

Atlantic Clinic Ltd

# Atlantic Clinic Ltd

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 30 August 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.

The services are provided to adults and children privately and are not commissioned by the NHS.

The service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. The Atlantic Clinic Ltd is registered with CQC to provide the regulated activities of Diagnostic and screening procedures, Treatment of disease, disorder or injury, Family planning and Surgical procedures. The types of services provided are doctor's consultation service and doctor's treatment service.

At the time of our inspection a registered manager was in place. 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 12 completed CQC comment cards from patients who used the service. Feedback was very positive about the service delivered at the clinic.

#### **Our key findings were:**

# Summary of findings

- Care and treatment was planned and delivered in a way that was intended to ensure

people's safety and welfare.

- All treatment rooms were well-organised and well-equipped.
- Clinicians regularly assessed patients according to appropriate guidance and standards, such as those issued by the National Institute for Health and Care Excellence.
- Staff were up to date with current guidelines and were led by a management team.
- Staff maintained the necessary skills and competence to support the needs of patients.
- There were effective systems in place to check all equipment had been serviced regularly.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.
- The provider had an effective system for ensuring the identity of patients who attended the service.

- Risks to patients were well-managed. For example, there were effective systems in place to reduce the risk and spread of infection.
- Patients were provided with information about their health and received advice and guidance to support them to live healthier lives. This was provided in both Polish and English.
- Information about how to complain was available and easy to understand.
- Systems and risk assessments were in place to deal with medical emergencies and staff were trained in basic life support.

There were areas where the provider could make improvements and should:

- Review the threshold for recording significant events and discuss at clinical meetings
- Review how clinical meetings are held and information disseminated to all clinical staff in the clinic.

# 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.

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### **Are services effective?**

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

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### **Are services caring?**

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

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

We found that this service was responsive to people's needs in accordance with the relevant regulations.

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### **Are services well-led?**

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

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# Atlantic Clinic Ltd

## Detailed findings

### Background to this inspection

Atlantic Clinic Ltd provides private medical services predominantly to meet the needs of the local Polish population within the Southampton area. A range of services are provided which include obstetrics and gynaecology, orthopaedics, paediatrics, GP services, psychiatry, dermatology and dentistry. Dental services are provided from the first floor only.

The service employs four staff which includes a receptionist, a dental nurse and a practice nurse. There is also a practice manager. Doctors and dentists who provide services to patients are not employed by the service but are contracted to deliver services on a sessional basis.

The service is open from 9.00am to 8.30pm from Monday to Sunday. The premises include several consulting rooms, treatment rooms and offices located over two floors of the building. The first floor is accessed via a flight of stairs only.

There is a responsible individual who represents the provider Atlantic Clinic Ltd and there is a practice manager who 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.

The Atlantic Clinic Ltd is located at:

Unit 4, Mountbatten Business Centre,  
Millbrook Road East,

Southampton

SO15 1HY

We carried an announced comprehensive inspection at the Atlantic Clinic Ltd on 30 August 2018. Our inspection team was led by a CQC Lead inspector. The inspection team included a GP specialist advisor, dental nurse specialist advisor, a practice manager specialist advisor and a Polish Interpreter.

Prior to the inspection, we reviewed a range of information we hold about the service, such as the inspection reports from January and June 2016, any notifications we had received, and the information provided from the pre-inspection information request.

During our visit:

- We spoke with the registered manager, the senior doctor and a member of the services reception team.
- We looked at equipment and rooms used for providing treatment.
- We reviewed records and documents.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

We found that this clinic was providing safe services in accordance with the relevant regulations.

### **Safety systems and processes.**

The provider had clear systems to keep patients safe and safeguarded from abuse.

- The provider had safety policies including adult safeguarding policies which were regularly reviewed and communicated to staff. The service had access to a child safeguarding policy to safeguard any child that might attend the premises. Staff received safety information for the clinic as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance. Parental responsibility was checked at time of appointment.
- The provider had a clinician trained to level three child safeguarding and vulnerable adults as the safeguarding lead.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- Information in the clinic waiting area and treatment rooms advised patients that staff were available to act as chaperones. Some of the staff who would be chaperones were awaiting training for the role and had received a DBS check.
- The provider 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).
- There was an effective system to manage infection prevention and control.
- Daily checks were completed in each assessment room for cleanliness which included equipment.
- An infection prevention compliance audit was undertaken by the clinic manager to ensure compliance

with infection prevention and control standards. The practice also produced an annual statement for infection control. The last being dated 1 June 2018. This statement provided details of reviews of the infection control audits, risk assessments, staff training and updates of policies.

