

# North Street Clinic Ltd

# Avicenna Clinic

## Inspection report

1, North Street,  
Peterborough, PE1 2RA  
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Website: <https://www.avicennaclinic.com>

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### Overall summary

We carried out an announced comprehensive inspection on 26 November 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 effective care in accordance with the relevant regulations.

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

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

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

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

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

We found that this service was providing well-led 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. This is the first inspection of Avicenna Clinic.

The clinic provides MRI scanning, outpatient consultations and spinal & musculoskeletal assessment and treatment which included pain management and intervention. There were plans and the clinic was set up to provide day surgery including but not limited to orthopedic, spinal, ENT, general surgery, gynecology and eye operations; however, these services were not being provided at the time of our inspection.

The manager of the clinic 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.

We viewed feedback from social media, which was positive regarding the environment, staff and clinical care. We did not receive any comment cards on the day of inspection.

#### **Our key findings were:**

- People were protected from avoidable harm and abuse and that legal requirements were met.
- The provider had a detailed vision for the clinic. This included introducing a wider range of consultants and minor surgeries.

# Summary of findings

- Patients received effective care and treatment that met their needs.
- The clinic was engaged with reviewing and monitoring the clinical service they offered and used this information to make changes and drive care.
- Patients were supported, treated with dignity and respect and were involved as partners in their care.
- People's needs were met by the way in which services were organised and delivered. For example, the clinic had involved several consultants and nurses in the design of the building to ensure it was appropriate for patients and to deliver high quality services.
- The leadership, governance and culture of the clinic promoted the delivery of high quality person-centred care.
- The clinic encouraged continuous improvement and innovation. For example, the clinic provided the only open MRI scanner in the area to improve care for patients who may suffer from claustrophobia.
- Staff reported they were happy to work in the clinic and proud of the vision of the clinic.

There were areas where the provider could make improvements and should:

- Embed the new system for recording the reviews of patient safety alerts.
- Embed the new system for monitoring medicines on the emergency trolley.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Avicenna Clinic

## Detailed findings

### Background to this inspection

- The name of the registered provider is North Street Clinic Ltd.
- The address of the location is: 1, North Street, Peterborough, PE1 2RA.
- The website for the location is <https://www.avicennaclinic.com>.
- The regulated activities the provider is registered for are diagnostic and screening procedures, treatment of disease, disorder or injury and surgical procedures.
- The opening times of the clinic are not set and it is dependent on patient appointments and needs. This gives patients flexibility of choice of appointments.

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a member of the CQC medicines team.

The clinic provides MRI scanning, outpatient consultations and spinal & musculoskeletal assessment and treatment which included pain management and intervention. These appointments include injections for pain management

where clinically indicated. There were plans, and the clinic was set up to provide, services such as surgery procedures for ear, nose and throat conditions, gynaecology, vascular surgery and rheumatology.

Prior to the inspection, we received some information from the provider and we did not receive any concerns from external stakeholders.

During the inspection, we reviewed documents such as policies, risk assessments and care records and spoke with staff.

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

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. 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. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance and had the in and out of hours details for social services.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken when 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).
- 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.
- There was an effective system to manage infection prevention and control (IPC). A full IPC audit had been completed and measures had been taken to ensure good management of IPC risks, such as disposable scrubs and effective management of waste. This was supported by an IPC policy. There was a cleaning schedule in place and the clinic planned to review this once further services, including surgery, began in the clinic.
- The clinic had a legionella risk assessment in place and took steps to reduce any risk of legionella, including regularly flushing the taps.

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw evidence that electrical and calibration testing had been undertaken.
- There was a radiation policies and procedures folder to support the use of the MRI machine. For example, there was a radiation safety and medical exposure policy which had been updated in line with the Ionising Radiations Regulation 2017 (IRMER). The Radiation Protection Advisor for the service was Cambridge University Hospitals Trust. There was also guidance for referrers in place, standard operating protocols, dosage details, examination protocols and a pathway for the management of results.
- The MRI scanner had regular services and checks from the maker of the machine, the most recent being dated August 2018.
- Results for MRIs were received the same day the scan was carried out from registered radiologists. If there were any concerns regarding the outcomes of a scan, the patient was referred to the hospital. For example, there had been an instance where the lead radiologist had noted cauda equina (compression of the spinal cord). The patient was immediately referred to the hospital and had surgery the same day.
- 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.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- The clinic had appropriate emergency medicines in place to deal with emergencies. There were regular checks of emergency equipment, however the provider did not document which medicines were held. The provider reported they would implement a system to do this. After the inspection, the manager provided a new log sheet for emergency medicines which detailed equipment and medicines that were stored on the trolley.

