

## The Hertfordshire Clinic LLP

# The Hertfordshire Clinic LLP

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 7 March 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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The Hertfordshire Clinic LLP provides private medical service to adults and children. Services include a private GP service, a nurse led vaccination and cervical smear service and a consultations only service with specialist NHS consultants. The Hertfordshire Clinic LLP also hosts a community NHS ultrasound service (provided by STAHMIS Ltd and regulated by CQC) and the Perfect Balance clinic providing physiotherapy osteopathy and podiatry services. We did not inspect the hosted services at this time.

There are three GPs one qualified nurse and a clinic manager who are supported by a receptionist. The practice manager from the adjoining NHS practice has an overview of the clinic's systems and processes. The GPs, the practice nurse and the practice manager have substantive employment at nearby NHS GP practices. There is a pool of NHS consultants who provide a consultation only service. All clinical staff worked at the Hertfordshire Clinic LLP under a facilities agreement. This agreement allowed them to refer to their primary employer for their governance arrangements which the

# Summary of findings

Hertfordshire Clinic LLP periodically checked and documented to ensure it was valid and effective. Consultations are undertaken by the clinicians on an as needed basis dependant on patient demand.

The Hertfordshire Clinic LLP is open for appointments Monday to Friday from 8.30am till 9pm and on Saturday from 8.30 till 1pm. Patients make appointments with the practice directly in person, by telephone or on line through the clinic's website.

The Hertfordshire Clinic LLP is not required to offer an out of hours service. Patients who need medical assistance out of normal operating hours are requested to seek 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 12 completed CQC comment cards; patients commented that they were satisfied with the care provided by the practice. Staff were described as helpful and professional. On the day of our inspection we also spoke with a patient attending for their consultation. They told us the service provided was responsive and suited their lifestyle. They described the clinicians and reception staff as listening courteous and welcoming.

## 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.
- There was a process to ensure that care and treatment delivered were in accordance with evidence- based guidelines.
- 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 welcoming courteous helpful listening and professional.
- During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.
- Systems were in place to monitor complaints.

# 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 safe care in accordance with the relevant regulations.

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### **Are services caring?**

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

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

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

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

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

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# The Hertfordshire Clinic LLP

## Detailed findings

### Background to this inspection

We carried out a comprehensive inspection of The Hertfordshire Clinic LLP on 7 March 2018. Our inspection team was led by a CQC lead inspector and included a GP specialist advisor and a practice manager 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 a range of staff including two GPs, one nurse, three administrative staff, and one patient who used the service.
- 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 12 Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the service and spoke with one patient.
- 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 and in all the consulting rooms 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 process to establish parental responsibility for children.
- There was a system to manage the standards of cleanliness and hygiene. We observed the premises to be 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 liaised with the local infection prevention teams as appropriate to keep 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 located at the NHS GP Practice that shared the building. At the time of our inspection there was no risk assessment in place to support this arrangement. Following our inspection we received confirmation that a risk assessment was now in place. Oxygen for use in an emergency situation was available on site.
- There was an appropriately stocked 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) in all clinical rooms.
- 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. An independent clinical information system was used which had a two layered access system to ensure information security. Staff could access the clinical information system on their desktops. NHS consultants with practising rights kept their own records of consultations.
- Patients on registration with the Hertfordshire Clinic were asked for their consent to share relevant information with their NHS GP. Information was shared as appropriate with the NHS GP using secure NHS mail.

# Are services safe?

## 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.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately.
- Travel vaccinations were administered by a qualified nurse using a patient specific direction from a GP.

## 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 seven significant events recorded in the last 12 months. Lessons learned were shared and action taken to improve safety. For example, following an immunisation incident related to a child changes were made to the way immunisations were administered and staff were made aware of the changed process.
- 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. Clinicians with facilities agreements responded to safety alerts through their primary clinical governance arrangements. Safety alerts were also emailed to individual clinician by an administrator for action as advised. However we noted that the related record keeping of applicable alerts needed improvement. Following our inspection we received confirmation that an improved recording system was now in place.

