

Combine OpCo Limited

The Hospital Group - Exeter Clinic

Inspection report

Third Floor,
31-32 Southernhay East
Exeter
Devon
EX1 1NS

Tel: 0121 4457500

Website: www.thehospitalgroup.org/exeter-clinic/

Date of inspection visit: 23 November 2017

Date of publication: 12/01/2018

Overall summary

We carried out an announced comprehensive inspection on 23 November 2017 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.

Background

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 Hospital Group Exeter Clinic is based on the outskirts of Exeter City Centre. There are good public transport links within the area and two railway stations located within short walking distance of the clinic. Car parking is available nearby.

The Hospital Group operates from 16 different clinics across England which are used for initial consultations between patients and surgeons as well as post-operative care. The location at Exeter provides consultation for cosmetic and weight loss surgical procedures, pre-operative assessment and post-operative care. The clinic is open and responsive to patient demand between the hours of Monday to Friday 8am to 8pm and Saturday and Sunday 10am to 5pm.

Summary of findings

Consultation for cosmetic and weight loss surgical procedures are carried out at the Exeter clinic. Therefore we were only able to inspect the consultation service and not the Surgical procedure services.

This service is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 to provide diagnostic and screening procedures, surgical procedures and for the treatment of disease, disorder or injury.

CQC inspected the Hospital Group, Exeter Clinic in 2013 and asked the provider to make improvements regarding assessing and monitoring the quality of the service. The provider sent us an action plan, which we monitored and followed up. The reports for this period are archived on our website. We re-checked these areas as part of this comprehensive inspection and found governance and risk management systems were in place, with clear lines of accountability from clinic manager to governance and risk committee.

The patient co-ordinator is the registered manager for Exeter Clinic. A registered manager is a person who is registered with the CQC 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.

During the inspection we received written and verbal feedback from 20 patients about the Hospital Group Exeter Clinic. Patients described staff as being accommodating, kind, reassuring and informative.

Our key findings were:

- Staff had the information they needed to deliver safe care and treatment to patients.
 - Exeter Clinic had a good safety record.
 - There was a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of surgical procedures, post-operative care and support and the outcomes for patients.
 - Patient consent to care and treatment was obtained and in line with legislation and guidance.
 - Staff treated patients with kindness, respect and compassion.
 - Patients were respected and their privacy and dignity was maintained.
 - The provider took complaints, concerns and comments seriously and responded to them appropriately to improve the quality of care.
 - Structures, processes and systems to support good governance and management were clearly set out, understood and effective. Directors of the company all had specific accountable lead roles as well as the overarching management of the business and service.
- There were areas where the provider could make improvements and should:
- Review the patient assessment process to include carrying out identification checks of every patient.
 - Review the company complaints procedure to clarify CQC's role in reviewing information received.
 - Review guidance about prescribing antibiotics to include a risk assessment tool so that staff are provided with guidance about red flag symptoms and actions to take if a patient has suspected early sepsis.
 - Review communication needs of the population using the service and consider how information in the waiting room, website and booklets could be made more accessible in different formats and languages.

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.

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 to people's needs?

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.

The Hospital Group - Exeter Clinic

Detailed findings

Background to this inspection

We carried out an announced inspection of the Hospital Group – Exeter Clinic on 23 November 2017. The inspection team comprised of a Care Quality Commission (CQC) inspector and a nurse specialist advisor.

The Hospital Group – Exeter Clinic is registered as an independent doctors consultation service. Patients attend the clinic for assessment and advice about surgical procedures they wish to have, including gastric band, rhinoplasty (plastic surgery to the nose) and breast augmentation.

Before the inspection we gathered and reviewed information held by CQC, information sent to us by the provider, patient survey results and reviews on the internet.

We informed Healthwatch that we were inspecting the service; however we did not receive any information of concern from them.

The methods that were used included talking to people using the service, their relatives / friends, interviewing staff, observations and reviewing documents.

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 patients safe and safeguarded from abuse.

