

The Wells Clinic Limited

# The Wells Clinic at Robert Denholm House

## Inspection report

Robert Denholm House,  
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## Overall summary

We carried out an announced comprehensive inspection on 2 October 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 Wells clinic is an independent healthcare provider based in Surrey. 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 The Wells 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.

# Summary of findings

Dr Sarah Wells 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.

26 people provided feedback about the service, and all the feedback was positive.

## **Our key findings were:**

- Patients told us they found it easy to access appointments with a GP.
- Patients said they were treated with care, compassion, dignity and respect.
- Services were provided to meet the needs of patients.
- The practice offered early morning and Saturday appointments if required.
- The practice offered a range of vaccinations for children, adults and for travel purposes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There were arrangements to safeguard patients from abuse.
- Information about how to complain was available and easy to understand. There had been one complaint.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- The treatment room was well organised and equipped, with good light and ventilation.
- The culture of the service encouraged candour, openness and honesty.

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

- Review the training for chaperones
- Review the number of two cycle clinical audits
- Review the requirement for a paediatric pulse oximeter
- Review the requirement to have easy access to a translation service and a hearing loop

# The Wells Clinic at Robert Denholm House

## Detailed findings

### Background to this inspection

We carried out an announced visit to The Wells Clinic on 2 October 2018. The Wells Clinic

is a private GP service based in Nutfield, a small village in Surrey. It offers a range of services including health consultations, joint injections, mole removal and vaccinations.

The address of the service is:

Robert Denholm House, Bletchingley  
Road, Nutfield, Surrey, RH14HW

The provider rents a room in a building privately owned. The clinic has one consulting room on the ground floor. There is a shared reception area where patients are booked in and a shared waiting area.

The clinical team consists of one GP (female) and a self-employed advanced nurse practitioner (female). There are shared receptionists for the whole building during the week and a self-employed receptionist to cover Saturdays.

The Wells Clinic is open for bookings and enquiries Monday to Friday 8am to 6pm

Clinics are run:

Tuesday 8:30am - 12pm

Wednesday 1pm - 5pm

Thursday 8:30am - 12pm

Saturday 9am - 12:30pm (restricted access)

Details of fees are available on the practice website and on a leaflet available in the clinic.

We reviewed a range of information we hold about the clinic in advance of the inspection.

During our visit we:

- Spoke with the GP
- Reviewed a questionnaire completed by the nurse.
- 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?

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 people safe and safeguarded from abuse.

- There were systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff had received training appropriate to their role (for example, safeguarding children level three for the GP) and the GP understood their responsibilities.
- Safeguarding procedures were documented, guidance was kept up to date with local contract numbers. Non-clinical staff had received level 1 safeguarding training.
- Notices advised patients that chaperones were available. At the time of inspection no chaperones had been requested. Chaperones had not received training for the role and the GP was in the process of arranging on line and face to face training.
- The service carried out appropriate staff checks at the time of recruitment and on an ongoing basis. This included checks of identification, qualifications, medical indemnity and professional registration, on permanent staff and locums.
- We observed the practice to be clean and there were arrangements to prevent and control the spread of infections.
- The practice had a variety of other risk assessments and procedures in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements for managing waste and clinical specimens kept people safe.
- Equipment was monitored and maintained to ensure it was safe and fit for use.

### Risks to patients

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

- Staffing levels were monitored and there were procedures in place to source additional trained staff when required.
- There were effective systems in place to manage referrals and test results.
- Risks to patients had been assessed and actions taken to manage the risks identified. The building management were responsible for fire alarm checks and the practice of fire drills. The provider was aware that fire alarm checks were completed on a Monday and two fire drills had taken place on a day the clinic had not been occupied. The provider had completed their own fire risk assessment and was aware of the fire evacuation procedure.
- There were arrangements in place to respond to emergencies and major incidents. Staff had completed annual basic life support (BLS) training, in line with guidance.
- There was oxygen and a supply of emergency medicines. All expiry dates and oxygen levels were checked monthly. However, the clinic did not have paediatric pulse oximeter.
- The building had a shared external defibrillator (AED) and staff had been trained to use it.

### Information to deliver safe care and treatment

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

- There was a central electronic record system, which had safeguards to ensure that patient records were held securely. Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included investigation and test results.
- There was a system in place to check the identity of patients. This included the identity of children, and those who accompanied them, to ensure they had parental authority.
- The provider told us they encouraged patients who attended the practice to be registered with an NHS GP.

### Safe and appropriate use of medicines

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

# Are services safe?

- From the evidence seen, staff prescribed and gave advice on medicines in line with legal requirements and current national guidance. There was no prescribing of medicines described as high risk, which require more frequent monitoring to ensure a safe dose.
- Medicines stocked on the premises were stored appropriately and monitored. Checks of the fridge temperatures were documented.
- Prescriptions were hand written onto specially designed forms, after being recorded on the patient record system. These forms, and the GP stamp, were stored securely.

## Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. All assessments were completed and reviewed regularly.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- 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 provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

The practice 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. We saw that systems were in place to learn and share lessons, identify themes and take action to improve safety.

# 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.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice offered child, adult and travel immunisations.
- When a patient needed referring for further examination, tests or treatments they were directed to an appropriate service.