- There were systems for safely managing healthcare waste.
- The clinic ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

### **Risks to patients.**

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- The clinic was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. The clinic had a defibrillator on the premises.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- The clinic had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure that equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- A legionella risk assessment had been carried out by the clinic.

### **Information to deliver safe care and treatment.**

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

- Patients completed a full health assessment questionnaire before attending their treatment.
- Assessments included areas such as checking for diabetes, heart health, nutrition and postural health.
- Assessments were recorded on the service's electronic system. We found the electronic patient record system was only accessible for staff with delegated authority which protected patient confidentiality.

# Are services safe?

- We reviewed an anonymised assessment report and found it contained relevant information recorded in a clear and structured manner.

## **Safe and appropriate use of medicines.**

- The service did not keep any medicines on the premises except for emergency medicines.
- The provider had risk assessed the emergency medicines required and found this was adequate for their needs.
- The arrangements for managing emergency medicines at the service kept patients safe (including obtaining, recording, handling, storing and security).

## **Track record on safety.**

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity on a regular basis. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. We saw these were discussed at meetings.

- There was a system for receiving, reviewing and actioning safety alerts from external organisations such as the Medicines and Healthcare Products Regulatory Agency (MHRA).

## **Lessons learned and improvements made.**

The clinic learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Significant events were recorded on the service's computer system which all staff had received training to use. We were told by the service that they had not had any significant events in the last 12 months. The last significant event being recorded in July 2017.
- We saw that although this event had been recorded as a Police incident and the practice had followed up to see what the outcome was, there had been no meetings to discuss the incident or any learning discussion.
- Staff understood their duty to raise concerns and report incidents, managers supported them when they did so.
- The provider was aware of and complied with the requirements of the Duty of Candour.

# 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.**

The service had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- We saw no evidence of discrimination when making care and treatment decisions.
- Assessments and screening were monitored using information from a range of sources, 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.
- 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 patients' needs.
- The service was monitoring that these guidelines were adhered to through regular routine audits of patient records and clinician performance.

### **Monitoring care and treatment.**

The clinic had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- All staff were actively involved in monitoring and improving quality and outcomes.
- Audits were carried to demonstrate quality improvement and all relevant staff were involved to improve care and patients' outcomes. We saw several audits had taken place, for example an infection control audit where necessary actions had been completed.

### **Effective staffing.**

Staff had the skills, knowledge and experience to carry out their roles. For example, the clinic had an induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained and held centrally.
- Staff learning needs were identified through a system of meetings and appraisals which were linked to organisational development needs.
- Staff were supported through one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.
- All staff had received an appraisal within the last 12 months.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### **Coordinating patient care and information sharing.**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- The service shared relevant information with the patient's permission with other services. For example, when referring patients to secondary health care or informing the patient's own GP of any concerns.
- The clinic had a system for confirming the identification of patients at the start of every health assessment.

### **Supporting patients to live healthier lives.**

Staff were consistent and proactive in helping patients to live healthier lives

- The aims and objectives of the service were to support patients to live healthier lives. This was done through a process of assessment and screening as well as the provision of individually tailored advice and support to assist patients.
- Each patient was provided with a detailed report covering the findings of their assessments and recommendations for how to reduce the risk of ill health and improve their health through healthy lifestyle choices.
- Patient reports also included fact sheets and website links to direct patients to more detailed information on aspects of their health and lifestyle should they require it.

### **Consent to care and treatment.**

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

# Are services effective?

(for example, treatment is effective)

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- We saw evidence of consent forms used to obtain written consent before undertaking procedures and specifically for sharing information with outside agencies, such as the patient's GP.
- The clinic monitored the process for seeking consent appropriately. The process of seeking consent was demonstrated through records. We saw consent was recorded in the patient's electronic record, in line with legislation and relevant national guidance.
- Information about fees for the service provided by the clinic was transparent and available online prior to patients booking an appointment. Additional fees, were discussed prior to procedures being undertaken.



# Are services caring?

## Our findings

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

### **Kindness, respect and compassion.**

Staff treated patients with kindness, respect and compassion.

- During our inspection, we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.
- Staff understood patients' personal, cultural, social and religious needs.
- The clinic gave patients timely support and information.

### **Involvement in decisions about care and treatment.**

Completed comment cards from patients confirmed that staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).

- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. Information was available in Polish and English.
- The clinic had mainly Polish speaking patients and most of the staff were able to speak several languages including Polish. The clinic could arrange for an interpreter to be on-site if a patient indicated the need for one at point of booking.

