

Regent Street Clinic - Nottingham

Inspection report

2 Regent Street
Nottingham
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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.

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

Regent Street Clinic - Nottingham was last inspected on 16 February 2018, but it was not rated as this was not a requirement for independent health providers at that time. Since April 2019, all independent health providers are now rated, and this inspection was undertaken to provide a rating for this service.

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 Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regent Street Clinic - Nottingham provides a range of non-surgical cosmetic interventions which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

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 people'. 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.

18 patients provided feedback about the service using CQC comment cards. Patients were highly positive regarding the quality of the service provided.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Patients commented that staff were kind and caring, treated them with respect and involved them in decisions about their care.
- Services were tailored to meet the needs of individual patients and were accessible.
- The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC inspector. The team also included a GP specialist advisor.

Background to Regent Street Clinic - Nottingham

Regent Street Clinic - Nottingham is located at 2 Regent Street, Nottingham, NG1 5BQ. The service is located over four floors with on street car parking. A call centre is based in the basement. There is a reception and waiting room on the ground floor and treatment rooms are located on the first and second floors. The building is nearly 200 years old and has been a private medical establishment for over 140 years.

The provider, FBA Medical Limited, is registered with the CQC to carry out the regulated activities of treatment of disease, disorder or injury and diagnostic and screening procedures from the location.

Regent Street Clinic – Nottingham is one of several clinics operated by the provider across England; Nottingham is the flagship clinic where the lead GP has provided services since 1998 as an independent provider of GP services. The service offers a range of specialist services and treatments such as facial aesthetics, travel vaccinations, sexual health screening, pathology services, occupational health and offshore medical services to people on a pre-bookable appointment basis. Online appointment booking is available. The service does not offer NHS treatment. It is an accredited yellow fever centre which is registered with NaTHNaC (National Travel Health Network and Centre).

The service is open:

- Monday 8am to 6pm
- Tuesday 8am to 6pm
- Wednesday 8am to 7pm
- Thursday 8am to 6pm

- Friday 8am to 7pm
- Saturday 9am to 12pm

The senior doctor and group practice manager (who is also the registered manager) oversee the services provided across the eight clinics they operate. The team based at the Nottingham clinic consists of one male doctor, a clinic manager, two receptionists, four call centre administrators and two travel consultants. There is a CQC manager who works across all the clinics.

Before visiting we reviewed a range of information we hold about the service and information which was provided by the service pre-inspection.

During the inspection:

- we spoke with staff
- reviewed CQC comment cards where patients shared their views
- reviewed key documents which support the governance and delivery of the service
- made observations about the areas the service was delivered from

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 practice provided care in a way that kept patients 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 service had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies were in place and contact numbers for the local authority safeguarding team were easily accessible. Staff had completed up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. Patients commented that they felt safe when attending the service.
- The provider had systems in place to carry 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 had systems in place to assure that an adult accompanying a child had parental authority. This included checking identification documents of the adult.
- The provider kept a record of staff immunisation status of all diseases recommended by Public Health England.
- A chaperone policy was in place and a notice was displayed in the waiting room informing patients of the availability of chaperones. Staff had received appropriate training and information to carry out the role via training online and face to face. All staff who acted as chaperones had an enhanced DBS check.
- There was an effective system to manage infection prevention and control. Consultation and treatment rooms and reception and waiting room areas were clean and hygienic. Staff followed infection control guidance and completed relevant training. The service undertook regular infection prevention and control audits through an external company. Infection control policies and procedures were in place. Patients commented that the premises were clean and well maintained.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for

safely managing healthcare waste. The service had procedures in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. Appointments were pre-booked and spaced appropriately to ensure patient safety.
- There was an effective induction system for staff tailored to their role.
- The service kept some medicines to deal with medical emergencies and staff were suitably trained in emergency procedures. There was adrenaline only in stock. Adrenaline is a medicine used for the emergency treatment of allergic reactions. The provider agreed to review the emergency medicines kept at the clinic and complete a risk assessment for any emergency medicines on the recommended list not stocked at the clinic. This was implemented soon after the inspection.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The clinic did not accept walk-in patients, reducing the risk of seeing people in need of emergency care. Staff knew how to identify and manage patients with severe infections including sepsis.
- A fire procedure and risk assessment was in place. All staff were trained in fire safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.
- A risk register was in place which had identified all potential risks with actions in place to minimise those risks.

