigations, treatment, interventions and follow up for a wide range of neuro-development conditions and behavioural and mental health disorders.

The service is provided by a lead Consultant Paediatrician with a special interest in development paediatrics and who is also 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.

On the day of the inspection we spoke with the parent of one patient who was attending the clinic for a follow up appointment. The feedback they provided was positive about the service they had received.

We found that the provider had systems and processes in place to ensure patients received a safe, effective, caring, responsive and well led service. We found some areas where the provider should make improvements. However; following our inspection we received confirmation from the provider that action had been taken to rectify these.

## Our key findings were:

- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance.
- The provider carried out environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.
- The service had systems in place to check that an adult accompanying a child had parental authority.
- The provider had a system in place for recording and acting upon significant events and complaints. However; at the time of our inspection the service was in its infancy and had not yet received any.
- The provider had systems in place to share information with the patients GPs.
- The provider worked with a team of multidisciplinary colleagues to provide effective care and treatment to patients.

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

- Continue to conduct and record temperature checks in line with recommendations from the Legionella Risk Assessment.
- Review process for documenting discussions during peer support meetings with other paediatric consultants working in private practice.
- Continue to regularly review and update risk assessments relating to environment.
- Review and improve the process for verifying the identity of parents during the consent process.

**Dr Rosie Benneworth BM BS BMedSci MRCGP** Chief Inspector of Primary Medical Services and Integrated Care

# Early Assessment Limited

## Detailed findings

### Background to this inspection

Early Assessment Limited operates from two locations; The Tower Clinic, 8 Tinshill Lane, Cookridge, Leeds, West Yorkshire, LS16 7AP and SkinQure Clinic, 1 Cowgate, Welton, East Yorkshire, HU15 1NB. Patients and their parents could choose to visit the clinic which was more conveniently located for them. We visited both locations as part of our inspection. However; at the time of our inspection there had been no regulated activities provided at SkinQure Clinic.

Early Assessment Limited is an independent assessment centre providing private healthcare consultations for children and young people from birth to 18 years of age. Patients and their parents can access screening and diagnostic assessments, investigations, treatment, interventions and follow up for a wide range of neuro-development conditions and behavioural and mental health disorders including:

- Developmental delay including all conditions leading to impaired development which could be neurological, genetic or metabolic conditions.
- Autism Spectrum Disorder (ASD).
- Developmental Coordination Disorder (DCD).
- Learning Disabilities (LD).
- Attention Deficit Hyperactivity Disorder (ADHD).
- Oppositional Defiant Disorder (ODD).
- Sleeping Disorders
- Continence problems.

The service is provided by a lead Consultant Paediatrician with a special interest in development paediatrics who also contracted support from other professionals as and when clinically necessary. For example; psychologists; speech and language therapists; occupational therapist, physiotherapist and a dietician with specialist skills and knowledge in childhood development.

Early Assessment Limited registered with the Care Quality Commission in May 2015 to provide the Regulated Activity 'Treatment of disease, disorder or injury'. Further information about the services they provide can be found on the website [www.earlyassessment.co.uk](http://www.earlyassessment.co.uk)

The service operates from 12pm until 5pm on alternate Thursday afternoons. Parents could contact the service directly and could also be referred privately from the General Practitioner (GP), Paediatric Consultant or therapist.

At the time of our inspection the provider was in the process of marketing the service and had only had initial consultations with three patients which did not lead to a full assessment.

#### How we inspected this service

In preparation for this inspection we asked the provider to submit information about the service. For example; staffing, medicines management, complaints and significant events.

We contacted Healthwatch Leeds and asked them to share any feedback they had received about the service from patients. We were advised that no feedback had been received.

During the inspection we spoke with the lead Consultant Paediatrician, the building owner and the building receptionist. We also spoke with the patient of one patient who was visiting the clinic for an appointment.

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?

# Detailed findings

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

# Are services safe?

## Our findings

**We rated safe as Good.**

### Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, they outlined clearly who to go to for further guidance. 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.
- 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 provider had a system in place to ensure staff and specialist colleagues contracted to support the service had appropriate checks in place. For example; Disclosure and Barring Service (DBS) checks. (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. They knew how to identify and report concerns.
- There was a system to manage infection prevention and control. The provider had access to the legionella risk assessment for the premises. However; we noted at the time of our inspection the water temperature checks were not being carried out in line with recommendations from the risk assessment. We discussed this with the provider during our inspection and we received confirmation following our inspection that a temperature log had been put in place. (Legionella is a bacterium which can contaminate water systems and buildings).
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. However; we noted that the window blind cords were not secured into position which could result in potential strangulation risk to

young patients. We discussed this with the provider and received confirmation following our inspection that blind cords would be wall mounted prior to the next clinic taking place.

