The Hove Clinic Limited

The Hove Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 22 March 2018 to ask the service the following key questions; are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care.

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 not providing well-led care in accordance with the relevant regulations. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care.

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 Hove Clinic provides private GP services. There are three GPs (two male, one female). The Hove Clinic is also supported by a practice manager and reception/ administration staff. The service is provided from the ground and first floors, in a converted residential building. The service has two consulting rooms and administrative areas. Services are offered Monday to Thursday 8am to 8pm, Fridays 8am to 5pm and alternate Saturdays 8:30am to 12pm. The Hove Clinic provides services to adults and children under 18.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the private GP services, sexual health and minor surgery it provides. The service is registered by CQC to provide the following regulated

Summary of findings

activities; Maternity and midwifery services, Family planning services, Treatment of disease, disorder or injury, Surgical procedures and Diagnostic and screening procedures.

On the day of inspection it was not entirely clear from the provider's website what services it actually offered as the website was also promoting other services that run from the same address, for example, physiotherapy.

The lead GP is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received. Patients told us that they were treated professionally in a caring manner.

Our key findings were:

- The service had some systems to manage risk so that safety incidents were less likely to happen.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based research or guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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 not providing safe care in accordance with the relevant regulations. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

This was because the service did not have effective systems, processes and risk assessments in place to keep staff and patients safe, for example,there was no evidence that cleaning was being monitored.

Staff had the information they needed to provide safe care and treatment and shared information as appropriate with other services. The service had a good track record of safety and had a learning culture, using safety incidents as an opportunity for learning and improvement.

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

The service provided care and treatment in line with research based guidelines, and had systems in place to ensure that all staff had the skills and knowledge to deliver care and treatment. Information to plan and deliver care and treatment was available to appropriate staff. Consent was recorded prior to treatment, and the service routinely monitored performance.

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

The service treated patients courteously and ensured that their dignity was respected. The service involved patients fully in decisions about their care and provided all information, including costs, prior to the start of treatment.

Are services responsive to people's needs?
We found that this service was providing responsive care in accordance with the relevant regulations.

The service actively monitored complaints, compliments and suggestions to ensure that the services offered and appointment times met the needs of their patients.

Are services well-led?
We found that this service was not providing well-led care in accordance with the relevant regulations. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

We found that improvements should be made relating to the governance arrangements. This was because there were gaps in recording of risk assessments and staff training, a lack of written policies and protocols and a lack of effective recruitment procedures.

The provider had a clear vision for the service. The service actively engaged with staff and patients to support improvement and had a culture of learning.

The Hove Clinic

Detailed findings

Background to this inspection

The inspection on 22 March was led by a CQC inspector who was accompanied by a GP specialist advisor.

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

During our visit we:

- Spoke with a range of staff, including the principal GP, practice manager and administrative/reception staff.
- Observed how patients were being cared for in the reception area.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.
- Reviewed documents relating to 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

We found that this service was not providing safe care in accordance with the relevant regulations. This was because the service did not have effective systems, processes and risk assessments in place to keep staff and patients safe, for example, there was no clear lead for infection control.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Safety systems and processes

All clinical staff and staff whose role included patient contact had received checks through the Disclosure and Barring Service (DBS). (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). Where possible clinical staff were used as chaperones. Non-clinical staff had chaperone training booked as they may be required to act as chaperones in the future and had received a DBS check. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.

The practice carried out some staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. All clinical staff were up to date with their professional revalidations and the service checked annually to assure themselves that professional registrations were current. However, the service had not taken up references or checked proof of identity for the clinical staff who had recently been employed.

The service had some risk assessments, systems and processes in place to ensure the safety of patients and staff. However they did not have a Legionella risk assessment or a log of fire drills. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The service had not ensured that where mitigating actions were identified they were completed. For example; actions identified by an external fire risk assessment had not been completed. There was a system to manage infection prevention and control however, we noted that infection prevention and control could be improved, for example, there was no record of monitoring cleaning of the premises and sharps safes (for the disposal of clinical sharps waste) had been in use for longer than the recommended time. On the day of inspection we were told that although the principal GP was the infection control lead no one took responsibility for day to day infection control and they were hoping to recruit a nurse whose responsibilities would include undertaking and monitoring infection control.

Risks to patients

All clinical staff received annual basic life support training and there were emergency medicines available on site. The non-clinical staff had not all received basic life support training.

The service did not have a defibrillator available on the premises, but showed us evidence that they had placed an order for one which was due to be delivered within the next week. The service had oxygen with adult and children's masks available on site. A first aid kit and accident book were available.

Emergency medicines were easily accessible to staff in a secure area of the service and all staff knew of their location. All the medicines we checked were in date and stored securely.

