

York Private Medical Ltd

# Stonegate Medical Clinic

## Inspection report

23 Stonegate

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## Overall summary

We carried out an announced comprehensive inspection on 29 March 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 with the exception of no systems in place for; monitoring the cleaning schedule, checking that staff had read and actioned safety alerts, and no fire evacuation drill had been undertaken prior to our inspection. All of this was corrected by the provider the next working day.

#### **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, with the exception of staff recruitment files where the provider had not kept (on the day of inspection) in a central database, all the relevant information in line with the relevant regulations. For some individuals not all of the information was contained in their files, for example, some of their training certificates were kept offsite. This was corrected by the provider the same working day.

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 service provides private GP services in addition to health checks, medicals, and assessments of health and fitness.

The managing director 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

Five people provided feedback about the service as part of our inspection. All five were positive about the service they received. Patients commented that staff at the clinic were friendly, helpful, caring and welcoming.

## **Our key findings were:**

- There was a proactive approach to dealing with significant events.
  - The clinic had a safe approach to dealing with 'z-drugs' (types of hypnotic medicines which can be high risk over long term use).
  - Care of patients with long term conditions was thorough and patient-specific.
  - Communication among the team was regular and effective.
  - Patients were treated with dignity and respect.
- There were areas where the provider could make improvements and should:
- Review staff recruitment files to ensure they contain all relevant information including proof of identity, DBS checks, full employment history and training.
  - Retain training certificates (and training update due dates) for clinicians on file.
  - Conduct an annual fire evacuation drill
  - Introduce a system to satisfy themselves that all clinicians have read and acted upon MHRA (The Medicines and Healthcare products Regulatory Agency) alerts.

# 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.

- There was a proactive approach to dealing with significant events and learning from these was apparent.
- All staff knew who the safeguarding lead was and there was a policy in place to support safeguarding referrals.
- All staff had been trained and knew how to deal with a medical emergency.
- Medicines were safely stored, handled and dispensed by clinicians.
- Staff were trained to chaperone patients and this was offered to all patients prior to examination.

However, we also found areas where improvements should be made relating to the safe provision of treatment:

- This was because the provider did not have a system to record when clinicians had seen and read and acted upon MHRA ( alerts).
- Annual fire checks were conducted at the location and all fire equipment was in good order. Staff knew what to do in the event of a fire but no evacuation drill had been carried out.
- The premises were cleaned to a high standard and there were no infection control risks identified at our inspection. However, the provider should introduce a daily checklist for its cleaning staff to assure themselves that cleaning has been undertaken in line with its own schedule.
- Staff recruitment files did not contain all relevant information including proof of identity, DBS checks, full employment history and training, on the day of our inspection. Some of this was kept offsite and the provider collated it all into the individuals' files the same working day, as a result of our inspection.
- The provider had not retained training certificates (and training update due dates) for all clinicians on file.

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### Are services effective?

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

- There was effective quality improvement activity, including two-cycle audits, which led to changes and improvement in patient care.
- The clinic had a system for following up patients who had presented as unwell and been referred on to hospital.
- Information about patients was shared with NHS GPs wherever patients had consented to this.
- All staff were aware of the Mental Capacity Act and had received training in respect of this.

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### Are services caring?

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

- We saw and heard that patients were treated with dignity and respect by staff.
- The clinic had conducted its own patient survey and the results were positive for all aspects of care.

CQC comment cards were all positive about the care and treatment offered by the clinic.

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

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

- Complaints were handled in a satisfactory manner and in a timely way.
- Learning from complaints was discussed with the whole team and all members of the team could contribute to making change.

# Summary of findings

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- Patients could access an appointment at a time and date to suit them, with a minimal wait to be seen.
  - Fees and costs charged by the service were outlined on the website and within the waiting area, and were in a format that was transparent and upfront.
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## **Are services well-led?**

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

- There was evidence of clear and regular communication between all members of the team.
  - There was effective leadership from both clinical and non-clinical leaders.
  - Regular meetings took place between the team including quarterly minuted meetings with standing agenda items.
  - There was an open culture where staff felt confident to report events, errors and system difficulties.
  - Staff satisfaction was high, and staff had confidence in their managers.
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# Stonegate Medical Clinic

## Detailed findings

### Background to this inspection

Stonegate Medical Clinical, Stonegate, York, YO1 8AW is an independent clinic operated by York Private Medical Limited to deliver predominantly private GP services to patients. All regulated activity is currently delivered from this one, registered location. In addition to its GP services, the clinic offers a range of health assessments and screening including; sexual health, wellbeing, sports injury assessments, and occupational health assessments. The clinic provides vaccinations to children and adults, minor surgery, clinical psychology services and children's medicine. It dispenses a small stock of medicines, privately to patients, and all the handling of dispensed medicines is done by clinical staff.