# 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 clinical commissioning group 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 an audit of patients that received treatment for excessive sweating (Hyperhidrosis) with Botox injections had showed no complications and had also allowed the clinicians to check on the effectiveness of such treatments.

The lead GP told us clinical audit was part of the revalidation process for GP and NHS consultants that practised from the Hertfordshire Clinic LLP 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. For example, staff that administered immunisation and carried out cervical cytology had received specific training and could demonstrate how they stayed up to date.

- Staff had access to ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- The competence of staff GP and NHS consultants that practised from the Hertfordshire Clinic LLP was periodically checked and record of such checks were kept for reference .
- 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 registered with the Hertfordshire Clinic LLP, 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.
- Patients received coordinated and person-centred care. This included when they moved between services or when they were referred to other services.
- 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. GP were able to refer patients to the NHS cancer care pathways if the patients consented to this course of action.

### 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.

# Are services effective?

(for example, treatment is effective)

## **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.
- 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. However we noted that there was no provision to record verbal consent in the patient clinical recording system. After our inspection the practice confirmed this has been corrected and a record of verbal consent was now available in the patient clinical recording system.
- 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.
- All of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented that they were satisfied with the care they had received. Staff were described as helpful and professional. A patient attending for their consultation described the clinical and reception staff as listening courteous and welcoming.
- Results from an in-house patient satisfaction survey commissioned in 2017 showed patients rated the quality of care received from the doctor/nurse highly (90% with 18 patients participating). Patients felt they were treated with compassion, dignity and respect with the staff courteous friendly helpful and professional.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Staff told us interpreting and translation services could be made available for patients who did not have English as a first language.
- Staff helped patients and their carers find further information and access community and advocacy services if appropriate.
- Results from an in-house patient satisfaction survey commissioned in 2017 to questions about their involvement in planning and making decisions about their care and treatment showed a high level of satisfaction.
- 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.

### Privacy and Dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Curtains were provided 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 8.30am till 9pm and on Saturday from 8.30 till 1pm.
- 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.
- Reasonable adjustments were made when patients found it hard to access services. For example access to the clinic was through a stairway. Patients with limited mobility were offered a consultation on the ground floor in a consultation room at the NHS GP practice which shared the premises.
- We noted that a hearing loop was not available. We were advised that as appointments were always booked in advance suitable arrangements including the availability of a hearing loop would be made at that time.
- 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 practice 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.
- A patient attending for their consultation on the day of our inspection told us the service provided was responsive and suited their lifestyle.
- Results from an in-house patient satisfaction survey commissioned in 2017 showed patients were satisfied with the access arrangements. Patients noted that it was easy to get an appointment within a reasonable time and found the reception staff efficient in making the appointment.

### 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. This included information for patients as to what to do if they were not satisfied with the response received. Staff told us that they would treat patients who made complaints compassionately.
- The clinic manager told us that they followed recognised guidance and their procedure mirrored the NHS guidance. There had been no complaints recorded since 2015. The clinic manager told us that as a private healthcare provider their aim was to 'exceed patient expectation' and always strived to meet patient expectations.

# 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.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example in relation to the succession planning for the lead GP.
- 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. A GP had been identified as the replacement registered manager who was in the process of registering with the CQC.

### Vision and strategy

The practice 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 practice monitored progress against delivery of the practice 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 in the practice.
- There was a focus on the needs of patients.

- Leaders and managers acted on behaviour and performance that conflicted with their 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 need. This included appraisal and career development conversations.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and 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 arrangements of GPs and NHS consultants with facilities agreements (this agreement allowed them to refer to their primary employer for their governance arrangements) were periodically checked and documented to ensure it was valid 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 to processes to manage current and future performance.

# Are services well-led?

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

- The clinic manager and the lead 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. A business continuity plan was available for all staff and copy held off site.

## **Appropriate and accurate information**

The clinic acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The practice submitted data or notifications to external organisations as required.
- 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. Patient surveys were carried out periodically and the 2017 survey showed positive feedback.
- 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 stakeholders about performance.

## **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 and team objectives, processes and performance.