- The Provider had an incident reporting policy and procedure which, together with reporting forms was available to all staff on the company intranet system. Staff we spoke with were aware of the policy and the procedure and had received recent training about duty of candour requirements.
- All significant events and incidents were forwarded to the governance and risk department at company head office for recording, monitoring and analysis of trends, themes and lessons learned. Records seen showed during the previous 12 months there had been one reportable incident of flooding at the shared premises. The clinic is situated on the third floor of the building and was able to continue to provide services.
- The governance facilitator for the provider verified that analysis of trends, themes or lessons learned took place. Staff showed us newsletters where lessons learned were disseminated by head office in the form of briefing notes. For example, learning from a data protection breach had led to changes across the organisation, including the Exeter Clinic. This included increased record security and limiting responsibility to named staff sending out information to other health professionals about patients.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. 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).
- Records demonstrated all of the clinical staff working at the practice were registered with either the NMC (Nursing and Midwifery Council) or the HCPC (Health and Care professions council). Surgeons worked at the clinic on specific days providing consultation appointments and pre-operative assessments for patients. Written confirmation had been sent to the manager confirming the content of the surgeon's personnel file. This included appraisal and revalidation dates, information about a DBS check with date and outcome, training completed and procedures approved for the individual under their practising privileges agreement. The manager verified regular updates of this information were sent when anything had changed.
- Clinic staff were able to access the provider's safeguarding policy on their intranet site and staff were aware of the existence of the policy. Records demonstrated that all staff had undertaken safeguarding training, which covered both children and adults. The provider had obtained DBS checks for all staff undertaking chaperone duties and records of these were seen.
- Patient identification checks were undertaken for any patients suspected of being under 18. However, staff told us routine patient identification checks were not carried out for all patients attending the clinic. All patients were required to be registered with a UK GP practice, but checks with the GP only took place if there were any indicators in regard to decision making or health matters.
- Records showed that staff had completed health and safety training. A fire marshal was in place with a shared agreement for the landlord to carry out checks of the emergency systems and initiate fire drills. Staff verified fire alarm checks were carried out every week on a set day. Records showed there had been regular fire drills for all staff working at the clinic and other organisations sharing the building.
- The clinic nurse described the process for following up on patients who had undergone surgical procedures and for treating patients with post-operative complications or infections. Patients received a call from the clinic nurse two days after the operation. Patients were then given follow up appointments with the nurse between five and seven days, 14 days and 30 days after the procedure and a follow up review with the surgeon after three months. Staff contacted any patients who did not attend their appointments.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

Are services safe?

- There were systems for organising staff rotas in planning clinics to ensure staff with appropriate skills and qualifications were on duty.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. For example, the training matrix demonstrated that all clinical staff had received training to manage anaphylaxis (patient in shock) during post-operative treatment.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were suitable systems and equipment to manage medical emergencies. Oxygen was kept within the treatment room. The clinic had carried out a risk assessment and determined that a defibrillator should be available on site. Staff verified an AED (defibrillator) had been ordered and they were due to have training about using this equipment. In the short term the practice had access to a publically available AED device in the adjacent shopping centre.
- The service ensured it had evidenced that all clinical staff had professional 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.

- Comprehensive pre-operative assessments were undertaken with patients, which included being assessed by the clinic nurse, surgeon and patient co-ordinator. Patients completed a medical history and gave written consent for the service to consult with any other healthcare professionals supporting them.
- The service obtained a summary from the patients GP where there were significant health care needs that might impact on their proposed surgery from the referring GP. For example, further information and support had been sought for a patient undergoing gender reassignment who was seeking cosmetic surgery to alter their facial and breast appearance.
- Individual electronic and paper treatment records were held for each patient documenting any procedures, written consent and if needed any on-going treatment, such as post-operative care that they might need.

- The service had systems for sharing information with the patient's GP and the patient in regard to outcomes of the surgical procedure.

