

# Lomack-Health Company Limited

# Lomack Health Clinic

## Inspection report

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Date of inspection visit: 04 December 2018  
Date of publication: 24/12/2018

## Overall summary

We carried out an announced comprehensive inspection on 4 December 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 on 4 December 2018 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 service provides private GP services including health screening, particularly sexual health screening and travel vaccinations.

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 general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Lomack Health Clinic services are provided to patients under arrangements made by an insurance company with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at Lomack Health Centre, we were only able to inspect the services which are not arranged for patients by an insurance company with whom the patient holds a policy (other than a standard health insurance policy).

The principal GP is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As part of our inspection, we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were positive about the level of care provided. Patients told us staff were caring and took time to understand their needs.

## Our key findings were:

- The service provided a bespoke travel vaccination and sexual health screening service.
- The service had developed a dedicated sexual health telephone line where patients spoke directly to a clinician and received tailored advice. This service was completely confidential.
- There was clear oversight of risk and processes with clear policies and procedures.
- The service had adequate controls of infection prevention and control.
- The service completed regular audits and mock inspections to ensure it was working in line with current legislation.
- The service worked to current evidence-based guidelines and gave up-to-date travel advice.
- The service completed patient feedback exercises and acted on any suggestions or concerns.
- Patients were able to book appointments at a time that was convenient, this included weekends.
- Clinical records were accurately maintained and stored securely.

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

- Review the process for completing fire drills and ensure they are completed regularly.
- Review the process for minuting meetings and support from the wider provider organisation.
- Review infection control procedures to include implementation of a cleaning schedule for all soft furnishings and carpeted areas.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

# Lomack Health Clinic

## Detailed findings

### Background to this inspection

Lomack Health Clinic offers services from its location at 162 Bedford Road, Kempston, Bedford, Bedfordshire, MK42 8BH. The service offers private occupational health services and travel vaccinations. The service offers specialist sexual health screening, emergency contraception and treatment for sexually transmitted infections. Occupational health services were not inspected as part of this inspection.

The clinical team consists of a sole provider who is the lead GP (male). The service is provided by Lomack Health Ltd. The clinic has some administration and compliance support from staff employed by Lomack Health Ltd.

The practice operates from the ground floor of a two-storey building, with disabled access to the side of the building. There is a large car park outside the surgery, with disabled parking available.

Lomack Health Clinic is open from 9am to 6pm on Monday to Friday where patients can use the walk-in service or pre-book appointments. The service also offers an appointment service on Saturdays. Appointments can be made outside of this time through prior arrangement.

The practice provides treatment of disease, disorder or injury and diagnostic as their regulated activity.

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

Before inspecting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. During our inspection we:

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment used by the service.
- Reviewed CQC comment cards completed by service users.

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 care in accordance with the relevant regulations.

### Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and outlined clearly who to go to for further guidance.
- The service had arrangements to work with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Staff were aware of the signs of abuse however, due to the small number of patients accessing the service, a safeguarding referral had never needed to be made. The service had created an example safeguarding referral and flowchart to assist staff when necessary.
- All staff received up-to-date safeguarding training appropriate to their role
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. 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).
- The service offered chaperones to patients for all examinations and treatment. All chaperones were trained for the role and had a DBS check in place.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The service kept a record of appropriate staff immunisations.
- There was an effective system to manage infection prevention and control.
- A risk assessment had been completed for legionella with mitigating actions conducted. (Legionella is a term for a bacterium which can contaminate water systems in buildings)

- The service held a contract with a waste provider to manage their clinical waste and sharps. The service conducted a monthly sharps bin audit.
- The service regularly checked the electrical equipment in line with legislation. All equipment was regularly maintained.
- There was a formal business continuity plan in place.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