### 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 service provided did not involve high risk treatments and therefore in the event of extreme circumstances, appointments could be rearranged at a time to suit the patient.
- 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.
- The provider had carried out a risk assessment to identify risks associated with medical emergencies and had access to an EpiPen and a defibrillator. However; due to the service operating over different locations and patients accessing the service being considered low risk, it was deemed more of a risk to transport oxygen and therefore this was not stocked.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

### 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.

## Are services safe?

- 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 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.
- Staff prescribed 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. The provider did not have any blank prescription pads at the time of our inspection; however, they told us that a record of all numbers would be kept when in stock.

### **Track record on safety and incidents**

#### **The service had a good safety record.**

- There were comprehensive risk assessments in relation to safety issues.

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

### **Lessons learned, and improvements made**

#### **The service learned and made improvements when things went wrong.**

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. However; at the time of our inspection; due to the short time the service had been operational, no significant events had been identified.
- There were adequate systems in place for reviewing and investigating when things went wrong.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated effective as Good.**

### 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 systems in place to ensure they 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. At the time of our inspection the service was still in the process of becoming established and carrying out marketing and promotional activity to increase the client base.**

- The service used information about care and treatment to make improvements. For example; the provider had developed patient questionnaires to obtain feedback from patients and their parents. The service supported quality improvement through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example; we saw that the provider had undertaken a human resources audit to ensure that relevant checks had been undertaken for associates which work was contracted out to. We saw a detailed action plan outlining areas for follow up such as extending contracts and obtaining updated training certificates.

### Effective staffing

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

- All staff were appropriately qualified. The provider regularly met with other paediatricians working in private practice to share best practice and discuss complex cases.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.

### 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. Staff referred to, and communicated effectively with, other services when appropriate. For example; specialist speech and language therapists, paediatric occupational therapist and a clinical psychologist.
- Before providing treatment, doctors at the service 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.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Patient information was shared appropriately (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. There were clear and effective arrangements for following up on people who had been referred to other services.

### 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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

# Are services effective?

(for example, treatment is effective)

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Where a patient was aged 16 or under, the provider had a system in place to check the relationship of the accompanying adult. However; at the time of our inspection there was no process in place to verify their identity and consent was only required by one patient.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We rated caring as Good.**

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

**Staff treated patients with kindness, respect and compassion.**

- Feedback from patients was positive about the way staff treat people
- 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.**

- Online interpretation services were available for patients who did not have English as a first language.
- We received feedback from patients on the day and through practice surveys, 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.
- For patients with learning disabilities or complex social needs family, carers or social workers would be involved as appropriate.

### **Privacy and Dignity**

**The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- All consultations took place in a private room to ensure that conversations were not overhead.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated responsive as Good.**

### **Responding to and meeting people's needs**

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

- The provider understood the needs of their patients and improved services in response to those needs. For example; the provider told us that they had received enquiries from 59 patients regarding the service and 10 of these had requested a call back to discuss the service. Following discussion, it became clear that patients were looking for online consultations or NHS services. As a result of this the website was changed to reflect the associated costs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Consultation rooms were available on the ground floor and the building had dedicated disabled parking.

### **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.
- Feedback from patients reported that the appointment system was easy to use, and appointments were available 'straight away'.
- 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 had systems in place to respond appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available.
- The service had complaint policy and procedures in place. At the time of our inspection the service had only carried out initial consultations with three patients and had therefore not received any complaints.

# Are services well-led?

Good 

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

## Our findings

**We rated well-led as Good**

### **Leadership capacity and capability;**

**Leaders had the capacity and skills to deliver high-quality, sustainable care.**

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider was 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. The service had a realistic strategy and supporting business plans to achieve priorities.
- The provider understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

### **Culture**

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

- The service focused on the needs of patients.
- The provider acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality.
- There were positive relationships between multidisciplinary teams.

### **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
- The provider 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. However; at the time of our inspection some of the risk assessments relating to patient safety within the premises had past their review date. We discussed this with the provider and received confirmation following our inspection that these had been reviewed and updated.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts and processes in place to ensure incidents, and complaints would be managed appropriately.
- 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.
- The provider had plans in place to deal with 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.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

# Are services well-led?

Good 

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

- 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, the public, staff and external partners**

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

- The service encouraged and heard views and concerns from the public, patients and external partners and acted on them to shape services and culture. For example; the provider met regularly with other paediatricians working in private practice. However; at the time of our inspection these meetings were not minuted. Every patient/parent attending for initial appointment was asked to complete a feedback survey.

- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

### **There were systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- There were systems to support improvement and innovation work. For example; the provider carried out regular audits to look at the types of enquiries received and how the service could be improved to support new patients.