

FBA Medical Limited

# Regent Street Clinic Sheffield

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 25 October 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.

Regent Street Clinic Sheffield is an independent provider of GP services owned by FBA Medical Ltd. The clinic offers privately funded services to patients who resided in Sheffield and the surrounding areas and other areas of England who required their services. The clinic offers a range of specialist services and treatments, to patients on both a walk-in and pre-bookable appointment basis. For example, facial aesthetics, travel vaccinations, sexual health screening, occupational health and offshore medical services.

FBA Medical provides services at other locations in Leicester, Leeds, Nottingham and Derby.

The clinic is based in the city centre of Sheffield. The property consists of a patient waiting room and a reception area on the ground floor. With two consulting rooms on the first floor of the property. There is on street car parking outside the practice and a nearby NCP car park is available for patients.

# Summary of findings

The clinician is a member of the Independent Doctors Federation (IDF). The IDF is a designated body with its own Responsible Officers. The clinic is an accredited yellow fever centre, which is registered with NATHNaC (National Travel Health Network and Centre).

The owner works at the clinic as the GP, (male). In addition, there is a practice manager who was also the registered manager and a receptionist who covered both the Sheffield and Nottingham clinics.

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.

The practice is open three days a week on:-

Monday 5pm to 7pm

Wednesday 9am to 12 pm

Friday 3pm to 7pm

The practice was not required to offer an out-of-hours service.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of travel. At Regent Street Clinic the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation.

The registered provider told us that the proportion of their work was:

- Private general GP work 11%
- Travel vaccines and advice 52%
- Facial aesthetics 19%
- Sexual health 8%
- Occupational health 6%
- Medical examinations 3%
- Sheffield clinic did not provide alcohol detoxification services.

- As part of our inspection we reviewed 13 Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the service. All of the 13 comment cards we received were positive about the service experienced. People stated they had received a friendly caring and helpful service from the staff at all times. Comments made were 'the doctor listened to what I wanted' and 'the doctor was very informative'.

## Our key findings were:

- Patients care and treatment was planned and delivered in line with evidence based guidelines, standards, best practice and current legislation.
- The practice shared information with NHS GP services and general NHS hospital services when necessary and with the consent of the patient.
- The practice had evidence of quality improvement through clinical audits that were relevant to the clinic.
- Patients reported good access to appointments with the GP and that there was continuity of care.
- Information about how to complain was available and easy to understand. Limited complaints had been made.
- Regent Street Clinic had a clear vision to deliver high quality care and promote good outcomes for patients.
- Staff were clear about the vision and their responsibilities in relation to this.
- The clinic encouraged a culture of openness and honesty.
- The clinic proactively sought feedback from patients which it acted on.
- The provider had recently purchased a data base to enable them to keep up to date with all appropriate policies and procedures, during our visit we found that the provider had not yet embedded the new policies and procedures or updated them to reflect the clinic activity.

The areas where the provider should make improvements are:

- The provider should carry out a risk assessment for the provision of medicines for use in a medical emergency.

# 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.

- The doctor understood their responsibility to raise concerns, to record safety incidents, concerns and near misses, and report them internally and externally where appropriate.
- The provider had arrangements in place to receive and comply with patient safety alerts, recalls and rapid response reports issued through the Medicines and Healthcare products Regulatory Authority (MHRA) and through the Central Alerting System (CAS).
- The doctor had completed level three in safeguarding training.
- The clinic did not hold all of the emergency medicines recommended in national guidance, (Emergency treatment of anaphylactic reactions. UK Resuscitation Council, 2016). The provider explained that one of the drugs was not available nationally and some drugs were inappropriate for the clinic to hold. However, the clinic had not undertaken a risk assessment covering reasons for the choice and availability of emergency medicines.
- On the day of the inspection, the clinic did not have an annual risk assessment audit to assess the possible risk of the spread of infection and associated diseases. However, following the inspection the provider immediately arranged for a risk assessment to be carried out.
- Staff recorded the temperature of vaccine fridges on the days the clinic was open. The provider explained that the vaccines were always stored with in the correct temperature range. Following the inspection the provider explained a new policy had been implemented to check the fridge temperatures twice a day and that they were intending to implement.