# Are services safe?

- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with recognised guidance.
- 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 and equipment minimised risks. The service did not use prescription stationary.
- Staff administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance for pain management injectables. These were the only medicines prescribed and administered by the service.
- Processes were in place for checking medicines. There were regular checks of emergency equipment and expiry dates, however the provider did not document which medicines were held. The provider reported they would implement a system to do this. After the inspection, the manager provided a new log sheet for emergency medicines which detailed equipment and medicines that were stored on the trolley.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. This included risk assessments for health and safety and fire management. The clinic had completed risk assessments for equipment that was not yet in use but they had plans to introduce, including machines to administer anaesthetic and the x-ray machine.
- 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. However, we found the service did not have a system for recording safety alerts.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. The manager supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, there had been an incident where a patient had become distressed in the MRI scanner. The staff acted quickly to remove the patient and care for them until their distress had passed. This incident and the good practice from this had been discussed with other members of staff.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service received information on external safety events and medicine safety alerts. The service did not document the outcomes of any actions taken in relation to these events, although we found no patients at risk. The provider reported they would address this immediately. After the inspection, the manager of the clinic provided evidence of a new policy to support the management of these alerts, as well as a log of alerts and actions taken in response to these alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

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

- 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 making care and treatment decisions in the care records we viewed.
- Staff assessed and managed patients' pain where appropriate. This included administering pain injections where clinically indicated.

### Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. 10% of all MRI reports were audited externally to ensure they were accurate and complied with guidance. These audits were positive.
- There were two responsible officers involved with the service, one for the clinic and one for the registered manager. There were clear appraisals in place to assess performance and suggest improvements.

### 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. The healthcare assistant had undertaken specific training to be able to assist the lead radiographer with MRI scanning.

- Relevant professionals were registered with the General Medical Council (GMC) 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.

### Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the clinic referred to a hospital for emergency surgery for a patient.
- 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. We saw examples of patients being signposted 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, including for MRI scanning.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who have been referred to other services. For example, it was made clear to patients that if scans showed any abnormalities, this would be communicated with the GP.

### 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.

# Are services effective?

(for example, treatment is effective)

- Where appropriate, staff gave people advice so they could self-care. For example, the clinic offered some telephone consultations for no charge to signpost patients to other appropriate forms of care, when an MRI scan was not clinically indicated.
- If patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs, such as hospitals or other independent providers.

## **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. When appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients online was positive about the way staff treat people. There were no patients available to speak with on the day of inspection.
- Staff understood patients' personal, cultural, social and religious needs and were respectful of the Equality Act 2010. 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. When translation services were required, this was organised

prior to the appointment with the involvement of the patient so that appointments were at the best possible time for them. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- Patients reported on social media that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

### 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?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, the building had undergone a renovation prior to the clinic opening. The provider had used a healthcare architect to help design the new premises and had involved consultants and nurses to assist with the design to ensure it was reflective of patient needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so people in vulnerable circumstances could access and use services on an equal basis to others. For example, the clinic had three floors and there was lift access to all floors. There was a ramp in the reception area to ensure it was accessible for patients using wheelchairs.

### 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. Results from MRI scans were given to patients on the same day as the scan.

- The clinic did not have set opening times to be as flexible as possible for patients. This included holding evening appointments.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients could access the service in a number of ways, including walk in, self-referral and GP/secondary care referrals.
- Referrals and transfers to other services were undertaken in a timely way.

### Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had a process to respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available in reception and on the clinic website. The service had not received any complaints at the time of our inspection.
- The policy stated that the service would inform 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 encouraged feedback from patients, and had relied on social media reviews and comments. The service planned to carry out patient satisfaction surveys.

# 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;

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

- The manager was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The manager was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff reported the manager was approachable and open to ideas for change.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. The vision for the clinic was to bring services back to the community, help the local healthcare system and reduce patient waiting times.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.
- The future for the clinic involved offering a broader range of services and an ear, nose and throat consultant who was due to start imminently. The facilities were set up to offer surgical interventions, diagnostic screening, including x-rays and ultrasound, and outpatient appointments; however, these services were not being provided at the time of our inspection.

### 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 and reported the culture was positive and teamwork was a priority.

- The service focused on the needs of patients.
- The manager acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. 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. All staff received regular annual appraisals in the last year. This included the manager who had an appraisal completed by their responsible officer. 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. Staff reported the manager was approachable and they felt they could raise any issues confidently.
- The service actively promoted equality and diversity. Staff felt they were treated equally.
- 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. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- The manager had established proper policies, procedures and activities to ensure safety and assured

# Are services well-led?

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

themselves that they were operating as intended. Policies and procedures were also in place for the future of the clinic, including for using the x-ray and ultrasound machines.

## 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 diagnostic reports. The manager had oversight of safety alerts, incidents, and complaints, however the recording of safety alerts needed to be improved. After the inspection, the manager provided evidence of changes to the system to receive, action and log alerts.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- 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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- 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 public's, patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the service had fully involved consultants, nurses and a healthcare architect in the design of the premises to make sure it was suitable for future plans and for patients to be introduced.
- Staff were able to describe the systems in place to give feedback. Due to small numbers of staff, informal meetings were held and staff reported the manager was approachable and open to ideas for change.
- The service was transparent, collaborative and open with stakeholders about performance. The service included a full multidisciplinary meeting when new consultants were approached to offer services to ensure the clinic was appropriately set up.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The manager encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. For example, the service had liaised with other independent health providers and the local hospital to advise them of services available within the clinic. There was a clear vision for the future of the clinic which included increasing the consultants and services available.