### Risks to patients

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

- Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support annually.
- 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. However, due to the nature of the service, acutely unwell patients were not seen at the site. Patients who contacted the service with high-risk symptoms were advised to contact their local Accident and Emergency department.
- The service did not hold all of the recommended emergency medicines, a defibrillator or oxygen. The service did hold adrenaline and other medicines needed for a severe allergic reaction. A documented risk assessment had been completed to support this decision and mitigate the risk. This risk assessment included that acutely unwell patients did use the service and the local hospital was less than 2 minutes away.
- The water for injection held with the emergency medicines was out of date. Shortly after the inspection we were provided evidence that this had been replaced. All other medicines we checked were in date.
- There were appropriate indemnity arrangements in place to cover all potential liabilities

### Information to deliver safe care and treatment

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

# Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals when necessary, in line with protocols and up to date evidence-based guidance.
- The service told us that they would share information with the patient's GP where patients consent had been given.
- The self-referral process and registration form ensured details of the patient's identity and age were recorded in the clinical records.
- The service did not conduct regular fire drills. The provider told us that this was because there were few people in the building. A fire drill had been conducted in August 2018 and an action plan had been completed however, this had not been repeated to ensure improvements had been made. Following the inspection, we received evidence that a fire drill had been undertaken with a completed action plan.
- Fire extinguishers, smoke alarms and emergency lighting were regularly checked and maintained. There was a fire safety policy and fire evacuation plan in place.
- The service was cleaned by an external cleaning agency. The service was able to provide evidence of a signed cleaning schedule. The external cleaning company completed monthly audits where a deep clean of the carpeted areas and soft furnishings had been discussed. However, this had not been completed at the time of the inspection. Chemicals were stored in a non-patient area and Control of Substances Hazardous to Health (COSHH) risk assessments were held by the service.
- The service completed regular infection control audits that included cleanliness. The last infection control audit was completed in October 2018 Any highlighted issues were discussed with the cleaning company.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. This included monthly stock reconciliation checks.
- There was adequate monitoring of the vaccination fridge temperatures and room temperatures which were recorded daily when the service was open.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. These included health and safety, fire and infection control completed in November 2018. They were regularly reviewed and remedial or preventative actions taken as necessary.

## 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. However, due to the nature of the service and minimal number of patients seen in the service, there had been no occurrences of incidents or significant events.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The provider encouraged a culture of openness and honesty. The service had systems in place for notifiable safety incidents
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

The provider 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.

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) and the Faculty of Sexual health and Reproductive Healthcare best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- The service had created a multi-faith guide to raise awareness and promote knowledge of different faith groups.
- Staff advised patients what to do if they became unwell or needed to attend a local hospital because of their symptoms.

### Monitoring care and treatment

The service was actively involved in quality improvement activity including organisational audit.

- The service used information about care and treatment to make improvements, for example monthly medicines and record keeping audits. The service made improvements through the use of completed audits. There was clear evidence of action to resolve concerns and improve quality. For example, monthly record keeping audits identified that medical history documentation was not consistently dated. This was repeated following the implemented addition of a rubber date stamp and had improved.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified.
- Relevant professionals were registered with the General Medical Council (GMC) were up to date with appraisal and revalidation.
- Up to date records of skills, qualifications and training were maintained.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.
- The service kept a record of staff immunisations.

### Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, sexual health testing results such as HIV status, was shared with NHS GP's with patient consent.
- Before providing treatment, the GP at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients who were signposted to more suitable sources of treatment to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

### 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. Self-care leaflets and posters were displayed in the waiting area.
- Lifestyle advice was given as appropriate.

# Are services effective?

(for example, treatment is effective)

- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Patients who contacted the service for general sexual health advice or treatment were directed to NHS services where appropriate.

## **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Patients under the age of 18 years were not seen for sexual health screening however, the clinical staff we

spoke with understood Gillick competencies and Fraser Guidelines. Gillick competence is concerned with determining a child's capacity to consent. Fraser guidelines are used specifically to decide if a child can consent to contraceptive or sexual health advice and treatment.

- The service monitored the process for seeking consent appropriately.
- Where children were receiving treatment, the service ensured correct parental responsibility for decision making.
- The service was open and transparent with treatment costs. These were displayed on their website and discussed with patients prior to commencing treatment.

