Smart Start Minds Ltd

Head Office

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 29 May 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Background

Head Office (Smart Start Minds Ltd) is a provider of services which delivers bespoke educational concentration training (primarily aimed at students) and holistic private healthcare service to patients and clients via private doctor services.

Our key findings were:

- Staff had been trained with the skills and knowledge to deliver care and treatment.
- The clinic had systems to keep people safe and safeguarded from abuse. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Patients were provided with information about their health and with advice and guidance to support them to live healthier lives.
- Information about services and how to complain was available. Information about the range of services and fees were available.
- The service had an administrative governance structure in place, which was adhered to through a range of policies and procedures which were reviewed regularly.

Summary of findings

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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 service had clearly defined processes and well embedded systems in place to keep patients safe and safeguarded from abuse.
- The information needed to plan and deliver care and treatment was available to staff in a timely and accessible way.
- Arrangements were in place for planning and monitoring the number of staff needed to meet patients' needs.
- There were no medicines held on site with the exception of medicines to be used in the event of a medical emergency.
- We observed the premises and equipment to be visibly clean and tidy.
- The provider had systems in place to support compliance with the requirements of the duty of candour.

Are services effective?

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

- There was a program of quality improvement and audits were used to drive service improvement.
- The service had systems in place to keep all clinical staff up to date with new guidance. Staff had access to best practice guidelines and used this information to deliver care and treatment that met patient's needs.
- We saw that the service gained consent from the patient (or their representative if under 18) before treatment commenced.

Are services caring?

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

- We were informed through feedback sent to us that the service provided good care and that patients were treated with dignity and respect.

Are services responsive to people's needs?

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

- The service opening times were flexible so that patients that could not attend the service during normal working hours had the opportunity to do so outside of these times.
- Patients had a choice of time and day when booking their appointment.
- The service had a complaints policy in place and information about how to make a complaint was available for patients. We saw that complaints were appropriately investigated and responded to in a timely manner.
- Patients could contact the service in person, by telephone or by the service website.

Are services well-led?

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

- There were good systems in place to govern the service and support the provision of good quality care and treatment.
- There was a clear leadership structure in place.

Summary of findings

- Systems were in place to ensure that all patient information was securely stored.
- There was a focus on continuous learning and improvement at all levels within the service.

Head Office

Detailed findings

Background to this inspection

Head Office (Smart Start Minds Limited) provides educational training and comprehensive private healthcare to improve the health, wellbeing and lives of the patients registered with their service.

The 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. The regulated activities for the service do not extend to the educational concentration training provided and therefore this activity will not be referred to in this report.

The service is a mobile doctor (two doctors) service with part-time nurse provision. The administrative base for the service is located at the address named on the report. Consultations and assessments are conducted either in the patient's home or in a clinical setting where the service has an agreement to hold clinics on a sessional basis. The service also employs a part-time medical secretary and a part-time accounts manager.

The service is open between the hours of 9am -6pm Monday-Friday and 9am-2pm on Saturday. Outside of these times, the service has an answering service where patients can leave a message. The patient will be contacted the next working day by either one of the doctors or the medical secretary.

The service has a 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.

Head Office (Smart Start Minds Ltd) is registered to conduct the following regulated activities under the Health and Social Care Act 2008:-

- Treatment of disease, disorder and injury
- Diagnostic and screening procedures

Prior to our visit, the service was provided with feedback cards for their patients to complete with their views about the service by completing comments cards. No feedback cards were completed prior or during our inspection of the service.

We carried out an announced visit to this service on 29 May 2018. The visit was led by CQC inspector and included a GP specialist advisor and a Clinical Psychologist specialist advisor.

During our visit we:

- Spoke with two doctors (one female and one male).
- Reviewed personnel files, service policies and procedures and other records concerned with running 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 providing safe services in accordance with the relevant regulations.

The service had clear systems, processes and practices to keep patients safe

- The service had systems to safeguard children and vulnerable adults from abuse. The service patient list included both adults and children. Safeguarding policies were reviewed and were accessible to all staff. The policy outlined who to go to for further guidance. Clinical staff were trained to either safeguarding level two or three. The service had a safeguarding lead who was trained to safeguarding level 3.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All clinical staff who worked at the service had been DBS checked.

Risks to patients

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Emergency medicines were easily accessible to the doctors. Records showed that these medicines were checked regularly to ensure they were safe to use.
- There was enough clinical staff to meet demand for the service. Patients would book appointments would arrange appointments to ensure that they saw the relevant member of clinical staff appropriate to the care they required.
- The service had medical indemnity insurance in place that protected the medical practioners against claims such as melial malpractice or negligence.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The service had an online system on which they kept patient records. These records were stored securely online and available to relevant staff in a timely and accessible way, with clinical staff having an unique log-in identifier for them to access patient care records. The service ensured the online records system was regularly backed-up so that in the event of a local system failure, patient records could be retrieved from a remote location. Each patient had their own record which had details of discussions regarding their care, diagnosis and treatment plans. We viewed a sample of these records and found that these had been completed to a satisfactory standard.
- The service asked new patients to complete a registration form before the first appointment with a clinician. This was generally sent to the prospective patient by email.
- We noted that there was a system in place to receive safety alerts issued by relevant government departments. These alerts were received by one of the GPs and disseminated by them to all relevant staff to read and take note.
- The service complied with the Data Protection Act 1998.
- Written information about patients was treated confidentially. All papers containing sensitive information was stored in secure lockable cabinets.

