

# Sutton Medical Consulting Limited

## Inspection report

Ashfurlong Medical Centre  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall.** (Previous inspection 15 May 2019 and was rated Requires improvement).

The key questions are rated as:

Are services safe? – Good Are services effective? – Good Are services caring? – Good Are services responsive? – Good Are services well-led? – Good

We carried out an announced comprehensive inspection at Sutton Medical Consulting Limited on 18 November 2019 to follow up on breaches of regulations.

CQC inspected the service on 15 May 2019 and asked the provider to make improvements regarding the lack of effective systems or processes that enabled 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. We rated the service as requires improvement and issued a requirement notice to improve. We checked these areas as part of this comprehensive inspection and found this had been resolved.

Sutton Medical Consulting limited is a private consulting clinic that provides a range of minor surgery and medical specialities and allied health clinics such as psychotherapy and physiotherapy.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

We received one completed CQC comment card from a patient using the service and the feedback was positive. The service had carried out its own patient survey where the feedback regarding service and quality of care was positive.

## Our key findings were :

- Risks were managed to ensure patients were kept safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Patient feedback suggested that they received a caring service and felt involved in their care and treatment.
- The centre was responsive to the needs of patients. Patients could access care and treatment in a timely way.
- The centre had implemented changes to governance processes to manage risks and promote the delivery of high-quality care.

The areas where the provider **should** make improvements are:

- Review safeguarding adults training requirements for the safeguarding lead
- Review arrangements or role of the board/directors to allow them to provide greater input to leadership capability.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector.  
The team included a CQC specialist adviser.

## Background to Sutton Medical Consulting Limited

Sutton Medical Consulting is a limited company registered with CQC since 2010. It is a private consulting clinic located in the Sutton Coldfield area of the West Midlands. Based on data from Public Health England the service is located within the 20% most affluent areas nationally. Patients can access a range of surgical and medical specialities and allied health clinics such as psychotherapy and physiotherapy at the clinic. The most popular specialities in the last 12 months was psychology, psychiatry, audiology, orthopaedics, gynaecology, and physiotherapy. The service has contracts with local private hospitals, NHS Hospital trusts and private clinicians who rent rooms and facilities within Sutton Medical Consulting clinic to provide outpatient care.

The consulting centre only provides care to under 18s for psychology, private GP services and physiotherapy. The centre did not provide any invasive care to anyone under the age of 16.

Referrals are made through the patients usual GP or tertiary referrals from other health and care professionals and less frequently self-referrals.

The service is located on the first floor of Ashfurlong Medical Centre, 233 Tamworth Road, Sutton Coldfield, West Midlands. There are two NHS GP practices located on the ground floor of the health centre and there is lift access to the first floor. The service has seven consulting and therapy rooms and a treatment room in which minor surgical procedures under local anaesthetic are undertaken.

The service is led by two Company directors who are also GP partners from the two practices that share the health centre and managed by a Consulting Centre Director. The service employs two nurses, two healthcare assistants and a team of five administrative staff who support the consultants and clinicians. Consultants working at the service on a private basis do so through 'practising privileges' (permission granted through legislation to work in an independent hospital clinic). The service also acts as a satellite clinic for two NHS hospital trusts and a local private hospital (There are Service Level Agreements (SLAs) with these hospitals to rent rooms out and carry out non-invasive procedures for ear nose and throat (ENT), rheumatology as well as follow up consultations for patients who received breast implants.

The service is open for appointments Monday to Thursday 8am to 8pm, on a Friday between 8am and 4pm and on a Saturday between 9am and 12 noon.

During 2019 the provider saw approximately 8000 private patients and approximately 2500 NHS patients.

For more information about the service please refer to the consulting centre website;

The service is registered to provide the following regulated activities:

- diagnostic and screening procedures.
- surgical procedures.
- treatment of disease, disorder or injury.

### How we inspected this service

Before visiting, we reviewed a range of information we hold about the service.

During our visit we:

- Spoke with a consultant working under practising privileges.

- Spoke with the centre director.
- Spoke with the senior sister/lead nurse
- Spoke with a reception staff member.

Looked at the systems in place for the running of the service.

- Viewed a sample of key policies and procedures.
- Explored how clinical decisions were made.
- Made observations of the environment.
- Reviewed feedback received from patients including CQC comment cards.

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?

## We rated safe as Good because:

The service had improved its systems and processes to manage risks and to ensure patients were kept safe and protected them from avoidable harm.

