Hightree Medical Limited

Hightree Clinic

Inspection report

Hightree House,
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Overall summary

We carried out an announced comprehensive inspection of Hightree Clinic on 9 October 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This was the providers first comprehensive inspection. We found the service was not providing safe, effective, responsive or well-led care in accordance with the relevant regulations. We issued two warning notices requiring the provider to achieve compliance with the regulations set out in those warning notices. Warning notices were issued against Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance). We also issued two requirement notices for Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 19 (Fees) of the CQC (Registration) Regulations 2009. We then undertook a focussed inspection on 23 January 2019. At this inspection, we found the requirements of the two warning notices had not all been met. We issued two further warning notices against Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance).

This inspection was a focused inspection carried out on 30 April 2019 to confirm whether the provider was compliant with the warning notices issued, following the inspection on 23 January 2019. This report only covers our findings in relation to the requirements set out in the warning notices.

Our findings were:

At this inspection, although significant improvements had been made, we found the requirements of the two warning notices had not all been met.

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations.

Are services responsive?

We found that this service was not providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

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 Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

Hightree Clinic is an independent doctor service. They provide consultation, treatment and prescribing services for conventional and complementary medicine, with an aim to improve and/or sustain patients' overall quality of life. The clinic offers consultation and treatment only to patients over the age of 18.

Hightree Clinic provides a range of complementary therapies, for example medical acupuncture and osteopathy, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The lead GP 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 clinic had made significant improvements since our last inspection, although not all requirements had been met. The provider was fully aware of the remaining issues and had realistic action plans to make sure all improvements were made.
- The provider had improved the systems and processes for the recording of patient details, consultation and treatment. These changes were new and not yet embedded. Therefore, we found some gaps in recording in both hard copy and electronic files. The provider was taking appropriate steps to improve record keeping.
- There were processes for managing risks and performance, however these were not always complete or fully implemented. This included; the systems for infection, prevention and control; procedures to minimise the risk of legionella; the recording and oversight of safety alerts.
- There was some evidence of quality improvement. However, we found a lack of clinical audit to monitor quality and to drive improvements.
- Some of the processes to identify, understand, monitor and address current and future risks including risks to patient safety had improved. This included the recording and oversight of significant events and complaints.
- The provider had continued to review and update their policies and procedures. We found not all policies were in place, and some were undated. This was a significant piece of work that was ongoing.
- The provider had strengthened the workforce by employing a nurse and a data management administrator. Staff were clear on their roles and responsibilities at the clinic.
- Staff we spoke with told us it was an open and friendly culture. They felt communication and organisation at the clinic had improved and they felt positive about the improvements.

We identified regulations that were not being met and the provider must**:**

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

We have told the provider to take action (you can see full details of the action and regulations not being met in the Requirement Notices section at the end of this report).

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Hightree Clinic

Detailed findings

Background to this inspection

Hightree Clinic is an independent doctor service. They provide consultation, treatment and prescribing services using conventional and complementary medicine. The clinic aims to address the physical, nutritional and well-being needs of patients in order to improve their health and aid recovery. The clinic offers health diagnostics and assessments, for example screening tests for a wide spectrum of infections, deficiencies and hormone imbalances. Services include intravenous treatments for nutritional deficiencies, oxygen therapy (such as medical ozone), local and whole-body hyperthermia. They also offer treatments for musculoskeletal disorders, including joint injections.

Services are provided from:

Hightree House,

Eastbourne Road,

Uckfield,

East Sussex,

TN22 5QL

The clinic is open between 9am to 5pm on a Monday, Tuesday, Thursday and Friday.

Registered services are provided by one GP and a health care worker (in training). The registered manager had recently employed a nurse through an agency and a data management administrator. They employed a consultancy agency to assist with improving and streamlining their governance arrangements. This agency also provided reception support.

We carried out an announced focused inspection at Hightree Clinic on 30 April 2019. Our inspection team was led by a CQC lead inspector who was accompanied by a CQC GP Specialist Advisor.

Information was gathered from the provider and reviewed before the inspection.

During our visit we:

- Spoke with a range of staff, including the lead GP, health care assistant, nurse, data management administrator and one member of the consultancy agency.
- Made observations of the internal and external areas of the main premises.
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed documentation relating to the clinic including policies and procedures.

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 formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

At our previous inspection we found that this service was not providing safe care in accordance with the relevant regulations. We issued a warning notice in response to these concerns:

- Patient medical records were not always clear, comprehensive and legible. Not all records contained information we would expect to see about the consultation and treatment plan.
- Where details of the patients' own GP were recorded, there was not always a record of whether there was consent to share information or record of information having been shared.
- Systems and processes for infection, prevention and control (IPC) were not always in place. There was no documented action plan following an IPC risk assessment, and no logs of cleaning for equipment or an IPC audit.
- Although health and safety risk assessments had been completed, there was not a documented action plan. Procedures regarding actions to minimise the risk of Legionella were not clear.
- Significant events and external safety alerts were not always thoroughly recorded, investigated and acted upon. The provider could not demonstrate that actions were taken to improve safety and lessons were learned.