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### Are services effective?

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

- People's care and treatment was planned and delivered in line with evidence based guidelines, standards, best practice and current legislation.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice shared information with NHS GP services and general NHS hospital services when necessary and with the consent of the patient.
- The practice had evidence of quality improvement through clinical audits that were relevant to the clinic.

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### Are services caring?

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

- Patients reported they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- There was evidence of the caring nature of staff from the statements documented on the comment cards.

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

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

- Patients reported good access to appointments with the GP and that there was continuity of care.

# Summary of findings

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- The consultation and treatment rooms were on the first floor, and provided a confidential environment with appropriate space for the consultation and treatment. However, this may have restricted patients who were unable to use the stairs.
  - Information about how to complain was available and easy to understand. Limited complaints had been made.
  - Interpretation services were available for patients whose first language was not English. This ensured patients understood their treatment options.
  - The Clinic had held a focus group on the 9 June 2017 which was attended by all the staff and five patients. The group discussed waiting times, late night clinics, and whether it was appropriate to prescribe antibiotics for all infections. Following the meeting extended the evening opening hours by a hour.
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## **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

- Regent Street Clinic had a clear vision to deliver high quality care and promote good outcomes for patients.
  - Staff were clear about the vision and their responsibilities in relation to this.
  - The clinic encouraged a culture of openness and honesty.
  - The clinic proactively sought feedback patients which it acted on.
  - Audit processes have a positive impact in relation to quality governance, with clear evidence of action to resolve concerns.
  - The provider had recently purchased a data base to enable them to keep up to date with all policies and procedures. During our visit we found that the staff had not yet embedded the new policies and procedures or updated them with the specific information of the Clinic.
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# Regent Street Clinic Sheffield

## Detailed findings

### Background to this inspection

The inspection was carried out on the 25 October 2017. Our inspection team was led by a CQC inspector who was supported by a CQC inspector, a GP specialist adviser and a pharmacist specialist.

Prior to the inspection:-

We asked for information from the provider regarding the service they provide.

We contacted Healthwatch and the Local Care Commissioning Group (CCG) for information.

We carried out an announced comprehensive inspection on 25 October 2017 at Regent Street Clinic.

During our visit we:

- Spoke with the GP, practice manager and receptionist.

- Reviewed the personal care or treatment records of patients.
- Reviewed 13 comment cards where patients and members of the public shared their views and experiences of the service.

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

### Reporting, learning and improvement from incidents

- The provider understood their responsibility to raise concerns, to record safety incidents, concerns and near misses, and report them internally and externally where appropriate.
- The provider had arrangements in place to receive and comply with patient safety alerts, recalls and rapid response reports issued through the Medicines and Healthcare products Regulatory Authority (MHRA) and through the Central Alerting System (CAS).
- A significant event had not occurred at The Regent Street Clinic in the last twelve months. However, we saw one report of a near miss and one report of a serious event, which occurred at other locations. These demonstrated that the provider had informed the patient's and carried out a investigation. Lessons were learnt, shared and communicated with other staff within the wider organisation at the weekly meeting. However, the provider did not hold a collated log of the significant events from all of the locations.
- The provider had a policy to inform staff of the actions to take when a incident or accident occurred, ( Last reviewed 1 October 2017). The policy included instructions to ensure the provider complied with the requirements of the Duty of Candour.

### Reliable safety systems and processes (including safeguarding)

- Staff had not reported any safeguarding alerts within the last twelve months. However, staff could describe a documented reporting system for raising concerns (such as safeguarding and complaints) and felt confident about using it.
- The provider had a safeguarding policy in place that instructed staff to alert the Local Authority should a safeguarding concern arise. However it did not contain the Local Authority contact numbers. The registered manager stated they would amend the policy to ensure that it contained the contact numbers
- The provider could demonstrate they worked within the legal framework for the care and treatment of children

and young people. The doctor had completed level three safeguarding training. The registered manager, and the receptionist had completed an awareness course (level one).