The provider had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

The provider held copies of the professional indemnity arrangements for all clinical and medical staff.

Information to deliver safe care and treatment

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

Individual care records were written and managed in a way that kept patients safe and were available to relevant staff in an accessible way.

The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Referral letters included all of the necessary information.

Safe and appropriate use of medicines

Are services safe?

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

The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.

Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety

The practice had a good safety record.

There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Since the service registered with CQC there had only been one significant event, where a complaint was made regarding one of the services being provided in the building but not by this provider. We saw evidence that this was handled appropriately in a timely manner and learning points were shared with all staff.

There was a system for receiving and acting on safety alerts. However there was not a clear log of all alerts received and the actions taken.

The practice 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 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

When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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 and other international guidelines.

Monitoring care and treatment

The provider routinely reviewed the effectiveness and appropriateness of the care provided, including through audits.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Staff administering vaccines had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and external training courses. All staff had received an appraisal within the last 12 months.

Staff received training that included: safeguarding and fire safety but not all staff had received basic life support training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. This included medical records and investigation and test results. The provider told us that if patients did not give consent for information to be shared with their NHS GP they would not register the person as a patient. The terms and conditions given to the patient on registration also stated that by registering they gave their consent to information being shared with their NHS GP.

Supporting patients to live healthier lives

The provider promoted healthy living and gave advice opportunistically or when requested by a patient about how to live healthier lives, such as smoking cessation**.**

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff also confirmed that adults who brought children for care and treatment had parental authority to consent to treatment for the child.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

Are services caring?

Our findings

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

Kindness, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Patients could not always be treated by a clinician of the same sex and were informed of this when the appointment was booked, however chaperones were available on request.

All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the provider offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Involvement in decisions about care and treatment

The service ensured that patients were provided with all the information, including costs, that they required to make decisions about their treatment prior to treatment commencing.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity. Staff recognised the importance of patients' dignity and respect. There were private consultation and treatment rooms with privacy curtains and the service operated a clear desk policy to ensure all confidential information was stored securely. The service complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences. The provider understood the needs of its patients and tailored services in response to those needs. The facilities and premises were appropriate for the services delivered.

Timely access to the service

Patients were able to access care and treatment from the service within an acceptable timescale for their needs. Patients had timely access to initial assessment, test results, diagnosis and treatment. Waiting times, delays and cancellations were minimal and managed appropriately.

The provider completed regular reviews of patient satisfaction which included their satisfaction with appointment and waiting times. These demonstrated that patients were satisfied with the convenience of appointments and the waiting times.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care. No complaints had been received in the last two years although we reviewed older complaints.

Are services well-led?

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

Our findings

We found that this service was not providing well-led care in accordance with the relevant regulations. We found that improvements should be made relating to the governance arrangements. This was because there were gaps in recording of risk assessments and staff training, a lack of written policies and protocols and a lack of effective recruitment procedures.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable clinical care.

Leaders had the experience, capacity and skills to deliver the providers strategy and address risks to it. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The provider 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 provider had a realistic strategy and supporting business plans to achieve priorities. Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

The culture of the service encourages candour, openness and honesty. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. The service had some structures, processes and systems to support governance. However, we noted that policies were not always recorded, for example, the recruitment policy was not written down, there was no clear overview of staff training.

Managing risks, issues and performance

There were some processes for managing risks, issues and performance.

There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. However these were not always sufficient, for example, there were not clear actions plans following risk assessments and no Legionella risk assessment had been carried out. Systems and processes were not in place to effectively manage infection prevention. The service had a plan in place and staff were trained to handle major emergencies. The management team had oversight of incidents, and complaints.

Appropriate and accurate information

The practice acted on appropriate and accurate information. On the day of inspection the practice was not able to provide evidence that the in-house patient record system met 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 and staff and external partners to support high-quality services.

A full and diverse range of patients' and staff we spoke with told us their views and concerns were encouraged, heard and acted on to shape services and culture.

Continuous improvement and innovation

Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. The provider had developed their own bespoke clinical records system.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users **How the regulation was not being met:** There was incomplete assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular: • Sharps safes were in use for longer than the recommended period. • No evidence that cleaning was monitored. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 **How the regulation was not being met** The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • Risk assessments and action plans are not sufficient.

This section is primarily information for the provider

Requirement notices

- Policies are not always recorded or available to staff, for example, recruitment policy.
- No overview of staff training or patient safety alerts.

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Persons employed for the purposes of carrying on a regulated activity must be fit and proper persons **How the regulation was not being met** The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular: • References were not obtained prior to employment. • Proof of identity was not checked prior to employment. • References were not obtained prior to clinicians treating patients without supervision. This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.