Safe and appropriate use of medicines

- There were no medicines held at the service with the exception of emergency medicines for use in a medical emergency. These were held in a secure area of the building. We noted of the medicines that we checked that they were all stored according to the manufacturer's guidance and were within date.
- Prescriptions pads were held in a safe place by the doctors.

Lessons learned and improvements made

- There was a system for recording and acting on significant events and incidents. The service commenced in late 2017, and as such there have been no events or incidents which have required the service to activate this system. We were told that staff understood their duty to raise concerns and report and discuss incidents and near misses.
- The service had systems in place to support compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

When prospective patients first approach the service, they speak with a GP to ascertain what their clinical need is. Once this has been established and the service is able to provide a service to the patient, the patient is sent registration and medical information forms to complete. The patient is provided infomation regarding seeing a clinician and the consultation process by email prior to the first consultation.

- The service told us that they had systems to keep clinical staff up to date with current evidence-based practice. We saw that the doctors assessed needs and delivered care and treatment, and this was in line with current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. We saw evidence of this through viewing a set of patient notes in which the clinician conducted a medicines and disease management review of an elderly patient with coronary heart problems.
- The service had systems in place to keep all clinical staff up to date with new guidance. Staff had access to best practice guidelines and used this information to deliver care and treatment that met patient's needs.

Monitoring care and treatment

The provider reviewed the effectiveness and appropriateness of the care provided. All staff were actively

engaged in monitoring and improving quality and outcomes.

- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and patient outcomes. We viewed an audit which focused on the use of the medicine Sodium Valporate with pregnant women. Recent advice issued by the Medicines and Healthcare Products Regulatory Agency (MHRA) states that this medicine should not be prescribed to women of childbearing potential or pregnant women, as studies have identified that children in the womb of women who have been prescribed this medicine are at a high risk of serious developmental disorders. The audit conducted by the service showed that following search of the service records, no patients of childbearing age had been identified as being prescribed Valporate.
- There was a system in place for monitoring care and treatment, as well as the quality of consultations with patients. This was conducted through clinical notes audits and monthly meetings held with the clinical staff.

Effective staffing

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

- The service had a policy including an induction programme for newly appointed staff that covered such topics as safeguarding, health and safety and confidentiality.
- As a newly operating service, the service had not yet conducted reviews of staff performance or of their learning needs. The service told us that staff appraisals were due to be conducted within the next three months. We viewed an appraisal form template devised by the service to be used at the forthcoming staff appraisals. The service told us 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 facilitation and support for revalidating doctors and other clinical staff at the service.
- We saw a clear staffing structure that included clinical and administrative staff.

Coordinating patient care and information sharing

The service shared relevant information with the patient's permission with other services.

- The service would request permission (from the patient) to inform their NHS doctor if a medicine or other similar treatment was prescribed as part of their treatment at the service.
- The service held regular internal and external multi-disciplinary team meetings where best practice and individual clinical cases were discussed. We saw evidence of this in meeting minutes of a case review attended by one of the doctors at one of the locations the service conducts sessions from.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

The aims and objectives of the service were to provide the best treatment to patients to enable them to lead active lives.

- This was achieved through a process of a patient consultation, diagnosis, and treatment given for any symptoms the patient presented with.
- Clinical staff were trained appropriately to make clinical diagnosis and to prescribe appropriate medication. Where appropriate, the service would advise the patient of other appropriate services provided through the NHS or other private healthcare providers.

Consent to care and treatment

We found staff sought patients' consent to care and treatment in line with legislation and guidance.

- 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.
- We saw that the service gained written consent from the patient (or their representative if under 18) before treatment commenced.
- The service had full, clear and detailed information about the cost of consultations, assessments, tests and further appointments. Prices are not displayed on the website, but patients are informed of prices by staff or by email when they first contact the service to make an appointment.

Are services caring?

Our findings

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

Kindness, respect and compassion

Due to the service being a newly registered mobile doctors service, we were unable to we observe how members of staff ensured that they were courteous and helpful, and treated patients with respect.

We sent the service comment cards prior to our visit, but we received no completed comment cards about the service. We did receive positive feedback directly on behalf of a user of the service.

Involvement in decisions about care and treatment

Patients were involved in all aspects of the care and treatment provided.

- The service discussed any diagnosis and course of action before agreeing on treatment. Patient preference is taken into account at all times and treatment is tailored accordingly.