### Safety systems and processes

#### The service had clear systems to keep people safe and safeguarded from abuse.

- The consulting centre conducted safety risk assessments. It had appropriate safety policies, which were reviewed and communicated to staff including locums. Staff received safety information from the service as part of their induction and refresher training. The senior sister/lead nurse was the lead for safeguarding children and adults. Certificates we looked at showed that they had completed designated safeguarding officer (level 3) training for children. The safeguarding lead had completed level 2 for adults and not level three as recommended. The consulting centre had booked the safeguarding lead onto the relevant level 3 safeguarding training for adults for January 2020.
- Records we looked at showed that all other staff had completed safeguarding training appropriate to their role.
- The consulting centre only saw patients under 18 years for psychology, private GP service and physiotherapy. Adults were able to access these and other services on offer were available for adults including gynaecology. The service did not offer invasive treatment to any patient under the age of 16 and during registration any adult accompanying any under 16-year olds were asked to sign registration documents to confirm legal guardianship.
- The centre carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. We reviewed the personnel files for two employed (one clinical and one administrative) staff members. Records we looked at demonstrated that appropriate employment checks were carried out before these staff members started their role. For example, 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).
- We also looked at personnel files for two clinicians working under practising privileges and saw that appropriate checks were in place. Clinicians working under practising privileges were required to provide appropriate recruitment information for approval before they were allowed to see patients which included qualifications and background checks. Audits were carried out annually by the administrative team to review relevant information on clinicians was up to date and correct.
- There was an effective system to manage infection prevention and control (IPC). The consulting centre had carried out an IPC audit in March 2019 and had achieved a compliance score of 96%. There were two actions from the audit one of which was to replace a sink worktop in one of the consultation rooms. The service had responded appropriately to the findings.
- We observed the premises to be visibly clean and tidy and arrangements were in place for the safe removal of healthcare waste. We saw evidence of contracts that were in place with evidence of waste transfer notes. Staff had access to personal protective equipment. Spill kits for the cleaning of bodily fluids were available. Cleaning was carried out by an external cleaning company and cleaning schedules were in place.
- Staff had access to a range of infection control policies and procedures and training was provided by the lead nurse as part of the induction process for new staff.
- There was a legionella risk assessment that had been carried out by an external agency in July 2019. The consulting centre rented the premises and the actions from the risk assessment were being undertaken by the building's management team (such as monitoring of water temperatures) and records we viewed confirmed this.
- The consulting centre (located on the first floor) shared the building with two other NHS GP services located on the ground floor and any maintenance issues identified were raised with the building's maintenance support team.
- We saw that the service had access to recent health and safety and fire risk assessments.
- There was evidence of regular checks of fire equipment, testing of fire alarms and regular fire drills were undertaken to ensure staff knew what to do in the event of a fire.

## Are services safe?

- Staff and cleaners had access to appropriate risk assessments such as data sheets for control of substances hazardous to health (COSHH).
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Records showed that where relevant equipment had undergone electrical safety testing and calibration checks to ensure it was in good working order.
- Where equipment was brought in by consultants working under practising privileges, for example, an audiometer was brought in by an audiologist, the consulting centre ensured that this had been included in the regular calibration schedule.

### Risks to patients

#### The systems to assess, monitor and manage risks to patient safety were effective.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was a staff rota system that was completed a month in advance. However, staff were made aware that they needed to be flexible and the rota could be amended to fit the clinic demand, usually within two weeks.
- There was an effective induction system for agency staff tailored to their role. The service had reviewed this since our previous inspection and improved their processes.
- During the previous inspection we found that the centre did not stock all relevant emergency medicines. For example, emergency medicines related to suspected bacterial meningitis, analgesia, epileptic fit and hypoglycaemia were not kept. At this inspection we found that all relevant emergency medicines were in stock. The centre held emergency equipment including a defibrillator and oxygen. Records seen showed these were regularly checked to ensure they were in working order.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. Staff received annual basic life support training as part of the centre's mandatory training.
- There were appropriate indemnity arrangements in place to cover all potential liabilities for relevant employed staff. Clinicians working under practising privileges were required to provide details of their medical indemnity before seeing patients. A staff member had been appointed to review this annually to ensure they were up to date.
- The service asked staff including clinicians working under practising privileges to forward their immunisation status. Personnel files looked at demonstrated that staff immunisations were maintained.