Safe and appropriate use of medicines

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

- The systems for managing medicines, medical gases, and emergency medicines and equipment minimised risks. We found there were a small number of medicines stored in an appropriate locked cupboard. The clinic did not have a separate medicines fridge; however staff verified that none of the medicines held required refrigeration. We looked at both the fridge and medicines held which did not require refrigeration.
- Staff prescribed, administered (to patients) and gave advice on medicines in line with legal requirements and current national guidance. The organisation had a written procedure should a patient require post-operative medicines for pain relief or antibiotics, which had been reviewed as a result of learning from other inspections of locations registered with the Care Quality Commission (CQC). This was an electronic process whereby the prescription was signed off by a medical officer and delivered to the patient direct from a pharmacy. We found patients could wait up to two days for these to arrive, which could delay treatment for a suspected infection. Patients were informed about concerning symptoms suggestive of suspected early sepsis and advised not to delay and to seek immediate treatment from their GP, NHS 111 or the nearest NHS Accident and Emergency department.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues, which were overseen centrally and reported upon at the regular governance and risk committee to ensure actions had been addressed.
- The clinic manager monitored and reviewed activity reporting back to the governance and risk team. This helped the organisation to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Are services safe?

Lessons learned and improvements made

The clinic had not needed to raise issues to be investigated under the significant events process. However, there were systems for learning and making improvements when things went wrong:

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. All staff had completed a course about Duty of Candour in the previous 12 months, and newly recruited staff had places booked to complete this.
- The provider had systems in place for knowing about notifiable safety incidents. These were managed by the

governance and risk team and information disseminated to all locations within the group, including the Exeter clinic. Staff showed us a monthly newsletter containing updates, including those about safety.

If there were unexpected or unintended safety incidents:

- The service had a system for responding and giving affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence for comments, concerns and feedback from patients.

There was a system for receiving and acting on safety alerts. The service learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Patients were asked to complete a comprehensive consultation and pre-operative assessment, which was discussed and updated at every stage in their patient journey. This included obtaining a full medical history, which staff explained could then trigger further information being requested from the patient's GP or other health professionals involved in their care. We observed five patients consultations during the inspection having obtained patient and clinician consent with the clinic nurse, surgeon and patient co-ordinator. The provider had a policy, which supported patients having a 'cooling off' period to consider the information provided. This enabled a patient to have time to decide whether they wished to proceed or not with the surgical procedure discussed. If a patient did not proceed within six months or if there was a change in their medical history they were required to start the assessment process again. We saw an example of this being followed with one of the patients seen on the day of the inspection.

Monitoring care and treatment

The provider had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness surgical procedures, outcomes for patients and risk management processes. For example, at Exeter Clinic routine audits carried out included sampling 10 patient medical records to determine whether the pre-operative section of the patient consultation assessment had been appropriately completed. The audit in March 2017 found nine of the 10 records were complete, with one record requiring the completion of the patient's BMI (Body Mass Index is used to determine weight status of a patient who may be underweight, overweight or within a healthy weight range). Recommendations for follow up had been actioned by the manager of the clinic and another audit was due to check changes were effective in improving record keeping.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, surgeons maintained their skills and experience within their other roles outside of the service and shared their learning and knowledge with the

nursing staff where appropriate. Nursing staff maintained their clinical knowledge with ongoing training. This included health and safety, safeguarding and basic life support.

There was an induction process for new staff. One-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. For example, a surgeon working at the clinic during the inspection showed us the newly implemented clinical support and development system. He told us that he had recently obtained 360 degree feedback from peers and patients. This was used for learning and ongoing development of their clinical practice and would be discussed at the next appraisal meeting with the Medical Director of the Hospital Group.

Coordinating patient care and information sharing

Staff worked together and with other health professionals to deliver effective care and treatment. Outcomes of patient's surgery and treatment were shared with the patients GP practice. Examples of letter seen sent out to patient GPs were effective in communicating ongoing treatment and follow up checks undertaken.