- To ensure the protection of children, the provider told us when staff booked an appointment for a child to attend the clinic, staff asked the parents or guardians to attend with their red books and a patient summary from their GP, which confirmed the name, date of birth address etc. If the patient did not attend with these documents then staff requested photographic ID such as passport confirmation

### Medical emergencies

- The clinic had oxygen and a defibrillator available. Staff carried out regular checks to ensure these were fit for use.
- The clinic did not hold all of the emergency medicines recommended in national guidance, (Emergency treatment of anaphylactic reactions. UK Resuscitation Council, 2016). The provider explained that one of the drugs was not available nationally and some drugs were inappropriate for the clinic to hold. However, the clinic had not undertaken a risk assessment covering reasons for the choice and availability of emergency medicines.

### Staffing

- The clinic was staffed by one doctor (the owner), a receptionist and the registered manager.
- All of the staff at the clinic had completed Basic Life Support training.
- The doctor was the only member of staff that administered medicines. They had completed the Royal College of General Practitioners (MRCGP) and has been awarded the diploma in Occupational Medicine and the diploma in Travel Medicine.
- There was evidence the doctor carried out an assessments following clinical care pathways and protocols, to help ensure evidence based care was provided.
- The waiting room had a sign to inform patients about the availability of a chaperone. The receptionist confirmed that they had completed their chaperone training and had a Disclosure and Barring Service (DBS) check and had carried out this role. The doctor recorded the use of a chaperone in the patient notes.

### Monitoring health & safety and responding to risks

# Are services safe?

- The provider had a plan in place to ensure the continuity of the service should a unexpected disruption occur. (Reviewed 1 March 2017.)
- The provider had the appropriate medical indemnity arrangements and public liability insurance in place to cover any potential liabilities that may occur.
- The provider had recruited a member of staff at the Sheffield Clinic in March 2017. We found the provider had carried out some recruitment checks. For example there was a completed an application form and details of their employment history, proof of identification and a Disclosure and Barring Service (DBS) check. (These 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.) The registered manager had sought verbal references prior to the member of staff commencing work but had not recorded this in the staff file. Although the recruitment policy (reviewed 5 April 2017) stated references should be sought before the member of staff commenced work, we saw two written references were received following the member of staff commencing work.

## Infection control

- We found the premises were clean and tidy.
- The provider did not have an annual risk assessment audit to assess the possible risk of the spread of infection and associated diseases on the day of the inspection. However, following the inspection the provider informed the CQC they had arranged for an audit to be carried out.
- The premises were cleaned by an agency that provided a cleaning schedule and monthly audit of cleaning and a health and safety cleaning risk assessment. The staff had recently put toys in the waiting room and had added these to the weekly cleaning schedule.
- Staff used single use instruments, sharps bins were in place and a policy for the disposal of sharps and actions to take if a needle stick injury occurred was available.
- The clinical waste was put in the appropriate clinical waste bags and stored in a yellow locked clinical bins in the enclosed courtyard behind the clinic. The courtyard was locked at night but open during the day and people attending an adjacent clinic would have access to the bins. During the inspection, a caretaker showed us a waste bin that was unlocked and told us that they had

raised this issue with the waste management company. Following the inspection the provider told us that the caretaker was not a member of staff and had unintentionally miss informed us. There were three bins in the courtyard, two unlocked that belonged to other organisations and one which was locked that belonged to Regent Street Clinic.

- The provider had completed a legionella risk assessment in August 2016. (A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.)

## Premises and equipment

- The provider rented the premises. The premises consisted of a reception area on the ground floor, and a consulting room, with an adjoining treatment room. Toilets were located on the first floor.
- The premises were visibly clean and the level of cleanliness was monitored.
- Personal Protective Equipment (PPE) was available and used where appropriate.
- Medical devices were purchased in line with the guidance produced by the MHRA. There was a record of testing of all portable electrical devices and records of calibration of equipment for the blood pressure cuff and scales.
- The clinic had a fire risk assessment and procedure in place, the provider had completed any recommended actions. The staff had completed fire alarm checks, drills and fire training.

## Safe and effective use of medicines

We checked the arrangements for the management of medicines at the clinic.

- Patients attending for a travel vaccine consultation completed a travel risk assessment form before being seen by the doctor. This included details about any known allergies, their medical history and any medicines they were taking. Vaccines were administered on the premises and appropriate administration records were made in each patient's medical notes. Verbal and written consent was obtained before treatment was provided in accordance with the Mental Capacity Act

## Are services safe?

2005. When giving unlicensed medication, the doctor said on the day of the inspection they would always discuss this with the patient, but would not always record this in their notes.