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 care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Are services safe?

- Systems were in place to check the identity of patients and to verify their age.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The clinician shared information with the patient's GP following consultations where appropriate.
- Clinicians made appropriate and timely referrals in line with protocols and up-to-date evidence-based guidance.

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. This included oxygen and a defibrillator.
- Staff administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking the expiry dates and stock levels of medicines and staff kept accurate records of medicines.

Track record on safety and incidents

The service had a good safety record.

- There were 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.

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. Reporting processes were accessible to all staff. There had been three significant events in 2019; we saw evidence of shared learning from the events which was shared with staff, including clinicians at the provider's other services.
- Staff were aware of the requirements of the Duty of Candour. Staff demonstrated a culture of openness and honesty.
- The provider had an effective mechanism in place to disseminate all patient and medicine safety alerts to all members of the team as appropriate. We saw examples of recent relevant medicines alerts that had been acted on, for example, an alert about the yellow fever vaccines. Additionally, the service used an NHS website called Travax to obtain real time alerts on issues affecting travel such as the coronavirus.

Are services effective?

We rated effective as Good because:

Patients received effective care and treatment that met their needs.

Effective needs assessment, care and treatment

The provider had systems to keep up-to-date with current evidence-based practice.

- Clinicians assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines and the Scottish Intercollegiate Guidelines Network (SIGN).
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental 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.
- Staff assessed and managed patients' pain where appropriate. Advice was given to patients on what to do if their pain got worse and patients commented that they knew how and when to request further help and support. Patients told us in the comment cards that they received a thorough assessment prior to treatment.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The provider reviewed the care given to each patient and encouraged feedback after each consultation.
- The provider reviewed the performance and effectiveness of treatments.
- An audit of the quality of referral letters carried out in 2019 showed 81% met the criteria demonstrating that they contained adequate information. A repeat of the audit in 2020 showed an improvement of 97%. This was shared with the relevant staff. We saw evidence of a three-cycle audit on antibiotic prescribing for uncomplicated respiratory tract infections which showed a significant improvement in the adherence to NICE guidelines and a reduction in prescriptions issued.

Effective staffing

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

- Staff were appropriately qualified, and clinicians were registered with the Nursing and Midwifery Council (NMC) and General Medical Council (GMC) as required.
- 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. Training was delivered to staff via an online platform called Bluestream, as well as face to face training by the lead GP and external providers. Staff were encouraged and given opportunities to develop.
- The learning needs of staff were identified through a system of appraisals; we saw evidence that staff had received an appraisal within the last 12 months. The GP received an appraisal carried out by the Independent Doctors Federation (IDF). The GP had also been successfully revalidated by the GMC.

Coordinating patient care and information sharing

The provider worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. The provider referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, staff ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Consultations could last up to an hour to allow sufficient time to discuss symptoms and treatment options.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered NHS GP when they used the service. We saw evidence of detailed referral letters which had been shared with NHS GPs.
- The provider worked with a private laboratory testing service and had created a bespoke enhanced health screening assessment for all Regent Street clinics which they called the 'superscreen'. This involved carrying out more detailed blood, urine and stool tests, thereby identifying any conditions that would not be found with basic NHS tests. There was evidence showing the assessment had led to early intervention and some positive outcomes for some patients.

Supporting patients to live healthier lives

Are services effective?