Privacy and Dignity

- Staff we spoke with during the inspection understood and respected people's privacy and dignity needs. The service had arrangements in place to provide a chaperone to patients who needed one during consultations.
- All confidential patient records were stored securely on computers. The information stored on the computers at the service was regularly saved to a remote location.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive services in accordance with the relevant regulation.

Responding to and meeting people's needs and access to the service

We found that the service was providing responsive services in accordance to relevant regulations. Services were tailored in response to patient need.

- Patients could contact the service in person, by telephone or by the service website.
- The service opened between the hours of 9am -6pm Monday-Friday and 9am-2pm on Saturday. The service told us that patients came first and would try to accommodate requests outside of the stated times.
- The service provided consultations to children and adults on a fee-paying basis. We were told that the service did not discriminate against any person wishing to register with the service.
- The service did have a website which focussed primarily on the concentration training conducted by the service. The website also stated that the service provided private GP services.

Listening and learning from concerns and complaints

The service had a system for handling complaints and concerns.

- There was a lead member of staff for managing complaints and the service had a complaints policy in line with recognised guidance.
- We saw that information was available to help patients understand the complaints system. This included staff being able to signpost patients to the complaints process. Contact details of other agencies to contact if a patient was not satisfied with the outcome of the investigation into their complaint were also available.
- Due to the service being a newly registered mobile doctors service, the service was unable to provide us with any complaints to review as they had not received any. The service could talk us through the process of what would occur in the event of a complaint being received by the service. The process would include a review of the complaint with all staff to gain learning from the event to improving the services provided.

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 providing well-led services in accordance with the relevant regulations.

Leadership capacity and capability

- The service had a set of reporting mechanisms and quality assurance checks to ensure appropriate high quality care.
- Processes were in place to check on the suitability of and capability of staff in all roles.
- There was a clear leadership and staffing structure, and staff were aware of their roles and responsibilities.

Vision and strategy

- The service had a clear vision to provide patients with exceptional and comprehensive healthcare in order to improve their health and well-being.
- The service had a business plan in place which contained details of the structure of the business, the nature of the business and its activities.
- Staff we spoke to were aware of and understood the vision of the service and their role in achieving the vision of the service.

Culture

The service had a supportive culture towards staff and patients.

- Staff told us they supported and valued the work each other did. They told us they were comfortable discussing matters of concern with each other.
- The service was aware of and had systems to ensure compliance with the requirements of the duty of candour. The service encouraged openness and honestly at all times and there was a no-blame culture within the service.
- There were processes for providing all staff with the development they needed. As the service is newly registered, the service has not yet conducted and staff appraisal. The service told us that the first set of appraisals were due to be conducted from September 2018 onwards.

Governance arrangements.

The service had a number of governance arrangements in place.

- The service had a range of policies and procedures in place and were known and implemented by the management team of the service. The service told us that the policies and procedures are scheduled to be reviewed at regular intervals and will be updated when necessary. The policies and procedures were available to all staff who knew where to access them if required.
- Systems were in place for monitoring the quality of the service and making improvements. This included the service having systems for performance indicators, audits, conducting risk assessments, having a system for staff to carry out regular quality checks and actively seeking feedback from patients.

Managing risks, issues and performance

- The service had oversight of Medicines and Healthcare Products Regulatory Agency (MHRA) alerts and incidents.
- There was clear evidence of action taken to improve clinical practice and quality. We saw evidence of this when we view a continuing audit conducted by the service on the software used by the service to store and maintain clinical notes. The audit was conducted to identify any risks for users within the software, thereby identifying where improvements for the functionality of the system. The first audit identified thirteen areas for improvement. The service are working with the software company to ensure the clinical systems are fit for purpose.
- There was an effective process to identify, understand, monitor and address current and future risks. Risk assessments we viewed were comprehensive and had been reviewed. There were a variety of checks to monitor the performance of the service.

Appropriate and accurate information

- The service had systems in place to ensure that all patient information was stored and kept confidential.
- There were policies and IT systems in place to protect the storage and use of all patient information. Business contingency plans were in place which included minimising the risk of not being able to access or losing patient data.

Engagement with patients, the public, staff and external partners

Patients were encouraged to provide feedback on the service they received.

Are services well-led?

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

- Patients were asked to complete a survey about the service they had received following each consultation. The service had recently introduced the feedback survey and were unable to provide us with data regarding patient satisfaction. The service told us that the survey feedback would be monitored and action taken if feedback indicted that the quality of the service could be improved.
- The service gathers feedback from staff through ad-hoc discussions. We were told by the service that they had plans to incorporate this type of feedback into the monthly staff meetings which had recently commenced, and to use this feedback to improve on the services they provide.

Continuous improvement and innovation.

The service used a specific data entry and clinical notes system to record patient details, and the service had recently assisted the software manufacturer in developing broader functionality within the system. The changes to the software package identified by the service has allowed them to now use the system to code patient diagnoses, to create service specific letter templates and issues clinical letters directly from within the clinical system. The use of the system and codes provided the service with useful data collection for use with performance indicator management and clinical audits.