Combine OpCo Limited

The Hospital Group - Liverpool Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 22 November 2017. At this time there was insufficient evidence to show that all key lines of enquiries had been met and were unable to gather all of the evidence we needed without the support of a CQC Specialist Advisor. A second CQC inspection was carried out on the 2 February 2018 with a Specialist Advisor 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 the service was not 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 a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service.

The Hospital Group - Liverpool Clinic is part of a corporate organisation named Combine OpCo Limited trading as The Hospital Group. The service provides a number of treatments including cosmetic surgery, pre and post-operative consultations, wound care management and gastric band adjustment. Adults aged 18 years and over only are treated here. The service is open Monday to Friday 9am to 8pm and on Saturday and Sunday they are open from 10am to 6pm. Patients have access to an on call nurse for emergencies at all times.

The clinic is registered with CQC to provide the following regulated activities:

- Treatment of disease, disorder or injury

Summary of findings

The provider 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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were all positive about the standard of care received. Patients said the clinic was always clean, they found it easy to get an appointment and they felt staff were respectful and treated them with dignity.

The clinic manager 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.

We made patient comment cards available at the clinic prior to our inspection visit. All of the 46 comment cards we received were positive and complimentary about the caring nature of the service provided by the clinic. We spoke with one patient during the inspection and there feedback aligned with the patient views expressed in the comments cards.

Our key findings were:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The clinic had some systems to minimise risks to patient safety.
- There were policies and procedures in place for safeguarding patients from the risk of abuse. Staff demonstrated they understood their responsibilities however, the provider did not ensure that all staff had the minimum safeguarding training requirements for children and adults.
- Staff were aware of current evidence based guidance. Staff were trained to provide them with the skills and knowledge to deliver effective care and treatment. However, clinical supervision for nurses was not taking place.
- The service took part in quality improvement activity such as monitoring infection rates however, clinical audits activities were not completed.
- Patients reported they were treated with care, compassion, dignity and respect and were involved in their care and decisions about their treatment.
- The provider offered consultations to anyone who requested this and did not discriminate against any client group. During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- Systems were in place to monitor complaints however, patient information required improving.
- There was a leadership structure and staff felt supported by management.
- The service proactively sought feedback via patient surveys from patients, which it acted on. However, communications with staff required improvements.
- Staff worked well together as a team.
- The provider was aware of the requirements of the duty of candour.

We identified regulations that were not being met and the provider must**:**

- Ensure persons employed in the provision of the regulated activity receive the appropriate, training and supervision necessary to enable them to carry out the duties.

You can see full details of the regulations not being met at the end of this report.

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

- Review the information available to support patients to raise concerns or complaints.
- Review the arrangements for clinical supervision for nurses.

Summary of findings

- Review the monitoring activities undertaken at the clinic to ensure up to date information about clinical audits is used and understood by staff. This information should be monitored and checked under the organisational governance framework at such meetings as the Medical Advisory Committee.

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 in some areas this service was not providing safe services in accordance with the relevant regulations. The provider did not have robust systems in place to keep patients safe and safeguarded from abuse. Safety risk assessments were carried out, including health and safety. Infection control arrangements were in place. At our inspection on the 22 November 2017 the provider had insufficient information to show that staff had been recruited safely. We were told this information was held at head office. At our return visit on the 2 February 2018 full and completed records were made available to us. There were systems to assess, monitor and manage risks to patient safety. The provider had reliable systems for appropriate and safe handling of medicines. The clinic had emergency equipment, oxygen and emergency medicines to use in an emergency situation.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations. The provider had systems to keep clinicians up to date with current evidence-based practice. The service took part in quality improvement activity but clinical audits were not taking place at this clinic. Staff had the skills, knowledge and experience to carry out their roles. There was evidence of appraisals and personal development plans for all staff. Effective systems were in place for coordinating patient care and information sharing. The service obtained consent to care and treatment in line with legislation and guidance.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations. We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. Information from patient feedback said they felt the clinic offered an excellent service and staff were helpful, caring and treated them with dignity and respect. During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect. We saw staff treated patients with kindness and maintained patient and information confidentiality. All of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations. The provider offered consultations to anyone who requested this and did not discriminate against any client group. Reasonable adjustments or alternative arrangements were made so that people with a disability can access and use services on an equal basis to others. Patients were routinely advised of the expected fee for the proposed treatment or consultation in advance of treatment being initiated. Systems were in place to monitor complaints but patient information required improving.