We carried out this inspection to follow up on these concerns on 30 April 2018. Although the clinic had made significant improvements, not all requirements of the warning notice had been met.

Safety systems and processes

The service had systems to keep people safe.

- The clinic maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The health care worker was the now the infection prevention and control (IPC) lead. We saw evidence that additional training had been undertaken for this role in December 2018. We saw the health care worker had reflected on the learning from this course and had suggested improvements, which the clinic had completed. For example, they purchased a clinical waste bin for the consultation room. We saw an IPC audit that had been completed in January 2019 and actions were taken as a result, for example the clinic purchased a foot pedal bin for the treatment room. Outstanding improvements that were identified had been entered into an action plan to ensure they were addressed. For example, a training schedule for all staff to include hand hygiene inputs. An IPC policy was in place, although this was undated and did not contain all of the information we would expect to see. Although staff could describe a cleaning schedule for equipment at the clinic, this was not documented.
- A comprehensive health and safety assessment had been completed by an external body, which included COSHH (Control of Substances Hazardous to Health Regulations 2002) and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Actions had been identified as medium risk in the Legionella risk assessment. For example, insulation to the mains water supply and a drain valve to be fitted. Staff we spoke with told us these actions had been completed and we saw evidence of this. They had completed an action plan for the remaining improvements, and all other health and safety issues to be addressed at the clinic. We saw many actions that were planned or in progress. Staff described actions completed including that they changed the location of staff property storage to minimise risk of trips and falls.
- Procedures regarding actions to minimise the risk of Legionella had been updated, which clearly described the accepted water temperature range and action to take if the temperature was outside of these ranges. We saw documentary evidence of water testing and flushing of water outlets. However, we found monthly water temperature checks had not been completed since January 2019. Staff told us they were in the process of making further improvements to their forms, to combine some of the monitoring processes.

Information to deliver safe care and treatment

The availability of information that staff needed to deliver safe care and treatment to patients had improved.

- We found that the provider had improved the systems and processes for the recording of patient details, consultation and treatment.
- The lead GP was pro-actively taking steps to improve record keeping of consultations. This included that a medical record keeping training event had been booked, and they had purchased a Dictaphone in the

Are services safe?

two weeks prior to our inspection. These were used to record consultation summaries that were made with the patient present, with their consent. Staff told us this had not only improved record keeping but also helped the patient to understand the information being presented to them. The consultation summaries were then typed up by administration staff and double checked by the lead GP. Once finalised, a copy was placed into the patient file and uploaded onto the clinical system.

- The provider had employed a new data management administrator, who had been in post for six weeks. We saw improvements had been introduced including a checklist for expected documentation for each patient file. For example, information on clinical history including medicines taken and known allergies, a registration page, health risk assessment and terms of conditions for each patient. We saw this in place for recently seen patients.
- We reviewed six medical records for patients seen since our last inspection. Three were selected from recent prescriptions and three who had attended recently for a consultation. Records we looked at evidenced improvement, both in terms of organisation and content – particularly with the introduction of typed consultation summaries. For example, all the medical records we reviewed contained; the working diagnosis or clinical impression, investigations provided or arranged, and a completed treatment plan. However, these changes were relatively new and not yet embedded. Subsequently, we found there were still some gaps in recording. Two of six of the records we reviewed did not clearly record follow up arrangements for care and treatment, where clinically appropriate. We also found a letter incorrectly filed in another patient's notes. We found that patients were asked for their consent to share information with their own GP, however where a patient was recorded as unsure this was not always evidenced as having been explored.
- Patient information was being recorded onto the clinical system to ensure staff had access to their details. This included information taken from the registration and risk assessment documents. We saw that the clinic used alerts, for example for patients with allergies. We cross-checked two records on the clinical system and found they both had basic contact information, details of the patients' own GP and a completed risk assessment. One record had an uploaded consultation summary and one did not, although it was in the hard copy file.

Safe and appropriate use of medicines

The service had systems for appropriate and safe handling of medicines.

