

Regent Street Clinic Sheffield

Inspection report

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South Yorkshire
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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?

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 of Regent Street Clinic in Sheffield as the last inspection on 25 October 2017 was not rated as this was not a requirement for independent health providers at that time. Since April 2019, all independent health providers are now rated and this inspection was undertaken to provide a rating for this service.

Regent Street Clinic is an independent provider and offers a range of specialist services and treatments. For example, general medical services, travel vaccinations, sexual health screening, facial aesthetics and well person screening. The clinic offers privately funded services and does not offer NHS treatment.

This service is registered with 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 regulated activities and services and these are set out in The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regent Street Clinic – Sheffield provides a range of non-surgical cosmetic interventions which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. The provider is registered with CQC under the Health and Social Care Act 2008 to provide treatment of disease, disorder or injury and diagnostic and screening services as regulated activities and this was the focus of our inspection.

A registered manager was in place. 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.

Thirteen patients provided feedback about the service using the CQC comment cards. Patients were positive about the quality of the service provided and told us staff were friendly, caring and helpful.

Our key findings were :

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients commented that staff were helpful and they were happy with the care and treatment they received.
- Services were offered on a private fee paying basis only and were accessible to people who chose to use it.
- The way the service was led and managed drove the delivery and improvement of high quality care.

We saw the following outstanding practice:

- The provider offered free teaching and training events to NHS medical staff on travel health and vaccines. They also offered free advice and risk assessments for local schools and colleges where children were going on world challenges and other voluntary overseas missions regarding travel advice.

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

- Review the system in place when splitting packs of medicines to ensure the appropriate information on the product is maintained.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC inspector. The team also included a GP specialist advisor.

Background to Regent Street Clinic Sheffield

Regent Street Clinic - Sheffield is located at 90 Rockingham Street, Sheffield, S1 4EB. The service is located over two floors with on street parking and a nearby pay and display car park available. The clinic had two permits for parking. The reception area is on the ground floor and there are two consulting rooms and a treatment room on the first floor.

The provider, FBA Medical Limited is registered with the CQC to carry out the regulated activities treatment of disease, disorder or injury and diagnostic and screening procedures from this location. The provider also provides services at six other locations across England.

The provider operates a clinician led service which specialises in general medical services, facial aesthetic treatments, travel medicine and sexual health screening. The service does not offer NHS treatment. It is an accredited yellow fever centre which is registered with NaTHNaC (National Travel Health Network and Centre). Services are available to adults and those under 18 years of age with the appropriate consent.

The service is led by a male doctor who is the lead clinician. He is based at the Nottingham location and attends the Sheffield location one day per week. He is available by telephone to staff. The clinician based in Sheffield is a registered nurse who is qualified to prescribe and there is a receptionist on duty when the clinic is open.

The service is open:

- Monday 8am to 12pm and 3pm to 7pm
- Tuesday 8am to 12pm and 3pm to 7pm
- Wednesday 8am to 12pm and 3pm to 7pm
- Thursday 8am to 12pm and 3pm to 7pm

- Friday 8am to 12pm and 3pm to 7pm
- Saturday 9am to 12pm

Patients can contact the service out of these hours in an emergency via an emergency contact number which is answered by the senior doctor.

How we inspected this service

Before visiting we reviewed a range of information we hold about the service and information provided pre-inspection by the service which was also reviewed.

During our inspection we:

- Spoke with several members of staff including the registered manager and lead clinician. We also spoke with the nurse, a manager and a receptionist.
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed documents and policies which supported the governance and delivery of the service.
- Reviewed CQC comment cards completed by people who had used the service.
- Observed the premises where services were delivered from.

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:

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, 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.
- 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. A safeguarding policy was in place and contact numbers for the local authority safeguarding team were easily accessible.
- All 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 (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). Clinical staff were trained to safeguarding children level 3 and safeguarding adults level 3 as appropriate for their role.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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.
- There was an effective system to manage infection prevention and control (IPC). The service undertook regular IPC audits. Staff had completed IPC training and policies and procedures were in place. We observed the premises to be clean and well maintained. The provider had carried out a legionella risk assessment and actions were being taken to mitigate the risks identified (legionella is a term for a bacterium which can contaminate water systems in buildings).

- 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.
- 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. A fire procedure and risk assessment were in 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.
- There was an effective induction system for staff tailored to their role.
- The service did not treat acutely unwell patients or walk in patients. However, staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff 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. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were 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.

- 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 clinician shared information with the patient's GP following consultations where appropriate with the patient's consent.

Are services safe?