### Information to deliver safe care and treatment

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

- The consultation centre offered appointments with consultants for various specialties including aesthetics and cosmetics, audiology, cardiology, dermatology, gynaecology, ophthalmology, orthopaedics amongst other specialities. Patients were seen by consultants working at the centre under practising privileges. Most patients were seen on a private basis, but NHS patients were also seen. Patient information was held by the individual clinicians who remotely accessed systems used by their hospital. Most clinicians managed their own notes and for some clinicians, paper records were maintained, and these were securely stored in lockable facilities at the clinic for the clinician as required.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event they ceased trading.
- We were told that patients who had undergone a procedure at the centre were given written post-operative instructions and advice. This included what to do if they had any concerns when the centre was closed. Clinicians who worked under practising privileges also shared their contact details with their patients.
- During that previous inspection we saw records were kept of patients who had been administered joint injections. While relevant information such as name of medicine or dose was documented, the batch number of the medicine was not recorded. At this inspection documents we looked at confirmed that batch numbers were being recorded.

### Safe and appropriate use of medicines

#### The service had an effective system for appropriate and safe handling of medicines.

## Are services safe?

- The systems and arrangements for managing medicines, including emergency medicines minimised risks. The centre had reviewed this since our previous inspection and ensured all relevant emergency medicines were available in the centre.
- The service kept prescription stationery securely and monitored its use. There were systems in place for maintaining an audit trail of prescriptions used. These were allocated and signed for by clinicians when attending the clinic.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. We were told that most patients generally visited the centre for pre-existing /already diagnosed conditions. Consequently, the reason for the visit was to have therapy and onward referral to other appropriate services, aftercare and general outpatients' rehabilitation. Therefore, the service did not generally prescribe of medicines routinely, especially high-risk medicines. The service director told us that they had generated between 10 and 15 prescriptions in the past 12 months.
- The service had a process to monitor prescribing activity through the Medical Advisory Committee (MAC).

### Track record on safety and incidents

#### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for managing incidents and complaints.

### Lessons learned and improvements made

#### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The service had documented one incident since the previous inspection. The boiler for the building needed repair and one of the GP services on the ground floor reported this to the buildings management team who had organised an emergency engineer. The engineer had turned off the water mains and the centre did not receive prior notice and had to cancel some of the consultations due to for example, infection control considerations (hand washing). The service learnt from the incident and discussed sharing of information across all services at the directors meeting.
- Since the previous inspection the service had also introduced an 'un-well patient following a procedure' template and had documented two incidents. Both incidents related to minor issues such as feeling faint after a phlebotomy procedure. We saw that relevant learning had been discussed with the nursing staff.
- The centre was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. We saw evidence where the consulting centre provided truthful information and a written apology following a complaint in July 2019
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. Alerts were received and acted on by the lead nurse and disseminated to relevant consultants.

# Are services effective?

## We rated effective as Good because:

- The centre had demonstrated improvements to systems and processes to deliver an effective service. For example, a process had been developed to ensure oversight of care delivered by consultants working under practising privileges (although they were yet to be formally implemented).
- Patients received effective care and treatment that met their needs.

## Effective needs assessment, care and treatment

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

- The centre was able to demonstrate that they 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. For example, we saw evidence of best practice such as following NICE guidance on sepsis.
- The consulting centre provided specialist care and treatment from consultants and clinicians that worked under practising privileges. The consulting centre provided the consultants with the level of support they requested such as nursing or administration support. We were told that most patients they reviewed did not routinely undertake any complex or invasive treatment. The most common treatments were following diagnosis and was usually for psychology, psychiatry, audiology, orthopaedics, gynaecology, and physiotherapy. During the previous inspection we found that there was some oversight from the Medical Advisory Committee (MAC) regarding the work of consultants working under practising privileges such as audits of some prescribing habits. However, consultants working at the centre were generally responsible for keeping themselves updated. At this inspection there was a lead member of staff assigned to oversee the general collection of all HR documents including consultant's appraisal from NHS and private employers. Once they were received, they were then reviewed and forwarded to the centre director. If there were any issues identified they were then forwarded to the MAC for discussion and the

clinician would be suspended whilst pending any investigation. In addition, the service had developed its own appraisal template to review performance annually. This was currently in the draft stage and the plan was to have this ratified at the MAC meeting in December 2019. The centre director told us that this had taken time to develop almost six months due to delays in getting all consultants to agree on the process. The plan was to start the process as soon as the templates were ratified at the next MAC meeting.