Are services well-led?

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

The service was run by the provider and a clinic manager. A clear vision was in place and shared with clinic staff. There were clear responsibilities, roles and systems of accountability to support management. A comprehensive written risk management policy and procedures were in place. Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. Staff told us that there was an open culture and they had the opportunity to raise any issues at team meetings, they were confident in doing so and felt supported if they did.

The Hospital Group - Liverpool Clinic

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection at The Hospital Group - Liverpool Clinic on the 22 November 2017 and 2 February 2018. Our inspection team was led by a CQC Lead and second Inspector and a CQC Specialist Advisor who attended the inspection on the 2 February 2018.

Before visiting, we reviewed a range of information we hold about the clinic and we reviewed the provider's inspection return information.

During our visit we:

- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the clinic used to deliver care and treatment plans.

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

At our inspection undertaken on the 22 November 2017 we found that in some areas this service was not providing safe services in accordance with the relevant regulations. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Reliable safety systems and processes (including safeguarding)

The provider had systems to keep patients safe.

- The provider conducted safety risk assessments. The clinic had 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 adult safeguarding policies which referred to the local safeguarding authority's policies and procedures. However, there were no safeguarding policies or arrangements for safeguarding children and this included training for staff. We found that clinical staff had only completed adult safeguarding training to level one. When we spoke with some staff they were unclear who the organisational lead was for safeguarding and where to refer to for further guidance or support when reporting safeguarding matters.
- At our inspection on the 22 November 2017 the provider had insufficient information to show that staff had been recruited safely. We were told this information was held at head office. At our return visit on the 2 February 2018 full and completed records were made available to us. We found the provider carried out recruitment checks, including checks of professional registration where relevant, on recruitment and on an on going basis. 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). Staff who acted as chaperones were trained for the role and had received a DBS check.
- We were told they carried out periodic checks of the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure the professional registration of staff. We saw evidence that clinical staff were up to date with their professional body revalidation and had medical indemnity insurance.
- We observed the premises to be clean and tidy. There were cleaning schedules with monitoring systems in place. The clinic nurse was the infection prevention and control (IPC) clinical lead. There were IPC protocols in place and staff had received online IPC updates or training. We found that corporate annual audits were undertaken. The audit report for 2017 showed that objectives had been set to improve staff training, policy development and infection control audit activity, including promoting antimicrobial stewardship.
- The premises were suitable for the service provided. However, at our inspection on the 22 November 2017 the provider did not have full and comprehensive information to demonstrate this. For our visit undertaken on the 2 February 2018 information was presented to us. This showed there were lease arrangements in place and information demonstrating the fitness of the building was provided during the inspection. There was an overarching health and safety policy which all staff received. The service displayed a health and safety poster with contact details of health and safety representatives that staff could contact if they had any concerns.
- Regular health and safety audits were completed. The premises were not accessible for patients in a wheelchair, with a number of steps at the entrance. We were told disabled patients would be referred to a clinic they could access. An assessment of the risk and management of Legionella had been undertaken (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There had been a fire risk assessment and fire safety equipment was tested.

Are services safe?

- 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.

Risks to patients

The service had adequate arrangements in place to respond to emergencies and major incidents:-

- All staff had received annual basic life support training.
- The service had an oxygen cylinder with adult masks and there were also first aid kits and spillage kits available.
- Emergency medicines were available and suitable for purpose.
- The service did not have a defibrillator or risk assessment in place at the inspection undertaken in 22 November 2017 but at the visit completed on the 2 February 2018 this was now in place and was checked.
- Clinicians had appropriate professional indemnity cover to carry out their role.