- 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.
- 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, emergency medicines and equipment minimised risks.
- The service did not stock blank prescription pads, prescriptions were generated electronically.
- The service carried out medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, the provider had completed an antibiotic audit to ensure they were prescribing within recommended guidelines and offering delayed prescriptions when appropriate. In 2017/18 they had 48 patients request antibiotics and 41 prescriptions had been given. In 2018/19, 59 prescriptions were requested and 38 given with 10 being delayed. In 2019/20, 80 prescriptions were requested and 18 given with 20 delayed prescriptions.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- 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 accurate records of medicines. During the inspection we observed a split pack of medicines which were not clearly labelled. The provider destroyed these immediately. All other medicines were stored appropriately and the provider had systems to check stock and medical fridge temperatures where medicines and vaccines were stored.

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. There had been two reported incidents for this location where action had been taken and changes made to systems as a result. For example, payment for courses of vaccines had been reviewed and amended so service users could pay for them individually. We also saw evidence of shared learning from events which occurred in the provider's other locations.
- Staff were 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.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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 as appropriate.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice.

- 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.
- We saw no evidence of discrimination when staff made care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate and gave advice on what to do if their pain worsened.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, a consultation audit to ensure the appropriate information was available and documented in the patient records from their initial telephone call onwards had been completed and was ongoing to continue to monitor improvements.
- The service made improvements through the use of completed audits, patient feedback and patient surveys and there was clear evidence of action to resolve concerns and improve quality. For example, following feedback suggestions from patients who had used the service they implemented a blood collection service on a Saturday to ensure more timely results were available.

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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were 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 their skills.

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.
- 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. The provider told us they would refer or signpost to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- 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.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, the provider did not prescribe medicines liable to abuse or misuse or treat long term conditions such as diabetes. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- 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.

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.

Are services effective?

- 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 or referred them to the appropriate service for their needs.
- 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.
- The service monitored the process for seeking consent appropriately.

Consent to care and treatment

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

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of care service users received.
- 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.

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- Patients told us through CQC comment cards that they felt supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, the service had a hearing loop for patients who were hard of hearing.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- 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:

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, by offering appointments at the weekend.
- 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 were offered a same day or next day appointment.
- Patients reported that the appointment system was easy to use. Patients could book an appointment by telephoning the service's call centre or booking online. The provider did not see walk in patients.

- 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.

- Information about how to make a complaint or raise concerns was available and clearly displayed in the service guide in the waiting room.
- 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. The service learned lessons from individual concerns, complaints and from analysis of trends across all its six locations to improve services. It acted as a result to improve the quality of care. The service had received three verbal comments/complaints in the previous 12 months and appropriate action had been taken to respond to them.

Are services well-led?

We rated well-led as Good because:

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 and staff understood 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.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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 all staff with the development they needed. This included appraisal and career development conversations. The provider had an appraisal process, however, all staff working at the clinic had not been in post for more than 12 months at the time of the inspection. All had received an induction. Staff were supported to meet the requirements of professional revalidation where necessary.

- There was a strong emphasis on the safety and well-being of all staff. The provider had arranged for all staff to receive gym membership to support their health and well being.
- The service had regular formal meetings which were minuted and daily catch-up meetings at lunchtime. All staff were on a private WhatsApp group where they could communicate in real time and staff told us that the lead clinician was contactable by all staff at all times for support.
- The service promoted equality and diversity and staff had received training in this.
- There were positive relationships between 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.
- Leaders 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.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and prescribing. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for 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.

Are services well-led?

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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, 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 service users, staff and external partners and acted on them to shape services and culture. For example, the provider had completed an in-depth survey to gain feedback from patients receiving treatment at the clinic in the previous six months which had been analysed. They had also developed a patient focus group who had met recently. Feedback from patients was acted on. For example, the provider had purchased two parking permits for patients attending the clinic to use. The provider also closely monitored social media feedback to monitor patient satisfaction.
- Staff could describe to us the systems in place to give feedback. For example, the provider had a feedback

form they gave to patients to use. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.

- The provider offered free teaching and training events to NHS medical staff on travel health and vaccines. They also offered advice and risk assessments for local schools and colleges where children were going on world challenges and other voluntary overseas missions regarding travel advice.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. For example, the provider was training a receptionist to complete initial travel health consultations.
- The service made use of internal and external reviews of incidents and complaints to improve and develop services and learning was shared and used to make improvements. For example, improvements made at other locations following CQC inspections had been implemented at all the provider's locations.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. The provider took part in fund raising for charitable causes via their travel health website.