### Monitoring care and treatment

- The provider had initiated quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. For example, audits had been completed for cervical cytology screening, mole removal and yellow fever vaccinations given.
- The provider told us they shared their knowledge and discussed patients' treatments with the advanced nurse practitioner during clinical meetings.
- Patients' notes were comprehensive and advice to patients was clear. The provider ordered timely and appropriate investigations which were followed up.

### Effective staffing

- Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The provider completed an annual appraisal and revalidation of their professional registration, providing evidence of continuing professional development.

### Coordinating patient care and information sharing

- Referrals to secondary care could be made on the same day as the GP consultation.
- Referrals were made in a timely manner and the patient was always given the option of a referral in to either private or NHS services.
- Clinical staff were aware of their responsibilities to share information under specific circumstances (where the patient or other people are at risk) and explained other circumstances when they would work to get consent to share information, by explaining the risks to the patients if they did not.
- When information was received into the service it was reviewed by a GP and then scanned onto the patients records. Where patients had given consent the clinician wrote to the patients' NHS GP to inform them of treatment the patient had received.

### Supporting patients to live healthier lives

- The service supported patients to live healthier lives by providing same day GP access for patients. These patients were able to access a GP, receive a diagnosis and medication where required.

### Consent to care and treatment

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately. All patients having travel vaccinations or immunisations and joint injections provided written consent, which was recorded in the patient's notes. Patients gave verbal consent for other treatments.
- The provider demonstrated a good understanding of consent including consent relating to children.
- Treatment costs were clearly laid out and explained in detail before treatment commenced.

# 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.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards
- Twenty-six people provided feedback about the service both via comment cards and on the day of the inspection. All of which was positive about the standard of care they received. The service was described as excellent, professional, helpful and friendly.

### **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.
- Staff had received training in equality and diversity.

### **Privacy and Dignity**

- Staff recognised the importance of patients' dignity and respect.
- There were screens in the consultation room for patients to change behind prior to examinations or treatment.
- Assessment room doors were closed and we noted that conversations taking place could not be overheard.
- All confidential information was stored securely on computers.

# 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 service was designed to provide easy access to GP appointments and to various different types of skin treatment, at times convenient for patients.
- 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. However, the practice did not have easy access to a translation service or to a hearing loop.
- The facilities and premises were appropriate for the services delivered. The clinic was on the ground floor and doorways were wide enough to allow wheelchair access.

### 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.
- Bookings and enquiries were open Monday to Friday 8am to 6pm. Clinics were run Tuesdays and Thursdays 8:30am- 12pm, Wednesday 1pm - 5pm and Saturday 9am - 12:30pm. However, there was a degree of flexibility to suit patients' lives and consultations would be scheduled on a case-by-case basis.
- Same day appointments were available depending on demand.
- Patients could book by telephone or e-mail.
- Longer appointments were available when patients needed them.

### 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 in their website and from staff. The complaint policy and procedures were in line with recognised guidance.
- One complaint were received in the last year and we saw it had been satisfactorily handled in accordance with their policy.



# Are services well-led?

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

## Our findings

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

### Leadership capacity and capability;

The registered manager (who was also the GP) had the capacity and skills to deliver high quality, sustainable care.

- The team had the experience, capacity and skills to deliver the service 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.
- The registered manager was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The registered manager was involved in all areas of the clinic and ensured high standards were maintained.

### Vision and strategy

- The aims and objectives were set out in the practice's statement of purpose.
- The practice had a realistic strategy and supporting business plans to achieve priorities.
- The provider had a vision of providing high quality, holistic, primary medical care complementary to the care available to patients on the NHS.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

### Culture

- The service had a culture of high-quality sustainable care. The advanced nurse practitioner told us they felt supported in their role.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- All staff were considered valued members of the team. There were positive relationships between staff members. There were regular staff meetings and minutes showed evidence that actions at meetings were followed up.

### Governance arrangements

- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The structures, policies, processes and systems were clearly set out, understood and effective and the provider assured themselves that they were operating as intended.
- There were practice policies covering a wide range of issues, such as confidentiality, equality and diversity and safeguarding. All policies were dated and there was a schedule for the regular review of practice policies.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control

### Managing risks, issues and performance

- There were risk assessments to monitor safety and to mitigate risks. For example, electrical and medical equipment was regularly checked, cleaned and serviced.
- There were guidelines for prescribing medicines.
- Pre-employment checks were carried out and staff performance was monitored.
- Environmental risk assessments were carried out. For example, an assessment of the risks of Legionella.
- Clinical audits was limited but had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The provider had oversight of safety alerts, incidents, and complaints.

### 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.

- Quality and operational information was used to ensure and improve performance.
- Practice management meetings were held bi-monthly where any issues arising were

discussed. Outcomes and learning from the meetings were documented.

# Are services well-led?

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

- Where patients had consented, the patients' NHS GPs was informed of treatment received Referral letters were timely and detailed. There was a system to ensure results were dealt with appropriately.

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

- The provider encouraged and valued feedback from patients and staff. Any feedback was monitored and action was taken if this indicated that the quality of the service could be improved.
- There were high levels of staff satisfaction. Patients could provide feedback either through writing to the Clinic or through leaving comments on websites such as What Clinic and Google.

- There were 24 CQC patient comment cards. All the cards were positive.

## **Continuous improvement and innovation**

- The GP and nurse maintained strong links with colleagues in the NHS. All clinicians continued to work part-time in NHS roles as well as working at the practice. This allowed them to share best practice and improve services.
- There was a focus on learning and development. The service was relatively new and the provider was reflective and keen to improve the quality and range of services available.