Supporting patients to live healthier lives

Some patients attending the clinic did so to consult a surgeon about having gastric band surgery to reduce weight. Patients were also assessed by a dietician and given advice about healthy eating pre and post-surgery. This information was tailored to every patient's individual needs. A detailed patient booklet was provided and included information about achieving a balanced diet with healthy recipes, the types of exercise to try and how this would impact on future health.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Patients discussed their needs with their own GP and had either asked to be referred to the service or self-referred. Clinicians at the service checked with patients their understanding of the planned procedure, discussed potential risks and outcome benefits from the

Are services effective?

(for example, treatment is effective)

procedure before they completed a consent form. The consent process covered the proposed surgical procedure and the service ability to approach the GP for further information.

- The provider monitored the process for seeking consent appropriately. For example, patients were encouraged

to take their time to consider their options, but if the procedure did not take place within six months they were recalled for another assessment and consented before a procedure could take place.

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.
- The service gave patients timely support and information. We observed patients being encouraged to take their time in thinking about whether to go ahead or not with a procedure. Patient information also contained information about a 'cooling off period' enabling the patient to be confident with their decision.
- All 20 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of other feedback received by the service. Patients told us about the high standard of care and treatment given in a reassuring and caring manner.
- We observed five consultations with the nurse, surgeon and patient co-ordinator during the inspection. All of the staff were skilled and knowledgeable answering every

question asked by the patient. Patients were treated with respect, listened to and reassured. Staff and patients explained that they were on a journey and had got to know each other well during the process.

Involvement in decisions about care and treatment

Patients told us they were informed throughout their treatment/surgery of what the surgeon or nurse was doing. Patients highlighted that all care was carried out politely and respectfully and not without gaining the patients consent or approval. Similar comments were reflected in the services own post-operative survey results. Interpretation services were available for patients who did not have English as a first language. However, we did not see any notices in the waiting area about being able to access information in languages other than English or informing patients the interpretation service was available.

Privacy and Dignity

The consultation and treatment rooms had appropriate window blinds which maintained patients privacy and dignity. Privacy screens were used to cordon off examination areas, whilst patients were undressing and being examined by the surgeon or nurse at the clinic.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service had a flexible approach and a planning process to ensure that there was not a long delay from referral to offering an appointment for consultation. Staff and patients seen during five consultations told us they had developed a long relationship with the clinic, which was promoted by the aims of the service to provide unlimited support for patients pre and post operatively.

Timely access to the service

Patients accessed the service via an appointment system. Opening hours were listed on the clinic's website as Monday to Friday 8am to 8pm, Saturday and Sunday 10am to 5pm. A patient survey carried out in 2017 demonstrated patients were satisfied with the opening hours and access to staff support. This was further supported by the written and verbal comments we received from patients at the inspection.

Listening and learning from concerns and complaints

The service took complaints, concerns and comments 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 was easy to follow. The process included independent adjudication by the Independent Sector Complaints Adjudication Service (ISCAS). Staff treated patients who made complaints compassionately and told us they reflected on this as part of their professional appraisals and revalidation.
- We reviewed the complaint policy and procedures immediately before the inspection and found these were mostly in line with recognised guidance. We gave the provider feedback about the complaint policy as it was incorrect about the Care Quality Commission's role with complaints. The provider informed us after the inspection that the corporate complaint policy was being reviewed as a result of this feedback. One complaint had been received in the last year in regard of a patient at Exeter Clinic. We reviewed how this complaint was managed and responded to. We saw that the complaint was satisfactorily handled in a timely way. The complainant was informed of the outcome and was provided a detailed explanation to their queries and concerns. Information from the provider demonstrated they were using the feedback from patients. An example was the service had amended how information was provided to patients so that they were clear about risks and benefits of any procedure they were considering.

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 service. The leadership team consisted of the Registered Manager, the Regional Manager, Head of Governance and Compliance, Head of Operations, Chief Executive and Medical Officer.