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

- Patients were assessed and given individually tailored advice, to support them to improve their own health and wellbeing, which included advice on exercise.
- Pre-consultations were offered to patients prior to treatment to ensure patients were fully informed and gave consent. For example, a pre-travel risk assessment and consultation was carried out for all patients requiring pre-travel advice and vaccinations. We saw evidence that all staff who delivered these consultations had been trained appropriately.

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. A consent policy and a mental capacity act policy were in place.
- Staff had completed mental capacity training.
- Costs were clearly explained before assessments and treatment commenced. Consent forms were used where appropriate.

Are services caring?

We rated caring as Good because:

Patients were treated with respect and commented that staff were kind and caring and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was very positive about the way staff treated them. In comment cards completed as a part of our inspection process, patients commented that staff were very friendly and felt they were genuinely caring.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. Policies were in place to support equality, diversity, respect and fair access.
- 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.

- Interpretation services were available for patients who did not have English as a first language.
- Patients told us through comment cards, that they felt listened to by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- The provider encouraged patients to provide feedback and participate in patient surveys, and a suggestion box was available in the waiting room.

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.
- Consultations were conducted behind closed doors, where conversations were difficult to overhear. There were measures in place to ensure patient privacy and dignity when receiving treatment in the treatment room.
- Staff understood the importance of keeping information confidential. Patient records were stored securely.

Are services responsive to people's needs?

We rated responsive as Good because:

The provider organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

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 clinic instigated the formation of a patient participation focus group, which first met in March 2019 and was attended by six patients, the lead GP, group practice manager and clinic manager. They discussed issues affecting the service such as metered parking around the clinic, the use of images on social media and laboratory results for patients presenting at the weekend. There was evidence of changes instigated in response to the patient feedback.
- The clinic was located in the city centre with several car parks nearby in addition to on street parking, making it easily accessible for patients.
- There was access to a consulting room and disabled toilet and baby changing facilities on the ground floor.
- The reception area was located in a separate area to the patient waiting room to ensure confidentiality when speaking to patients at the reception desk or over the telephone.
- Interpreting and translation services were available for patients who needed them. This ensured patients understood their treatment options.
- There was a comprehensive practice information guide and written information was available to patients in other languages. Information for patients was available in Braille and large print for patients who were blind or with poor vision.
- Health promotion information was available for patients in the waiting room.
- The provider understood the needs of their patients and improved services in response to those needs. Patients told us through comment cards, that they received excellent care that fully met their needs.
- The facilities and premises were appropriate for the services delivered. A treatment room and reception and waiting room areas were on the ground floor and accessible. A hearing loop was available in reception.

- Equipment and materials needed for consultation, assessment and treatment were available at the time of patients attending for their appointment.
- When patients attended the clinic for travel vaccinations they were given a card with the details of their vaccinations and contact details for the clinic. Patients were able to contact the clinic for advice when abroad.

Timely access to the service

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

- Services were highly accessible, and they were tailored to meet the needs of individual patients. Patient feedback received on the day was highly positive about the ability to get same day or next day appointments at the clinic. This was supported by patient survey results undertaken by the provider as well as feedback submitted by patients on online platforms about the service. The clinic received an average of 4.7 out of 5-star ratings on a number of ratings websites. The provider responded to feedback posted and encouraged service users to contact the clinic directly to discuss any issues of concern.
- The service was open six days a week and open from 8am up to 7pm between Monday and Friday. At the time of our inspection visit, consultations were easily available. Staff also told us that additional consultations took place as required to meet patient demand.
- Patients with urgent needs could be prioritised by the service. Patients who could not be seen on the day at the Nottingham clinic were offered an appointment, if appropriate, at the Derby clinic.
- Patients could make an appointment by telephoning the service's call centre or booking online.
- Patients commented that the appointment system was easy to use. Feedback from the comment cards showed several patients used the services repeatedly because of the easy access.
- Pathology results were provided within 48 hours and in some cases on the same day.
- Patients were encouraged to let a member of the reception team know if they felt they had been waiting for a long time, or if they felt they needed to be seen quickly.