The clinic is open from 8am until 6.30pm Monday to Friday and 8am until 12pm on Saturdays. It also delivers its services on some bank holidays and includes details of those opening hours on its website, close to the time of the bank holiday. Home visits and hotel visits are offered as part of its arrangements, where patients require them.

There are currently; three GPs, a paediatrician, an occupational health doctor, a clinical psychologist and a nutritional therapist working at the clinic. In addition to this, there is a managing director, senior patient co-ordinator and two other non-clinical staff.

York is an historic walled city in North Yorkshire which attracts around seven million tourists per year. Patients

using the clinic who are resident in England usually retain their NHS GP registration with their own local practice but access services from the clinic as they require them. Information is shared with their NHS GP where patients consent to this. Visiting residents from overseas can also access services and receive treatment from the clinic.

The Care Quality Commission undertook a fully comprehensive inspection of Stonegate Medical clinic on 29 March 2018. The inspection was carried out by a CQC lead inspector and a GP Specialist Advisor.

Information was gathered and reviewed before the inspection which included Provider Information Returns and questionnaires sent to non-clinical staff.

As part of our inspection methodology we conducted interviews with staff, undertook observations of the premises and reviewed key documents.

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

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

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

# Are services safe?

## Our findings

### Safety systems and processes

- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had adequate arrangements to respond to emergencies and major incidents.
- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- A chaperone policy was in place and a notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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).
- We observed the premises to be clean and tidy. There were cleaning schedules in place but there was no daily monitoring system in place at the time of our inspection.
- The registered manager was the infection prevention and control (IPC) lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Six monthly IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed four personnel files and found that some appropriate recruitment checks undertaken prior to employment were missing from files. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS were not available in all files that we

sampled. The provider had this information and as a result of our inspection correlated it together into one file for each employee. This evidence was shown to CQC inspectors the day after our inspection.

- The service had numerous policies in place to support the safe delivery of care to patients; however some of these policies lacked specific detail and were not as robust as they could be. For example, the significant event policy had no timescale for offering feedback to the reporting individual.
- Revalidation with the General Medical Council was an ongoing part of the clinicians' role. They received appraisal for this as part of their NHS work in other settings.
- All relevant clinicians had medical indemnity insurance and the service held information about this cover on file.
- MHRA alerts were disseminated by managers to clinical staff but there was no system in place for the provider to satisfy themselves that they had been read, or actioned.

### Risks to patients

- There was a health and safety policy available.
- The service had an up to date fire risk assessment but had not carried out regular fire drills. There were designated fire marshals within the service. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The service had a variety of other risk assessments 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).
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### Arrangements to deal with emergencies

- All staff received annual basic life support training and there were emergency medicines available.

# Are services safe?

- The service had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the service and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service did not stock an alternative to benzyl penicillin (for patients with an allergy to that medicine) in its emergency medicines, but this was ordered by the clinic as a result of our inspection.
- The service had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

## Information to deliver safe care and treatment

- The service used a secure electronic system for keeping records about patients. Each individual staff member had their own unique log in and adhered to the service's confidentiality policy.

## Safe and appropriate use of medicines

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The service carried out regular medicines audits. All of its prescriptions were holographically marked to prevent fraud. The service did not stock or issue controlled drugs.

## Lessons learned and improvements made

From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the service. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. The service kept written records of verbal interactions as well as written correspondence.

# Are services effective?

(for example, treatment is effective)

## Our findings

### 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. Local guidelines were also used in addition to the local Clinical Commissioning Group (CCG) referral support service.

### Monitoring care and treatment

There was evidence of quality improvement including clinical audit:

- There had been two clinical audits commenced in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the clinic to improve services. For example, recent action taken as a result included the development of a letter to the histology department at the local hospital following some analysis of expected versus unexpected histology results during minor surgery.

### 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.
- There was a mix of clinical and non-clinical staff on duty most days. However, we saw evidence that when there was no clinician present at the location, there was a system for clinicians to offer support and advice to administrative staff, via the telephone.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. There was ongoing support and one-to-one meetings. Non-clinical staff had received an appraisal within the last 12 months.