- Leaders and the registered manager had the experience, capacity and skills to deliver the service strategy and address risks to it. For example, the registered manager had previously been responsible for another clinic which had increasing numbers of patients attending it. They told us they had raised this with their manager and was supported to rescind their responsibilities to concentrate on managing Exeter Clinic.
- They were knowledgeable about issues and priorities relating to the quality of the service.
- Leaders worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. The provider had a national presence so used the intranet and newsletters to communicate key information in a timely way. We observed interactions between staff and patients which were kind and caring.

Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients. The provider monitored its progress against delivery of the strategy, patient and stakeholders feedback.

Culture

The service had a culture of high-quality clinical interventions and care.

- Staff stated they felt respected, supported and valued. They were proud to work at Exeter Clinic and for the company.
- Openness, honesty and transparency were demonstrated when responding to any incidents and complaints. The provider and staff were aware of and had systems to ensure compliance with the requirements of the duty of candour.
- 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 told us there were positive relationships between with the support teams based at the organisations headquarters .

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. Directors of the service all had specific accountable lead roles as well as the overarching management of the business and service. For example, governance of clinical care.
- Staff were clear about their roles and accountabilities. For example, named staff were responsible for monitoring safeguarding and infection prevention and control.
- The organisation had established policies, procedures and activities to ensure safety and assured themselves they were operating as intended.

Managing risks, issues and performance

The service had systems in place to monitor quality assurance and competencies of staff. The clinic manager was accountable to the risk and governance committee and assigned a co-ordinator to oversee this.

We found effective governance committees with good access to clinic to board information and positive board leadership to promote clear leadership.

Staff interviewed were clear about the organisation's vision and strategy. Staff knew who senior managers in the organisation were and said they were visible. The senior management team carried out regular visits at the Exeter Clinic. The manager received a report from these visits with an action plan to meet for any issues arising.

Frontline staff took part in some of the clinical audits, for example, infection control audits. This gave staff the opportunity to be involved in the development of the service.

There were clear and effective processes for managing risks, issues and performance.

Are services well-led?

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance. Quality of the performance of clinical staff could be demonstrated through audit of the outcomes of surgical procedures, histology and prescribing of medicines. Feedback from patients regarding care during the procedures, pain relief and post-operative support was also assessed. Clinic managers had oversight of patient safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

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. For example, clinicians were made aware of feedback regarding their interactions with patients, which was reflected upon and used to improve the experiences of patients.
- Quality and sustainability of the service was discussed in relevant meetings where all staff had sufficient access to business and clinical information. Business activity and performance were part of regular meetings of the directors and registered managers from all the clinics across the country.
- The information used to monitor performance and the delivery of quality care was accurate and useful. A comprehensive assessment was carried out at the end of the financial year and a service report was developed

and shared with stakeholders. Plans to address any identified weaknesses were implemented and reassessed to provide assurance change was embedded in practice.

The provider submitted data or notifications to external organisations as required. For example, the Care Quality Commission (CQC) had received an appropriate notification of changes of leadership.

Engagement with patients, the public, staff and external partners

The clinic obtained feedback from patients via an outpatient satisfaction survey. This covered several areas: facilities, staff and overall service. Results from surveys carried out in 2015/16 and 2016/17 showed Exeter Clinic achieved 100% performance in all areas covered in the patient satisfaction surveys. Within the clinic there were survey forms and a comments book for patients to fill in.

Continuous improvement and innovation

Staff told us that clinical meetings were held, providing opportunities for group learning and development of evidence based protocols to improve patient care and treatment. We discussed the current national drive to raise awareness about early diagnosis of suspected sepsis (body's overwhelming and life-threatening response to infection that can lead to tissue damage, organ failure, and death) as a result of infection. Nursing staff highlighted that the company did not currently have a sepsis assessment tool to ensure all staff understood how to recognise red flag symptoms. However, they demonstrated a clear understanding of this and gave examples of action they had taken advising a patient to call emergency services immediately when they were unwell. Since the inspection the provider informed us raising awareness of tools to support early diagnosis of sepsis would be discussed at the next infection control committee meeting.