

## Resuscitate Medical Services Limited

# The Clinic MK

### Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 6 June 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 safe care in accordance with the relevant regulations.

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

We found that this service was providing safe 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The Clinic MK is a private doctor's service. It is situated close to the entrance of Milton Keynes train station. The service offers consultations, examinations and treatment in general medicine. The Clinic MK provides a 'drop in service' as well as receiving referrals from GP's and local businesses. The Clinic MK is run by an independent GP, supported by a service manager and a receptionist. Consultations are mainly undertaken by the doctor and other clinicians on an as needed basis dependant on patient demand.

The Clinic MK is open for appointments Monday to Friday from 8.00am till 8pm and on Saturday from 9.00am till 3pm. Patients make appointments with the practice directly in person, by telephone or on line through the clinic's website.

The Clinic MK is not required to offer an out of hours service. Patients who need medical assistance out of normal operating hours are requested to seek advice from alternative services such as the NHS 111 telephone service or accident and emergency.

As part of our inspection we reviewed comment cards where patients and members of the public shared their views and experiences of the service. There were 25

# Summary of findings

completed CQC comment cards; patients commented that they were satisfied with the care provided by the practice. Staff were described as friendly, kind, caring and professional.

## Our key findings were:

- The clinic was providing safe, effective, caring, responsive and well led care in accordance with the relevant regulations.
- There were systems in place for the overall management of significant events and incidents. Risks to patients were assessed and managed.
- Systems were in place to monitor complaints.
- Staff treated patients with compassion, kindness, dignity and respect. All staff had received equality and diversity training.
- There was a process to ensure that care and treatment delivered were in accordance with evidence-based guidelines.
- We found that appraisal was provided on an informal basis, one of the employees had last had their appraisal over two years ago. The clinic informed us that they were going to formalise appraisals.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Comment cards and satisfaction surveys highlighted that patients appreciated the care provided by the doctors and staff were described as kind, caring and professional.

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

- Consider reviewing arrangements for interpretation services.
- Ensure that appraisals are formalised.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

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### **Are services effective?**

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

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### **Are services caring?**

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

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### **Are services responsive to people's needs?**

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

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### **Are services well-led?**

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

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# The Clinic MK

## Detailed findings

### Background to this inspection

We carried out a comprehensive inspection of The Clinic MK on 6 June 2018. Our inspection team was led by a CQC lead inspector, second inspector and included a GP specialist advisor and a practice nurse specialist advisor.

Before inspecting, we reviewed a range of information we hold about the practice and we reviewed the information we asked the provider to send us (provider's inspection return information).

During our inspection we:

- Spoke with the doctor, the service manager and the receptionist.
- Observed how patients were being cared for in the reception area.

- Reviewed how personal care or treatment were being delivered including the associated record keeping.
- Reviewed 25 Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the service .
- Reviewed a range of policies, procedures and management information held by the clinic.

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

- We looked at three staff files to verify the arrangements for staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. We found these arrangements to be 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).
- A notice at the reception desk advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There were safety risk assessments. For example for electrical safety of equipment used within the practice, infection control, legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and control of substances hazardous to health (COSHH). COSHH risk assessments and the related safety sheets were available for the cleaning products used by cleaners. Staff had access to relevant current safety policies on their desktops. Staff received safety information as part of their induction and refresher training.
- 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 the standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. Hand wash facilities, including soap dispensers were available throughout. There were cleaning schedules and monitoring systems in place. There was an infection prevention and control (IPC) lead who kept up to date with best practice.
- There were procedures which ensured 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 on the premises and to recognise those in need of urgent medical attention. The defibrillator (used to attempt to restart a person's heart in an emergency) and other equipment and medicines used in an emergency were available at the clinic. At the time of our inspection we found defibrillator pads had very recently expired, this was immediately ordered we were given confirmation of the order. Oxygen for use in a medical emergency was available on site.
- There was an anaphylaxis kit (anaphylaxis is a term used to describe an acute allergic reaction to an antigen for example to a vaccine or a bee sting to which the body has become hypersensitive) available.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. This included the reception staff. We saw that systems were in place to refer and manage patients with severe infections, for example, sepsis (a life-threatening illness caused by the body's response to an infection).
- Professional indemnity arrangements were in place for all clinical staff.

### 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. Staff could access the clinical information system on their desktops. NHS consultants with practising rights kept their own records of consultations.

### Safe and appropriate use of medicines

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

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The systems for managing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Prescriptions including repeats were type written by the prescriber on an individual basis and handed over to the patient during a consultation.

# Are services safe?

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately.
- Travel vaccinations were administered by the GP who kept up-to-date with their training.

## **Track record on safety**

- There were comprehensive risk assessments in relation to safety issues.
- The clinic 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 clinic 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.
- There were systems for reviewing and investigating when things went wrong. There had been no significant events recorded in the last 12 months. Lessons learned were shared and action taken to improve safety.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- There was a system for receiving and acting on safety alerts. Medicines alerts were received by the service manager who then disseminated them if they used the drug/device in question. Due to the small nature of this service that was rare.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The clinic had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- Patients received an assessment of their needs. This included their clinical needs and their mental and wellbeing.
- Consultations were charged a fee as advertised, and there was no discrimination against any client group.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. We saw an example whereby a patient receiving treatment for hypertension (high blood pressure) had been advised of the need to look out for potential side effects.
- The practice rarely prescribed antibiotics but followed the local prescribing guidelines to support good antimicrobial stewardship (which aims to improve the safety and quality of patient care by changing the way antimicrobials are prescribed so it helps slow the emergence of resistance to antimicrobials thus ensuring antimicrobials remain an effective treatment for infection).
- The practice had access to an accredited diagnostic microbiology and virology laboratory service.