# 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.

- Feedback from patients was positive about the way staff treat people. The service regularly completed its own patient feedback surveys. Patients were positive about the service received and there had been no suggestions for improvement made.
- The service had reflected on the responses to feedback surveys and taken on board the slightly lower scores for certain areas, such as giving a full explanation of treatment and used this to further improve practice.
- We received 20 CQC comments cards. They were all completely positive with comments regarding the high level of care and reassurance given by the clinician.
- Staff 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.

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

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

- The service could accommodate patients who did not have English as a first language by offering a telephone translation service however, we were informed that the patient population did not often need to use this service.
- Patients told us through comment cards that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- The service's website and other sources provided patients with information about the range of services available including costs. Patients were aware of the cost of treatment before they proceeded.

### **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.
- Clinical notes were stored securely and Computers were password protected.
- Treatment room doors remained closed during consultations to ensure privacy.

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

- The provider understood the needs of their patients and improved services in response to those needs, for example adding a map location onto appointment letters.
- The facilities and premises were appropriate for the services delivered with step-free access to the side of the building.
- The service completed regular patient feedback activity and acted on any suggestions made.

### Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- The dedicated telephone line for sexual health patients ensured a response from a clinician, tailored support and complete confidentiality. The GP was aware of safeguarding situations that would mean information would need to be shared with the appropriate services and this was reflected in the confidentiality policy.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.
- Referrals to other services were undertaken in a timely way.
- Appointments were available outside of opening hours by prior arrangement. Appointments were 30 minutes long.
- The service used a private laboratory to process samples. Results were sent electronically to the service. Patients were able to receive results via e-mail, text, telephone or face to face appointment and were asked for their preference and consent at the consultation.

### 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 to patients.
- 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. Complaints leaflets included details of both the CQC and the parliamentary ombudsmen service.
- The service had complaint policy and procedures in place.
- The service had received no written or verbal complaints.

# Are services well-led?

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

## Our findings

We found that this service was 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 were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### 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.
- The service priorities and vision were in line with local and national initiatives such as the Bedford Borough Health and Wellbeing Strategy and the NHS Five Year Forward View.
- The service monitored progress against delivery of the strategy.

### Culture

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

- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents. The provider completed reflective activities and created actions for improvement where appropriate.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff received regular annual appraisals in the last year. The service ensured there was protected time for professional development and evaluation of clinical work.

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- There were positive relationships between the service and the wider provider organisation.

### 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 governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The service had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service completed regular maintenance risk assessments. We saw evidence of an up-to-date gas and fire safety certificate with evidence of an annual smoke alarm and fire extinguisher maintenance programme.
- The service ensured that electrical equipment was tested on a regular basis.
- Staff were clear on their roles and accountabilities including in respect of safeguarding

### 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.
- Regular audits were completed regarding medicines management and record keeping. There was clear evidence of action to change services to improve quality.
- The provider had plans in place for major incidents and a business continuity plan.
- The service had not received any verbal or written complaints.

# Are services well-led?

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

- The service had oversight of safety alerts and took appropriate action when these were received.

## **Appropriate and accurate information**

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed with the wider provider organisation however, these meetings were not minuted.
- The service reported on and monitored performance information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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. The service held paper based clinical records that were held in a locked cabinet. Any electronic communication or record keeping was password protected.
- The service ensured that the patient's medical history and presenting conditions were accurately recorded in clinical notes. Monthly audits were in place to ensure this had been completed.

## **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 public's, patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, they used regular patient surveys.
- The service had completed an external colleague survey to ascertain the views of external services. There were no suggestions for improvement however, the provider had reflected on areas with slightly lower scores and improved the explanations given to patients around treatments.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. However, there had been no written or verbal complaints.
- There were systems to support improvement and innovation work for example, the provider completed monthly mock CQC inspections and monthly inspections in relation to a regulation from the Health and Social Care Act (2008) to identify areas for improvement and to ensure it was working in line with legislation.

The provider had developed a bespoke sexual health screening service with a dedicated telephone line for these patients. All patients spoke directly with a doctor and received completely tailored support. This also ensured complete confidentiality where appropriate.