Are services responsive to people's needs?

- Feedback from some patients indicated they were referred to the clinic by their NHS GP practice because travel vaccinations could be accessed easily.

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 for patients and clearly displayed in the waiting room.
- 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.
- The service had a complaint policy and procedure in place. The group practice manager was the designated responsible person who handled all complaints in the service. These were referred to the clinic manager where appropriate.
- The service had received a small number of complaints and appropriate action had been taken to respond to them. Data provided by the provider showed they had received a rate of 0.005% complaints across the group of clinics, since the services opened in 1998.
- There were two complaints received in 2019. We viewed records of one written complaint which showed the provider responded promptly to address a patient's concerns and offered them an apology.

Are services well-led?

We rated well-led as Good because:

The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

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 had a high level of oversight of the business as it expanded and understood the challenges and were addressing them. Since our last inspection, they had recruited a CQC manager whose role was to ensure all clinics had systems in place to ensure they were operating within the law.
- Leaders at all levels were visible and approachable. They worked closely with staff to ensure they promoted inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills. They told us they saw up to 40,000 patients in one year at six clinics and responded to the increasing patient needs by employing more staff. Since our last inspection, the lead GP and group practice manager were able to take time away from the business and have set time for reflective practice.

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 which focussed on providing patient-centred care, offering unrestricted time in consultation and same day access, and a set of values. They aligned with local private hospitals and other healthcare professionals to offer a one-stop facility and opportunistic checks.
- The service had a realistic strategy and supporting business plans to achieve priorities. Since our last inspection, the provider had increased the number of clinics they operated and recruited additional staff to support them. There were plans to open four more clinics across England.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. A duty of candour policy was in place and emphasised the importance of an open culture.
- Staff 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. Staff were supported to meet the requirements of professional revalidation where necessary. Staff received regular appraisal and training.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity.
- There were positive relationships between staff. We saw evidence of this in group communications via WhatsApp which was used to communicate with all staff within the group daily.

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.
- Staff were clear on their roles and accountabilities.
- Staff had established detailed policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

Are services well-led?

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance.
- Clinical audit had a positive impact on the quality of care for patients.
- The service had a business continuity plan in place for major incidents such as power failure, flooding or building damage.

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.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required. A CQC notification policy and procedure was in place.
- 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. An Information Governance policy was in place and staff were aware of their responsibilities in this area.

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 service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The clinic held a patient participation focus group in March 2019, which was attended by six patients, the lead GP, group practice manager and clinic manager. They discussed

issues affecting the service such as metered parking around the clinic, the use of images of social media and laboratory results for patients presenting at the weekend. There was evidence of changes instigated in response to the patient feedback.

- Staff could describe to us the systems in place to give feedback. Patients were encouraged to feedback, and clear processes were in place for them to do so.
- Staff provided free learning events for healthcare staff on travel vaccination and health. Staff also provided free advice to schools on overseas travel.
- Staff were offered gym membership to encourage healthy lifestyles and wellbeing. Advice and risk assessments were also offered to gyms providing fitness services.
- The provider engaged staff and patients in fundraising projects and told us they raised £32,000 in 2019 for Just Giving charity. Leaders were involved in volunteering projects locally and overseas.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- There were systems to support improvement. Staff learned from audits and patient feedback to improve the service. A telephone audit had been completed and actions implemented to improve the quality of service provided to patients. An audit of the quality of referral letters carried out in 2019 showed 81% met the criteria demonstrating that they contained adequate information. A repeat of the audit in 2020 showed an improvement of 97%. This was shared with the relevant staff. We saw evidence of a three-cycle audit on antibiotic prescribing for uncomplicated respiratory tract infections which showed a significant improvement in the adherence to NICE guidelines and a reduction in prescriptions issued.