- Patients were provided with appropriate written and verbal information which included patient information leaflets and travel advice. The doctor also gave each patient a written vaccination record detailing the treatment they had received. The doctor told us they did not routinely share information about the vaccines they had administered with the person's registered GP. The doctor had access to appropriate and up-to-date medicines information sources to ensure evidence-based prescribing.
- Staff recorded the temperature of vaccine fridges on the days the clinic was open. The provider explained that the vaccines were always stored with in the correct temperature range. Following the inspection the provider explained a new policy had been implemented to check the fridge temperatures twice a day and that they were intending to implement this and details of the fridge temperatures for October 2017.
- Medicines on the premises were stored securely, in line with legal requirements and manufacturers instructions, and there was a system in place for ordering, receipt and disposal.
- The doctor had carried out a two cycle antibiotic prescribing audit for patients presenting with a urinary tract infection. Following review and discussions the prescribing rate had reduced from 81% to 36%.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Assessment and treatment

- Patients care and treatment was planned and delivered in line with evidence based guidelines, standards, best practice and current legislation.
- Patients using the travel clinic were provided with appropriate written and verbal information that included patient information leaflets and travel advice. The doctor also gave each patient a written vaccination record detailing the treatment they had received. The patient's completed a travel risk assessment form before being seen by the doctor, which included details about any known allergies, their medical history and any medicines they were taking.
- There was evidence that the doctor had carried out audits reviewing the prescribing of antibiotics, referral letters and lower back pain that referred to National NICE guidance. (A clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care and the implementation of change. It includes an assessment of clinical practice against best practice e.g. clinical guidance; to measure whether agreed standards are being achieved, and to make recommendations and take action where standards are not being met)
- We saw the doctor recorded the patient's consultation on the computer for patients that attended the clinic for general medical advice.
- The costs of the treatment were available on the clinic's website and in various leaflets.
- The laboratory sent test results to the doctor by e mail or telephone if urgent. Dependent upon the results the doctor then forwards the results to the patient with an explanation or saw the patient face to face or contacted them by telephone. The doctor always asked for the consent of the patient before sharing the results with GPs.
- To ensure patient confidentiality, the provider told us that the companies e-mail system was via the professional arm of Office 365. All electronic mail sent via this platform was encrypted for maximal security and confidentiality. Results sent from the laboratory were also encrypted and passcode protected.

### Staff training and experience

- The doctor had completed the Royal College of General Practitioners (MRCGP) and had been awarded the diploma in Occupational Medicine (DOccMed) and also the diploma in Travel Medicine (AFTM RCPS). The doctor was an active member of Independent Doctors Federation (IDF) and attended annual study days.
- The doctor had completed their revalidation by the GMC. (The is the statutory body responsible for licensing and regulating medical practitioners.)
- The receptionist had completed an induction when recruited in March 2017, that included, for example, basic life support, fire awareness and safeguarding. They said they felt supported by the managers. Due to their recent recruitment they had not completed an annual appraisal.
- The registered manager, said they had completed all of the mandatory training. In addition, they had attended various training events carried out by the doctor to enable them to carry out travel clinic consultations with patients before they were seen by the doctor.

### Working with other services

- When a patient was seen the doctor would share information, when necessary, by a referral letter to specialist doctors and the patient's GP with the patient's permission. We saw the doctor had carried out an audit of referral letters to ensure they contained the correct information.
- The travel vaccination information was shared with the patient's GP via a vaccination record booklet.

### Consent to care and treatment

- The provider had made information and support available to help people understand the care and treatment options and costs.
- The doctor understood and applied the legislation and guidance regarding consent. This included the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004.

# Are services caring?

## Our findings

### Respect, dignity, compassion & empathy

- Thirteen patients completed CQC comment cards and said they had received a friendly caring and helpful service from the staff.
- The environment supported patients privacy.
- We saw staff in the reception area took the time to interact with patients in a respectful, appropriate and considerate manner.
- The clinic carried out a patient survey in October 2017, the staff sent out 50 questionnaires to patients 31 responded. Twenty-six of these patients had used the service once or twice; six had used the service three to four times.
- Twenty-nine patients stated that the service they had received from the receptionist was good or excellent. All rated the service good, very good, or excellent. When asked if the doctor put them at ease during the consultation 25 stated excellent, five stated very good and one stated good.