## Monitoring care and treatment

### The service was able to demonstrate involvement in quality improvement activity.

- There was evidence the centre made improvements through the use of completed audits. The service had carried out a wound care audit in 2017. In total 68 dressings were undertaken, and four suspected infected wounds were identified and two resulted in patients commencing antibiotics. Another audit in 2018 identified 105 dressings and five suspected infected wounds were put on antibiotics. However, these patients may not have had the relevant procedure at the centre and therefore this was not a true reflection of the quality of care. The service planned to carry out audits specifically on those patients who had received care at the centre in 2020.
- The centre had carried out an audit of documentation prior to minor procedure to ensure all the relevant information had been confirmed. The findings showed 98% compliance based on 36 records over the period of 12 months. We saw evidence that learning points had been identified and discussed.
- There were a number of other audits related to IPC including hand hygiene, blood sugar monitoring and prescription stationery management.
- The centre had developed a template to monitor and review work of clinicians and consultants working under practising privileges to ensure clinicians were delivering care according to current evidence-based practice.

## Effective staffing

### The centre was able to demonstrate staff had training, knowledge and experience to carry out their roles.

- Staff files we reviewed demonstrated that they were appropriately qualified. Relevant professionals (medical



## Are services effective?

and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council (NMC) and were up to date with revalidation. Consultants working under practising privileges were expected to share their annual appraisal with the consulting Centre. We reviewed staff files for two consultants and saw up to date appraisals were in place.

- There was an effective induction system in place. The centre had developed an induction template since our previous inspection for both clinical and non-clinical staff. The centre had recruited one administration staff since the previous inspection and had documented the induction process.
- Up to date records of skills, qualifications and training were maintained. The centre had appointed a lead staff member to oversee all HR documentation including mandatory training. The staff member ensured all relevant training details were captured for each staff.
- Employed staff received annual appraisals which enabled them to discuss any concerns or development needs. Staff files we looked at demonstrated that appraisals had been carried out over the last 12 months.

### Coordinating patient care and information sharing

#### **The system to share patient information between consultants working under practising privileges and the centre was effective.**

- Patients were referred to the consulting centre through the patients GP or a tertiary referral from another clinician or service. Some patients accessed the service directly through the consulting centre.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Clinicians shared patient information relevant to their care and treatment with other health professionals as appropriate.
- The provider had service level agreements in place with laboratories used and had systems in place to monitor samples sent to ensure they were not lost and reviewed and acted upon in a timely manner. The consulting centre had access to results or diagnosis which were recorded on patient notes. During our previous inspection we identified that not all consultants working under practising privileges were sharing all relevant

patient outcomes with the centre. At this inspection, the service had appointed a staff member to ensure all relevant notes were being shared by all consultants with the centre.

- The centre was able to access to the NHS spine and also had access to a private GP provider if they needed to access any patient records.
- We looked at three records and saw that relevant patient outcomes information had been shared with the centre. Other records we looked at demonstrated that there was appropriate sharing of information from consultants to the patients usual GP.
- The service had started a private GP service in June 2019 and as part of that had an electronic patient record system which could be accessed like any other patient record system. The centre planned to introduce this system to be used by all consultants working under practising privileges going forward.

### Supporting patients to live healthier lives

#### **Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice, so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, information was shared with the patients usual GP where relevant so that they could get further support.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.

### Consent to care and treatment

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

- Staff we spoke with understood the requirements of legislation and guidance when considering consent and decision making.
- There was a consent policy in place and systems for obtaining written consent from patients for treatment, investigation or procedures carried out at the clinic. The

## Are services effective?

consent form included details of the procedure being undertaken and any benefits and risks. We looked at two completed consent forms and saw that appropriate consent was taken.

- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

## We rated caring as Good because:

Patient feedback we reviewed on the day suggested that a caring service was delivered.

