

Rosewood Clinic Limited

Rosewood Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 20 July 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.

Rosewood clinic is an independent healthcare provider. The clinic provides a private GP service alongside an aesthetic cosmetic service. The private GP services are provided to both children and adults.

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 service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Rosewood clinic the aesthetic cosmetic treatments are exempt by law from CQC regulation. Therefore, we were only able to inspect GP services but not the facial aesthetic services.

Dr Simon Crawley 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.

Summary of findings

Twenty-four people provided feedback about the service both via the CQC website and comment cards all of which was positive about the standard of care they received. The service was described as excellent, professional, helpful and caring.

Our key findings were:

- Risks to patients were well managed. For example, there were effective systems in place to reduce the risk and spread of infection.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based research or guidelines.
- Staff maintained the necessary skills and competence to support the needs of patients.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support. However, the provider did not have a defibrillator.
- Information about services and how to complain was available and easy to understand.
- The treatment room was well organised and equipped, with good light and ventilation.
- The practice was proactive in seeking patient feedback and identifying and solving concerns.
- The culture of the service encouraged candour, openness and honesty.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- The service had systems, processes and risk assessments in place to keep staff and patients safe.
- Staff had the information they needed to provide safe care and treatment and shared information as appropriate with other services.
- The service had a good track record of safety and had a learning culture, using safety incidents as an opportunity for learning and improvement.
- The staffing levels were appropriate for the provision of care provided.
- We found the equipment and premises were well maintained.
- The provider did not have a defibrillator at the practice but a risk assessment was in place for this issue.

Are services effective?

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff used current guidelines such as National Institute for Health and Care Excellence, to assess health needs.
- Patients received a comprehensive assessment of their health needs which included their medical history.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

Are services caring?

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

- We did not speak to patients directly on the day of the inspection. However, we reviewed completed comment cards and patient feedback on the CQC website. This showed that patients were happy with the care and treatment they had received.
- The service treated patients courteously and ensured that their dignity was respected.
- The service involved patients fully in decisions about their care and provided reports detailing the outcome of their health assessment.
- Information to patients was available in relation to the different types of treatment available which included the cost, prior to the appointment.
- We found the staff we spoke with were knowledgeable and enthusiastic about their work.

Are services responsive to people's needs?

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

- The service was responsive to patient needs and patients could contact individual doctors to further discuss their needs.
- The service proactively asked for patient feedback and identified and resolved any concerns.
- There was an accessible complaints system available to patients though the provider had not received any complaints in the previous year.
- The clinic had good facilities and was well equipped to meet the needs of the patient.

Summary of findings

- The clinic was able to accommodate patients with a disability or impaired mobility. All patients were seen on the ground floor.
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Are services well-led?

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

- The provider had a clear vision and strategy for the service and the service leaders had the knowledge, experience and skills to deliver high quality care and treatment.
 - The service had a range of policies and systems and processes in place to identify and manage risks which supported good governance.
 - The service actively engaged with staff and patients to support improvement and had a culture of learning.
 - Regular staff meetings took place and these were recorded.
 - The clinic had an open and transparent culture within it.
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Rosewood Clinic

Detailed findings

Background to this inspection

Rosewood Clinic is a private practice service based in Woking Surrey. The registered provider is Rosewood Clinic Ltd.

The address of the service is:

26 Newark Lane,

Ripley,

Woking,

Surrey,

GU23 6BZ

The service is run from rooms on the ground floor of a house which is owned by the provider.

The service provides a range of GP services including consultations, child and adult immunisations, travel vaccinations, ear syringing, urine drug testing, cervical screening, well man and woman health checks, sexual health screening, driving medicals and facial aesthetic services.

The surgery times are 9am to 5pm Monday to Friday.

The service team consisted of a medical director assisted by a second doctor, a practice manager and an assistant administrator.

The inspection on 20 July 2018 was led by a CQC inspector who was accompanied by a GP specialist advisor.

Information was gathered from the provider and reviewed before the inspection.

During our visit we:

Spoke with the medical director and practice manager.

Observed how patients were cared for in the reception area.

Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Looked at information the practice used to deliver care and treatment plans.

Reviewed documents relating to the service.

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

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

Are services safe?

Our findings

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

Safety systems and processes

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

The clinic conducted safety risk assessments. It had a range of safety policies which were regularly reviewed and communicated to staff. Staff received safety information as part of their induction and refresher training. The clinic had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. The provider had an overarching lead professional as the safeguarding lead. The provider carried out staff checks on recruitment and on an ongoing basis, including checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken for all staff seeing clients. (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).

Information in the clinic waiting area advised patients that staff were available to act as chaperones. Staff who acted as chaperones were trained for the role and had received a DBS check.

There was an effective system to manage infection prevention and control. The clinic had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used.

The clinic ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The provider replaced equipment such as pulse oximeters on an annual basis rather than calibrate these. There were systems for safely managing healthcare waste.

Risks to patients

The clinic had arrangements in place to respond to emergencies and major incidents. All staff had completed training in emergency resuscitation and life support which was updated yearly.