- The provider had employed a nurse, who had been in post for three weeks. We saw a number of significant improvements had been made to ensure care and treatment was thoroughly recorded. For example, documenting nursing notes as personal care plans, including monitoring patient wellbeing. A new document had also been introduced to ensure any prescribed and administered medicine was thoroughly recorded, including the patient details, the medication, batch number and dose, along with authorising signatures. Following treatment, labels from intravenous medicine were kept and placed onto the document.
- We saw one issued prescription that was for a hypnotic medicine, used to treat insomnia, which is classed as a high-risk medicine. We reviewed the set of clinical notes for this patient. We found the treatment had had been clearly recorded in the patient's clinical notes along with a rationale and evidence of a discussion with the patient regarding the risks of this medicine. We also saw the provider had sent a letter to the patients' own GP with information on the prescription. The GP had then replied and this was retained in the patient file.
- We noted the clinic had improved their systems to record prescriptions issued. They kept an electronic log and a copy of all prescriptions.

Track record on safety

The service had a good safety record, but this was not always documented.

- We found the provider was now receiving all relevant external safety events as well as patient and medicine safety alerts. All alerts had clinical oversight by the lead GP. The clinic stored a printed copy of relevant alerts in a folder that all staff had access to. However, staff told us they did not always record when an alert was not relevant to the service.

Are services safe?

- The clinic kept a log of the date an alert was received, although we found they did not always clearly record the action required and whether these had been completed. For example, the provider received an alert for intravenous vitamin C use in relation to compromised kidney function. This was discussed with the clinical staff and actions were identified, however this had not been recorded. The provider described actions in progress including to identify potentially affected patients by searching the clinical system. They also planned to change the system to include alerts on patient notes.

Lessons learned and improvements made

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

- The provider had reviewed and updated their systems for recording, acting on, analysing and learning from significant events. We found that the provider had started a significant events policy but this was not yet complete. A template had been created to record incidents, although this focused on injury/illness/property damage. However, staff we spoke with explained there was an electronic reporting template provided by their health and safety consultants, but not all staff had access to this, so an alternative handwritten form was being used. The clinic kept a folder of significant events and a log to record the date, who was involved and whether actions were resolved. There were eight incidents recorded between 29 October 2019 and 16 April 2019. We saw evidence of significant events that had been thoroughly recorded on either the handwritten form or the electronic form. The provider demonstrated that significant events were investigated and lessons were learned. Improvements to systems and processes had been made as a result. For example, a patient with a hearing condition became unsettled during a visit to the clinic. The staff were unaware of the patients' hearing difficulties. As a result, a change was made to the patient risk assessment form to record hearing or sight impairments. They also changed the clinical system to enable staff to record this information as an alert. We saw this had been thoroughly recorded. We also saw evidence this was discussed in a staff meeting and the lead GP delivered a hearing loss input.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection we found that this service was not providing effective care in accordance with the relevant regulations. We issued a warning notice in response to these concerns:

- Patient health risk assessments were not always available on the clinical system.
- There was limited evidence of quality improvement activity.

We carried out this inspection to follow up on these concerns on 30 April 2018. Although the clinic had made significant improvements, not all requirements of the warning notice had been met.

Effective needs assessment, care and treatment

The lead GP told us they assessed needs and delivered care and treatment, in line with relevant standards and guidance.

- The clinic continued to use a health risk assessment for care planning, which all patients were required to complete. This included information such as known allergies, current medication being taken and medical history. The clinic told us they scanned this document onto their electronic database and we saw this process had become further embedded. Staff told us they actively checked this document was completed and were continuing to ask patients to update their details when they came back for an appointment. We reviewed six clinical records and saw the health risk assessment had been completed and recorded in each file. We cross-checked two records on the clinical system and saw that the risk assessment had been scanned onto the database for both records.

Monitoring care and treatment

There was some evidence of quality improvement activity.

- The provider showed us a three-cycle medical file audit that had been completed in April 2019. This was a data quality audit of information held on the clinical system, and also a compliance check for completeness of the paper files. Poor data quality was found on the clinical system, for example duplicate patients and test records, which were resolved.

There were 139 patients on the clinical system, of which 39 had recently attended the clinic. The paper file audit of the 39 files was completed in February, March and April 2019. The audit evidenced that the compliance of paper files had increased as a result of the audit. For example, in February 44% of files had a completed health risk assessment, which increased to 95% in April 2019.

The provider intended to continue the file audit. They anticipated further improvements with the introduction of the new filing system and checklist.

- The provider had not completed any clinical audits, but described those that were planned, to review the effectiveness and appropriateness of the care provided. For example, they were considering methods to add patient results into the clinical system, to enable them to audit the effectiveness of treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection we found that this service was not providing responsive services in accordance with the relevant regulations. We issued warning notices in response to these concerns:

- The provider did not have clear systems and processes to ensure that complaints were always thoroughly recorded, acted on, analysed and appropriately stored.

We carried out this inspection to follow up on these concerns on 30 April 2018. We found this requirement of the warning notice had been met.