### Kindness, respect and compassion

#### Staff treated patients with kindness, respect and compassion

- We received one CQC comment card which was positive about the service experienced at the centre.
- The provider monitored online platforms such as social media for feedback left by people using the service. We saw that feedback was positive and people using the service had commented that staff were friendly and professional.
- Staff had received appropriate training and understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. The service gave patients timely support and information.
- The provider carried out ongoing patient satisfaction surveys which they analysed on a quarterly basis. The centre had received 113 responses from July to September 2019 for NHS and private patients. In total 64 responses from NHS and 54 responses from private patients were received. Feedback received was positive, for example;
  - 91% of NHS patients rated the quality of their consultation as excellent and 8% of patients rated it as good and 1% satisfactory.
  - 95% of NHS patients rated the quality of attention received from reception staff as excellent and 5% rated it as good.
  - 81% of private patients rated the quality of attention received from reception staff as excellent and 19% rated it as good.
  - 65% of private patients rated the quality of the care received from nursing staff as excellent and 4% were good and 33% not applicable.

### Involvement in decisions about care and treatment

#### Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language although we were told the centre rarely needed the service.
- Some clinical staff were multilingual and were able to support relevant patients.
- Information about the various specialties available could be found on the provider's website. Patients were also able to ask for further information and ask questions about the service through the provider's website or by telephone.

The centre had carried out an in-house survey from July to September 2019 and found:

- 41% of private patients rated the consultant they saw as excellent for involving them in decisions about their care, 9% good and 50% not applicable.
- 81% of private patients rated the how well the consultant explains their problems, or any treatments plans as excellent and 19% good.
- 60% of private patients rated the nurses they saw as excellent for explaining their health needs, 7% as good and 33% not applicable.
- 91% of NHS patients rated the quality of consultant as excellent and 8% rated it as good,
- 1% satisfactory
- 90% of NHS patients said that the GP discussed with them the options available to them, 3% said no and 3% did not remember (others never answered)

### Privacy and Dignity

#### The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patient information was held in lockable facilities.
- Privacy screens were provided in the consulting and treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consulting room and treatment room doors were closed during consultations and conversations taking place in them could not be overheard.

# Are services responsive to people's needs?

## We rated responsive as Good because:

The centre delivered services that were responsive to patients' needs.

### Responding to and meeting people's needs

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

- The consulting centre understood the needs of their patients and improved services in response to those needs. A 'what you told us' and 'what we did' poster in the waiting room informed patients of the action taken following feedback. For example, the centre told patients that work was underway to add more colour in consulting rooms. Patients felt there was a lack of paediatric service in the area and the centre was working with other teams to explore ways to introduce non-invasive paediatric services. The centre had granted practising privileges to four additional therapists as a result of patient feedback.
- The facilities and premises were appropriate for the services delivered. The service was accessible to those with mobility difficulties. The clinic could be accessed using a lift and doorways and corridors were adequate to allow wheelchair access. There were appropriate chairs in the waiting room to assist patients who may have difficulty standing. Disabled toilet facilities and parking spaces were also available within the premises.

### Timely access to the service

#### Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patient feedback from social media and the services in-house survey suggested that patients had timely access to initial assessment and treatment. Patient feedback we reviewed online showed they could get an appointment that suited 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 centre constantly reviewed demand and offered services based on patient demand. For example, the service had granted practising privileges to therapists following demand from patients. The centre had recently re-started a private GP service following demand.
- The service was open for appointments Monday to Thursday between 8am and 8pm, Friday between 8am and 4pm and on a Saturday 9am to 12pm.
- Staff told us that patients were usually able to get appointments within a few days of requesting one.
- Staff signposted any patients with urgent or complex care needs to more appropriate services to manage their condition.

The centre had carried out an in-house survey and received feedback from 54 private patients from July to September 2019. Results showed:

- Of those patients that responded, 13% were able to get an appointment on the same day, 13% the next day, 37% within two to four working days, 37% within five or more working days.
- 74% of patients said their wait time for consultation to begin was five minutes or less, 15% said between six and 10 minutes and 11% said 10-20 minutes.

### Listening and learning from concerns and complaints

#### The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service learned lessons from individual concerns, complaints and from analysis of trends and acted to improve quality of care. The centre had received three complaints since our previous inspection in May 2019. We looked at an example of a complaint and saw that the service had responded timely and appropriately. The service sent an apology to the patient following the investigation.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

# Are services well-led?

## We rated well-led as Good because:

- The centre organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- The service had demonstrated improvements to governance processes to manage risks and performance.