Emergency medicines and equipment were easily accessible to staff in a secure area of the clinic and all staff knew of their location. The clinic had suitable emergency resuscitation equipment though did not have an automatic external defibrillator (AED). Following the inspection, a risk assessment was sent in relation to the absence of a defibrillator. The clinic had oxygen with face masks for both adults and children. The clinic also had medicines for use in an emergency. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use.

The clinic had up to date fire risk assessments. All electrical equipment was checked to ensure that equipment was safe to use and clinical equipment was checked to ensure it was working properly.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients. Records were written and managed in a way that kept patients safe. Records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment and referral letters included all of the necessary information.

Assessments were recorded on the clinic's electronic system. We found the electronic patient record system was only accessible for staff with delegated authority which protected patient confidentiality. There was off site record back up system.

Safe and appropriate use of medicines

The service did not keep any medicines on the premises except for emergency medicines. The arrangements for managing emergency medicines in the clinic kept patients safe (including obtaining, recording, handling, storing and security).

Track record on safety

The clinic had a good safety record. There were comprehensive risk assessments in relation to safety issues. The clinic monitored and reviewed activity on a regular basis. We saw these were discussed at meetings.

Are services safe?

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

There was an effective system in place for reporting and recording significant events. Significant events would be recorded on the clinics computer system which all staff had

received training to use. The provider had not had any significant events within the last year. There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

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 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) best practice guidelines. Patients' needs were assessed and options for management of their condition discussed. We saw no evidence of discrimination when making care and treatment decisions and patients were advised what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The provider had initiated quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. The practice had carried out audits in response to national guidelines. For instance, they audited their use of antibiotics for urinary tract infections and identified where they could improve their practice. Following our inspection evidence was seen that immunisation update training had been undertaken.

Effective staffing

The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

The service could demonstrate how they ensured role-specific training and updating for relevant staff.

Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources. The practice 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.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring.

Staff received training that included: safeguarding, fire safety awareness, basic life support, information governance, dementia, equality and diversity, control of substances hazardous to health and infection control. Staff had access to and made use of e-learning training modules and external training.

Coordinating patient care and information sharing

The clinic 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.

Supporting patients to live healthier lives

The provider promoted healthy living and gave advice when required or when requested by a patient about how to live healthier lives.

Consent to care and treatment

We found staff sought patients consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw the clinic obtained consent for sharing information with outside agencies such as the patient's GP. Information about fees was transparent and available online. The process for seeking consent was demonstrated through records. We saw consent was recorded in the patient record system. This showed the clinic met its responsibilities within legislation and followed relevant national guidance.

Are services caring?

Our findings

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

Kindness, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect. Chaperones were available on request.

Twenty-four people provided feedback about the service both via comment cards and internet all of which was positive about the standard of care they received. The service was described as excellent, professional, helpful and caring.

Involvement in decisions about care and treatment

The service ensured that patients were provided with all the information, including costs, they required to make decisions about their treatment prior to treatment commencing. Any referrals to other services, including to their own GP, were discussed with patients and their consent was sought to refer them on. All staff had been provided with training in equality, diversity and inclusion.

Privacy and Dignity

The practice respected and promoted patients' privacy and dignity. Staff recognised the importance of patients' dignity and respect and the practice complied with the Data Protection Act 1998. All confidential information was stored securely on computers. Assessment room doors were closed and we noted that conversations taking place could not be overheard.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences. The provider understood the needs of its patients and tailored services in response to those needs. The facilities and premises were appropriate for the services delivered.

Timely access to the service

Patients could access care and treatment from the service within an acceptable timescale for their needs. Patients had timely access to initial assessment, test results, diagnosis and treatment. Waiting times, delays and cancellations were minimal and managed appropriately. Appointments could be made over the telephone or face to face.

Listening and learning from concerns and complaints

The practice 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 from staff. The complaint policy and procedures were in line with recognised guidance. No complaints were received in the last year.

Are services well-led?

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

Our findings

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

Leadership capacity and capability;

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

Leaders had the experience, capacity and skills to deliver the providers strategy and address risks to it. They were knowledgeable about issues and priorities relating to the quality and future of services. Leaders levels were visible and approachable. They worked closely with the staff team to make sure they prioritised compassionate and inclusive leadership. The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The provider 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 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.

Culture

The culture of the service encourages candour, openness and honesty. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals and had been appraised in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. The service had structures, processes and systems to support good governance and management were clearly set out, understood and effective and assured themselves that they were operating as intended.

The clinic had a number of 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 from sources such as the National Institute for Health and Care Excellence (NICE). Systems were in place for monitoring the quality of the service and making improvements. This included carrying out risk assessments and quality checks and actively seeking feedback from patients. A range of meetings were held including clinical meetings and systems were in place to monitor and support staff at all levels.

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. The practice had trained staff for major incidents and had a specific written business continuity plan in place. The management team had oversight of MHRA alerts, incidents, and complaints should they arise.

Appropriate and accurate information

The practice acted on appropriate and accurate information. 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. Practice management meetings were held monthly where any issues arising were discussed. Outcomes and learning from the meetings were documented and cascaded to staff.

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients, the public and staff. Any feedback was constantly monitored and action was taken if this indicated that the quality of the service could be improved. The clinic had also gathered feedback from staff through staff meetings, appraisals and discussion.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation. There was a focus on

Are services well-led?

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

learning and improvement at all levels within the practice. Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.