Listening and learning from concerns and complaints

The service told us they took complaints and concerns seriously and responded to them appropriately, to improve the quality of care. We found that the systems and processes for investigating, acting on and responding to complaints had been improved.

- We saw evidence of a new complaints policy and procedure, which was in line with recognised guidance. The responsible person was the lead GP. Staff we spoke with demonstrated their understanding of the complaints procedure.
- Information about how to make a complaint or raise concerns had been produced and was easy to understand. This included information on the process if a patient was not happy with how the complaint was dealt with. We saw this was included in a patient information folder in the waiting room.
- We saw the clinic had developed a log to record complaints and their outcomes. Staff told us they would also use this for analysis of trends. Staff we spoke with told us they had not received any written complaints. However, they provided evidence of one verbal complaint that had been clearly recorded and action was taken as a result. Staff treated patients who made complaints compassionately. The clinic told us they learned lessons from individual concerns and complaints, and acted as a result to improve the quality of care.

Are services well-led?

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

Our findings

At our previous inspection we found that this service was not providing well-led care in accordance with the relevant regulations. We issued warning notices in response to these concerns:

- Policies and procedures were not all specific to the clinic, regularly reviewed and containing up to date information.
- The processes to identify, understand, monitor and address current and future risks including risks to patient safety were not always clear or well implemented.

We carried out this inspection to follow up on these concerns on 30 April 2018. Although the clinic had made significant improvements, not all requirements of the warning notice had been met.

Governance arrangements

The responsibilities, roles and systems of accountability to support good governance and management had been improved.

- Since our last inspection the provider had strengthened the workforce by employing a nurse and a data management administrator. All staff we spoke with commented that the roles and responsibilities at the clinic had become clearer, and the staff had been a positive addition to the team. The provider explained they were also in the process of recruiting a practice manager to further support the ongoing improvements to governance arrangements at the clinic.
- The provider demonstrated they were knowledgeable about issues and priorities relating to the quality and future of the service. We saw they had also updated their business plan.
- Following our last inspection in January 2019 the provider sent us their action plan to address concerns. They had also completed an overall action plan for all health and safety issues to be addressed at the clinic. We found that the provider was working towards completion of these actions. Each action had been given a realistic timescale for completion. All staff were open and transparent about their progress against this action plan and they recognised where improvements were not yet complete.
- The provider had continued to review and update their policies and procedures. Staff were working through the documents to ensure they contained relevant and up to date information. This was a significant piece of work that was ongoing. The clinic had prioritised staff related policies due to the new employees and we saw evidence of this, for example the staff grievance policy had been reviewed March 2019, data protection policy reviewed January 2019. We found not all policies were in place, and some were undated. For example, a sharps policy had been reviewed but was undated.

Managing risks, issues and performance

We found that the processes to identify, understand, monitor and address current and future risks, including risks to patient safety were in the process of being improved.

- There were processes for managing risks and performance, however these were not always complete or fully implemented. This included; the systems for infection, prevention and control; procedures to minimise the risk of legionella; the recording and oversight of safety alerts.
- The systems and processes for the recording of patient details, consultation and treatment had improved. However, there were some gaps in recording, as these processes were new and not yet embedded.
- There was some evidence of quality improvement. However, we found a lack of clinical audit in place to monitor quality and to drive improvements.

Culture

- During our inspection staff told us that everyone in the team was supportive. They told us that with the new staff members it was a strong team and they were all working together to address the concerns. They were all clear on their roles and responsibilities.
- Staff we spoke with told us it was an open and friendly culture. They felt positive about the future and they were encouraged to put forward ideas for improvement.
- We were told that communication and organisation at the clinic had improved, particularly with more structured meetings that were minuted. Actions arising from the meetings were monitored. We saw evidence of this.

Are services well-led?

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

- Staff told us that they were supported by their manager. They felt encouraged to develop and spoke positively about the opportunities available to them.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: • The provider was unable to demonstrate accurate, complete, contemporaneous and legible records of service users in respect of care and treatment provided to the service user and decisions taken in relation to the care and treatment provided. • The provider was unable to demonstrate effective systems or processes to assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: • The provider was unable that service policies were comprehensive, up to date and contained relevant information. • The provider was unable to demonstrate that systems and processes were implemented effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities.

This section is primarily information for the provider

Requirement notices

- The provider was unable to demonstrate systems and processes were in place to ensure safety alerts were always thoroughly recorded, acted on, analysed and appropriately stored.
- The provider was unable to demonstrate a programme of quality improvement activity to review the effectiveness and appropriateness of the care provided. The provider did not demonstrate clinical audits to monitor the quality of prescribing.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.