## Leadership capacity and capability;

**Leaders had the capacity and skills to deliver high-quality, sustainable care. However, they had not considered all areas to manage and mitigate risks to patient safety and effectiveness.**

- The service was led by the Consulting Centre Director supported by the lead nurse who reported to the company directors and the board. Whilst the directors had some oversight of how the service was being run there was little evidence that this was regularly reviewed. As a result, the centre director and the lead nurse did not always have relevant input regarding some aspects of the running of the service such as those related to training requirements for safeguarding leads.
- The leadership team was visible and approachable. Either the Consulting Centre Director or lead nurse was available on duty or contactable if needed.
- Patient care and experience was given high priority. The centre worked closely with the visiting clinicians to help meet patient needs.
- Leaders at the consulting centre were visible and approachable. They worked closely with employed staff and others to make sure they prioritised compassionate and inclusive leadership. The centre had reviewed issues identified during our previous inspection and ensured these were acted on to ensure safety and quality. For example, gaps in staff training had been addressed and a staff member was assigned to ensure all patient records were up to date.

## Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- It was clear that the consulting centre was continually exploring opportunities for expanding the range of services available to help secure the financial viability of the service. For example, following patient feedback, the centre identified gaps in the service and further opportunities to expand and the service had recently started a private GP service following increased demand.

## Culture

**The service had made improvements to ensure a culture of high-quality sustainable care.**

- Staff felt respected, supported and valued. They were proud to work for the service. They told us that they were a small team that worked well together and supported each other. Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were positive relationships between staff and teams. Staff also told us that there was always someone they could contact for advice and support if needed.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The centre was aware of and had systems to ensure compliance with the requirements of the duty of candour. We saw evidence where the consulting centre provided truthful information and a written apology following a complaint.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. The centre had appointed a lead staff member to ensure all staff were up to date with the relevant training they needed.
- There was evidence of appraisal and career development conversations. Staff files we looked at confirmed that regular annual appraisals were undertaken. Staff were supported to meet the requirements of professional revalidation where necessary.

## Governance arrangements

**There were clear responsibilities, roles and systems of accountability to support good governance and management. However, this had yet to be completely embedded**

## Are services well-led?

- Structures, processes and systems to support good governance and management were set out and understood. Staff were clear on their roles and accountabilities. Following our previous inspection, the service had designated a lead to ensure patients records were up to date and that they were being shared by all consultants working under practising privileges.
- The centre had developed a process to review the work of consultants working under practising privileges and was in the process of embedding this
- Staff were clear on their roles and accountabilities.
- The centre regularly reviewed policies and procedures to ensure they were up to date and supported safety of the service. However, this was not always being documented. The service amended its process to capture this process on the day of the inspection.
- The centre had established formal opportunities for communicating key information, changes and learning to staff. Minutes of staff meetings we looked at indicated that formal meetings were regularly taking place. Staff told us that internal meetings took place on a regular basis.
- The service had appointed a lead staff member to ensure all relevant patient records were being shared with the centre.
- The service had improved its process to use performance information to monitor and hold clinicians working under practising privileges to account. This was due to be ratified at the next MAC meeting in December 2019.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### **Engagement with patients, the public, staff and external partners**

#### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- The centre encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. Views were sought through patient satisfaction surveys. Patients could also provide feedback through the clinic's website. The feedback was broken down into individual clinicians as well as NHS or private patients. Feedback received was positive in relation to questions about consultations, waiting times, and involvement. The feedback received was shared with relevant stakeholders. We saw action was taken in response to patient feedback.
- The provider regularly engaged with stakeholders to ensure the service was meeting their specific needs.

### **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement particularly in relation to the expansion of

### **Managing risks, issues and performance**

#### **There was greater clarity around processes for managing risks, issues and performance. Work was ongoing to ensure effective systems were in place to manage and mitigate all relevant risks.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The service had been working to develop greater oversight of the work of clinicians working under practising privileges and had developed relevant templates that was due to be ratified at the next MAC meeting scheduled for December 2019. This would allow the service to manage current and future performance of clinical staff through audit of their consultations, prescribing and referral decisions.
- Leaders had oversight of safety alerts, incidents, and complaints.
- The centre had plans in place and had trained staff for major incidents.

### **Appropriate and accurate information**

#### **The centre was working to develop a system to enable it to act on appropriate and accurate information.**

## Are services well-led?

services. The clinic continuously sought opportunities to offer a variety of services. For example, it had recently re-started private GP services following demand from patients.

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

- There were systems to support improvement and innovation work. The service was using an electronic patient record system for the private GP service; it was currently exploring ways to incorporate this system for other services being offered by consultants working under practising privileges to ensure a robust record keeping process.