### Involvement in decisions about care and treatment

- Thirteen patients completed CQC comment cards and said they had been listened to, informed and involved in making decisions about their care and treatment.
- The clinic had held a focus group on the 9 June 2017 which was attended by all the staff and five patients. The group discussed waiting times, late night clinics, and whether it was appropriate to prescribe antibiotics for all infections. The clinic had explained the reasons antibiotics may not be prescribed and extended the evening opening hours.
- The patient survey asked if the doctor involved them in making decisions about their care and treatment, 13 stated excellent, 14 stated very good and four stated good. Eighteen patients stated they could understand their illness better and 13 stated they had a little more understanding.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

- The consultation room, treatment room and patient toilet were on the first floor. This may have restricted patients who were unable to use the stairs.
- The clinic was open three sessions a week, Monday 5pm to 7pm, Wednesday 5pm to 7pm and Friday 3pm to 9pm.
- Patients could telephone or call in person to make an appointment. The clinic had increased the evening opening times at the request of the patients.
- Appointment times were scheduled to ensure people's needs and preferences (where appropriate) were met.
- There was evidence that the provider gathered the views of the patient's when planning and delivering services. For example a focus group carried out in June 2017 and a patient survey carried out in October 2017, when the clinic asked for patient's feedback about opening hours.

### Tackling inequity and promoting equality

- All reasonable adjustments were made to enable patients to receive their care or treatment and the provider would arrange longer appointments if necessary.

- Patients had access to information that they could understand. The doctor and the registered manager told us the service had access to interpreters, and had leaflets available in braille.
- The clinic had a website that informed patients about the cost of services.

### Access to the service

- The clinic did not provide an out of hours service. Patients were directed to their NHS GPs out of hours services. The doctor said that some patients were provided with the doctors work contact number and could call out of hours for advice
- The clinic advertised a same day service when the clinic was open.

### Concerns & complaints

- The provider reported they had not received any complaints in the last twelve months.
- There was a complaints procedure, which was available in the waiting room and on the clinics website,
- Information was provided about the steps people could take if they were not satisfied with the findings or outcome once their complaint had been responded to.

# Are services well-led?

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

## Our findings

### Governance arrangements

- Staff at the Regent Street Clinic were supported and were clear about their responsibilities.
- The provider was the senior clinical lead responsible for the governance of the safe and effective use of medicines.
- The registered manager understood their responsibilities and was supported by the provider.
- Care and treatment records were kept secure. The clinic used an electronic token system code to protect information, the doctor could access patient notes on the computer from all the locations he worked from.
- The clinic had records relating to employed staff including information relevant to their recruitment.
- Audits of clinical care, prescribing, notes, health and safety and fire risks, helped to identify where quality was being compromised.
- During the inspection the doctor and the registered manager agreed to respond to any issues identified. For example, such as the need for an overall infection control and emergency drug risk assessment.
- The provider had recently purchased a data base to enable them to keep up to date with all policies and procedures, during our visit we found that the provider had not yet embedded the new policies and procedures or updated them to reflect the clinic activity.

### Leadership, openness and transparency

- The provider had systems in place to support communication about the quality and safety of services and what actions had been taken as a result of concerns, complaints and compliments.
- Openness, honesty and transparency and challenges to poor practice were incorporated into the complaints, incident and accident policy.

### Learning and improvement

- Staff reported that information was shared at an organisational meeting of clinical staff held every Tuesday to enable continuous learning and improvement. However, the minutes were not available on the day of the inspection.
- There was evidence that the doctor had carried out audits reviewing the prescribing of antibiotics, referral letters and lower back pain that referred to National NICE guidance.

### Provider seeks and acts on feedback from its patients, the public and staff

- The provider had processes in place to actively seek the views of people who use the service and . They had held a focus group, sent out a patient questionnaire and responded to the feedback.
- Staff said they were able to raise concerns with the provider.