### **Privacy and Dignity.**

The clinic respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect, and the clinic was aware of the requirements of General Data Protection Regulations (GDPR, 2018).
- All confidential information was stored securely on computers.
- Doors to the rooms used for consultations with the doctor were closed and we noted that conversations taking place could not be overheard.
- We were told patients identified themselves to front of house staff by name only. Full confirmation of patient identification was completed within the treatment room.

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

- The facilities and premises were appropriate for the services delivered. Treatment rooms were all on the ground floor and first floor. There were adequate toilet facilities.
- The clinic offered flexible opening hours and appointments to meet the needs of their patients.
- Patients were also provided with a range of additional information to increase their knowledge and awareness of their health and lifestyle choices.
- Staff and patients reported the clinic ensured that adequate time was scheduled for patient assessments and for staff to complete the necessary administration work which followed.

### **Timely access to the service.**

- Treatments were by appointment only.

- Delays and cancellations were minimal and managed appropriately.
- The service was open from 09.00am to 8.30pm from Monday to Sunday.

### **Listening and learning from concerns and complaints.**

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

- The complaints policy and procedures were in line with recognised guidance. Staff were aware of how to handle formal and informal complaints from patients.
- Information about how to make a complaint or raise concerns was available in the clinic waiting area.
- The clinic learned lessons from individual concerns and complaints, and from analysis of trends. It acted as a result to improve the quality of care. The clinic told us that they had not had any complaints in the last 12 months.
- We reviewed the complaints system and noted there was an effective system in place which ensured there was a clear response with learning disseminated to staff about the complaint.
- The provider was aware of and complied with the requirements of the Duty of Candour.

# 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 care in accordance with the relevant regulations.

### **Leadership capacity and capability;**

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

- Leaders at the service had the experience, capability and integrity to deliver the service's 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.
- Staff told us they felt well supported by management and that management were approachable and always took the time to listen to them.

### **Vision and strategy.**

The provider had a clear vision and credible strategy to deliver high quality, sustainable care.

- 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.
- The provider planned its services to meet the needs of their patients.
- The provider monitored progress against delivery of the strategy.

### **Culture.**

The clinic had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the clinic.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. For example, one of the receptionists was starting training to become a dental nurse.
- The management of the clinic was focused on achieving high standards of clinical excellence and provided daily supervision with peer review and support of staff.
- There was a strong emphasis on the safety and well-being of all staff.
- The clinic actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

### **Governance arrangements.**

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- The clinic had many policies and procedures in place to govern activity and these were available to all staff. All the policies and procedures we saw had been reviewed and reflected current good practice guidance.
- Staff were clear on their roles and accountabilities including in respect of safeguarding, mental capacity and infection prevention and control.
- Clinic leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Systems were in place for monitoring the quality of the service and making improvements. This included having a system of key performance indicators, carrying out regular audits, carrying out risk assessments, monitoring staff performance, including report writing and content, and quality checks and actively seeking feedback from patients.
- A range of meetings were held, including clinical meetings. Although this was an area that the clinic should review and look at ways to ensure that all clinicians were able to be involved in the meetings. This was a challenge as most of the doctors, dentists and consultants were not based in the United Kingdom.

# Are services well-led?

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

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

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Risk assessments we saw were comprehensive and had been reviewed.
- There were a variety of daily, weekly, monthly, quarterly and annual checks in place to monitor the performance of the service.
- The provider had plans in place and had trained staff for major incidents.

## **Appropriate and accurate information.**

The clinic acted on appropriate and accurate information.

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- A programme of audits ensured the clinic monitored the quality of care and treatment provided and made any changes necessary as a result. For example, the clinic had completed an audit of Disability Discrimination in the clinic in December 2017. We saw that one of the actions that came from this was that patients with limited mobility were offered reserved parking at the front of the clinic.
- Quality and sustainability were discussed in relevant meetings where staff had sufficient access to

information. Meetings were held monthly where issues such as safeguarding, significant events and complaints could be discussed. We saw minutes taken from a random selection of these meetings. Outcomes and learning from the meetings were cascaded to staff. This was an area where the clinic should review to make sure that all members of staff were able to be involved.

- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

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

The service encouraged and valued feedback from patients, the public and staff.

- After treatment, patients were asked to complete a survey about the service they had received. This was constantly monitored and action was taken if feedback indicated that the quality of the service could be improved.

## **Continuous improvement and innovation.**

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

- There was a focus on continuous learning and improvement at all levels within the clinic.
- The organisation made use of internal reviews of audits, incidents and complaints, and consistently sought ways to improve the service.