### Monitoring care and treatment

There was evidence of quality improvement activity. We saw two examples of clinical audits. For example all referrals to the specialists were audited for their appropriateness and all test results were audited.

The GP told us clinical audit was part of his revalidation process and findings from such audits were used during consultations to monitor care and treatment.

### Effective staffing

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

- Appropriate records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff had access to ongoing support. This included one-to-one meetings however, we found that one of the

employee's appraisal was provided on an informal basis, they had last had their appraisal over two years ago. The clinic informed us that they were going to formalise appraisals.

- There was a process for supporting and managing staff when their performance was poor or variable.

### Coordinating patient care and information sharing

Staff worked together and with other health and other professionals to deliver effective care and treatment.

- When a patient had abnormal results, they were asked if the details of their consultation could be shared with their registered NHS GP. For patients that consented a letter was sent to their registered NHS GP in line with GMC guidance.
- Where a diagnosis was for a serious health condition such as cancer, patients were further involved in discussions about their best interests and the availability of suitable secondary care treatment in both the NHS and private sector. Patients were referred to their NHS GP for referral to the NHS cancer care pathways if the patients consented to this course of action or they are referred direct to the private sector.

### Supporting patients to live healthier lives

There was a consistent and proactive approach in helping patients to live healthier lives.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients as necessary.
- National priorities and initiatives to improve the population's health were opportunistically supported during consultations for example in areas such as smoking, coronary heart disease, blood pressure and hypertension, and family planning.

### Consent to care and treatment

Consent to care and treatment was obtained in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making. They check patient identification, especially for children ensuring that accompanying adults have got legal authority.

# Are services effective?

(for example, treatment is effective)

- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Verbal consent was obtained for cervical cytology and travel vaccinations.
- The process for seeking consent was monitored through clinical audit.



# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- Patients received timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received 25 Care Quality Commission comment cards which were all very positive about the service experienced. Patients commented that they were satisfied with the care they had received. Staff were described as friendly, kind, caring and professional.
- We reviewed The Clinic's website for their reviews, we noted that four reviews posted since July 2017 were very positive about the service provision.

### Involvement in decisions about care and treatment

- Staff helped patients be involved in decisions about their care.
- Patients had access to information about the clinicians working for the service. Information about each clinician

was available on the clinic website as well as in leaflets available in reception. Staff helped patients be involved in decisions about their care and discussions took place with patients at the point of referral and throughout their treatments to support them to make the right decisions about care and treatment.

- The clinic did not use any interpretation services, they informed us that most of their patients who were non-English speaking always visit the clinic with their family who translates for them.

### Privacy and Dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Dignity sheets and portable curtains were available in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- Consultations were charged a fee as advertised, with appointments available to suit patient convenience. The normal opening hours were Monday to Friday from 8.00am till 8pm and on Saturday from 9.00am till 3pm.
- Services available to patients were made clear on the website as well as through leaflets available on site. Patients were routinely advised of the expected fee in advance of any consultation or treatment.
- All consultation rooms were located on the ground floor with easy access to all patients, baby changing facilities were available.
- The practice offered travel and occupational vaccinations.
- The practice was approved by the Driving and Vehicle Licensing Agency, to assess patient's fitness to drive.

### Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal as appointments were made to suit patient needs.
- One patient commented in the CQC comment cards that the service provided was efficient and suited their lifestyle. Patients also noted that it was easy to get an appointment within a reasonable time and convenient for their needs.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and had procedures to receive complaints and act on them.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff told us that they would treat patients who made complaints compassionately.
- The provider told us that they followed recognised guidance. There had been two complaints recorded since the beginning of the year. They told us that they always strived to maintain high standards to meet patient expectations at all times.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability;

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

- Leaders had the experience to deliver demand based sustainable clinical care that was supported by evidence.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable. The lead GP worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

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

- There was a vision and set of values which strived to exceeds patients' expectations. Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- Patients were at the centre of the clinic's health plan and aimed to treat patients with respect, promoting independence and choice.
- Staffing was identified as key to providing excellent cost effective service without compromising standards or safety.
- The clinic monitored progress against delivery of the clinic's plan.

### Culture

The clinic had a culture of delivering high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work at the clinic.
- There was a focus on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included career development conversations.
- There was a strong emphasis on the safety and well-being of all staff.

### 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.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- There were policies, procedures and activities to ensure safety and systems that ensured they operated as intended.

### Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- There were arrangements and processes to manage current and future performance.
- The GP had oversight of MHRA alerts, incidents, and complaints.
- Service specific policies and standard operating procedures were available to all staff, such as safeguarding and infection control. Staff we spoke with knew how to access these and any other information they required in their role.
- There were arrangements in place for identifying, recording and managing risks; which included risk assessments and significant event recording.
- There were plans in place and trained staff available for major incidents.

### Appropriate and accurate information

The clinic acted on appropriate and accurate information.

# Are services well-led?

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

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- There were 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 clinic involved patients, the public, staff and other relevant partners to support high-quality sustainable services.

- There were arrangements to obtain feedback about the quality of care and treatments available to patients.

- Staff told us that there was an open culture and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. Staff said they felt respected.
- The service was transparent, collaborative and open with their patients.

## **Continuous improvement and innovation**

- There was a focus on continuous learning and improvement at all levels.
- The clinic team were keen to learn and improve outcomes for patients. They met on a regular basis to review their work and put together actions plans that were closely monitored to ensure improvement.
- Leaders and managers encouraged staff to take time out to review individual performance.