### Coordinating patient care and information sharing

- We saw evidence that information sharing with NHS GP practices took place where patients had consented to this information being shared.
- Records indicated that patients admitted to hospital following health concerns were followed up with a telephone call from a GP at the clinic.
- There was a positive culture of liaising and sharing information with the patients' NHS GP, but not passing clinical work back to them.

### Supporting patients to live healthier lives

- There was a robust system in place for patients meeting the criteria for a two week wait referral (where, for example, a malignancy may be suspected). We saw evidence from records that electronic recall and liaison with the patient's own NHS GP ensured that the patient received care in a timely manner.
- Pathology results were received electronically by the clinic and all results outside of normal ranges were highlighted using a 'traffic light' system. Clinician's handled their own patients' results, sometimes offsite, on the same day using remote technology.
- When the clinic was closed, patients were signposted to NHS urgent care via NHS 111.

### Consent to care and treatment

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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the doctor assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was obtained using a written consent form which was copied into the patients' records.



# Are services caring?

## Our findings

### 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.

- Screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.
- Receptionists spoke to patients politely, and with respect.

All of the five patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the clinic offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

A survey of its patients carried out by the clinic in the previous six months had demonstrated some positive results. The survey was an anonymous online data collection of 100 people. Survey results indicated that:

- 100% of patients felt the doctors were welcoming and friendly
- 96% of patients were encouraged to ask questions
- 99% received satisfactory answers
- 98% had their options fully explained to them after treatment or diagnostic assessments
- 93% received a full explanation about the financial costs of treatment
- 100% of patients found the receptionist welcoming and well informed
- 98% of patients would recommend the service to others

### Involvement in decisions about care and treatment

Patients feedback received by the clinic indicated they felt involved in decision making about the care and treatment they received. They also told us, via 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. We also saw that care plans were personalised.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

- Patients could attend Stonegate Medical Clinic at a time and date which was convenient to them, with a clinician of their choice.
- The service set out its pricing structure very clearly on its website and in the waiting room so that patients knew exactly what their package of care would cost.
- The clinicians were not afraid to challenge patients' requests for private care and treatment when it was felt that the clinic was not the most appropriate place for them to be treated.
- The clinicians were very supportive of NHS services and were mindful to work alongside existing services for the patient.

### Timely access to the service

- Patients could access the service between 8am and 6.30pm, five days per week including some bank holidays. The service operated between 8am and 12pm on Saturdays.
- There was no waiting time for consultation, care and treatment.

- Patients could attend at a time and date of their choosing (within opening hours).

### Listening and learning from concerns and complaints

The service had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the service.
- We saw that information was available to help patients understand the complaints system.

We looked at two complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way. Lessons were learned from individual concerns and complaints and also from analysis of trends. Action was taken as a result, to improve the quality of care. For example, when a patient was referred on to a hospital for a private ultrasound scan and this was not carried out as requested, the clinic held a discussion with the department involved. The clinic reimbursed the patient for the inconvenience as a gesture of goodwill, and had also offered a free-of-charge specialist consultant consultation.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability;

There was a clear leadership structure and staff felt supported by management.

- The service held and minuted regular meetings
- Staff told us there was an open culture within the clinic and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for staff to view.
- Staff said they felt respected, valued and supported, particularly by the manager and clinicians at the service. All staff were involved in discussions about how to run and develop the clinic, and the managers encouraged all members of staff to identify opportunities to improve the service delivered by the service.

### Vision and strategy

The service had a clear vision to deliver high quality care and promote good outcomes for patients.

- The service had a mission statement which was available in the waiting areas and staff knew and understood the values.
- The service had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Culture

The service told us they prioritised safe, high quality and compassionate care. Staff told us the clinicians and managers were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The clinic encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the service had systems to ensure that when things went wrong with care and treatment:

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

### Governance arrangements

The service had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff. These were updated and reviewed regularly. There were many policies, supporting all aspects of care delivery but some policies were not as robust as they could have been.
- A comprehensive understanding of the performance of the service was maintained. Whole service meetings were held quarterly which provided an opportunity for staff to learn about the performance of the clinic.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Continuous improvement and innovation

Stonegate Medical Clinic has good links with the local CCG and Local Medical Committee. This has allowed an open dialogue to discuss problems and overcome barriers such as the interface between private and NHS care for patients, and how the two systems can work cohesively for patients. The service is looking to expand its services in the near future, by operating a satellite service from a private hospital and opening a second clinic in North Yorkshire.