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 clinic had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- The service stored only a small number of medicines on the premises. Medicines we checked were securely stored and in date. There were systems in place to monitor expiry dates.
- Prescription stationery was kept securely. We were informed that if prescriptions were required, a referral would be sent to the organisation's main office and arrangements were made for a home delivery of medicines.

Track record on safety

The service maintained a log of all incidents and complaints. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff. Staff told us they would inform the manager of any incidents and there was a recording form available in the clinic.

The service had systems in place for knowing about notifiable safety incidents.

Lessons learned and improvements made

The clinic staff learned and made improvements when things went wrong.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- There was a system for recording and acting on significant events and incidents. At the time of inspection there were none recorded. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. There had been no reported incidents at the clinic.
- There was a system for receiving and acting on safety alerts. The clinic learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clinical pathways and protocols.

- Patients' needs were fully assessed with a template for individual assessments of patient needs. The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group.
- The clinic had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The service took part in quality improvement activity. They completed a range of non-clinical audits across record keeping, health and safety risk assessment and regular reviews of policies and procedures. Infection control audits had resulted in improvements in this area. We saw that patient cases were randomly selected and audited to ensure that consent had been gained, medicines were documented and records were appropriately maintained. A newly developed audit calendar was in place.

The organisation held quarterly Medical Advisory Committee (MAC) meetings bringing all of the registered services together to monitor performance. We were told this committee reviewed information collated on the clinical work undertaken across each service, such as the review of unplanned re-admissions to hospital, adverse clinical incidents and infection rates. We looked at minutes for these meetings and found that whilst these activities were taking place across the organisation, there was limited evidence that monitoring activities, such as clinical audits, was taking place at this service.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff who undertook bariatric specific treatments and procedures was trained and had received specific training and could demonstrate how they stayed up to date.

- 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. Staff were encouraged and given opportunities to develop.
- Clinic staff were provided with on going support. This included an induction process, appraisals and informal support arrangements with clinical leads. Formal clinical supervision opportunities were not in place for the nursing team and at times these nurses worked in isolation.
- All doctors had a current responsible officer. (All doctors working in the United Kingdom are required to have a responsible officer in place and required to follow a process of appraisal and revalidation to ensure their fitness to practise). All doctors were following the required appraisal and revalidation processes.
- The learning needs of staff were identified through a system of appraisals. All staff who had been with the service for more than one year had received an appraisal in the last 12 months. Consultants working under practising privileges had to provide evidence of an up-to-date NHS annual appraisal.
- Staff received training that included: health and safety, fire safety awareness and chaperoning.

Coordinating patient care and information sharing

When a patient contacted the service they were asked if the details of their consultation could be shared with their registered GP. If patients agreed we were told that a letter was sent to their registered GP in line with GMC guidance. Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital following surgery.

Consent to care and treatment

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

- Written policies were in place.

Are services effective?

(for example, treatment is effective)

- 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 clinic monitored the process for seeking consent appropriately.
- Staff we spoke with ensured that patients understood what was involved in the procedures for their treatment and care as well as the skills and experience of those undertaking the procedures.

Are services caring?

Our findings

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

Kindness, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. All of the virtual feedback we saw was 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.

We made patient comment cards available at the clinic prior to our inspection visit. All of the 46 comment cards we received were positive and complimentary about the caring nature of the service provided by the clinic. We spoke with one patient during the inspection and there feedback aligned with the patient views expressed in the comments cards.

Involvement in decisions about care and treatment

Patients had access to information about the clinicians working for the service. Staff helped patients be involved in decisions about their care and discussions tool place with patients at the point of referral and throughout their treatments to support them to make the right decisions about care and treatment.

Privacy and Dignity

- Curtains 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.
- 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.

Care Quality Commission comment cards we received were generally 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.

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 made it clear to the patient what the limitations of the service were.

The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group. Reasonable adjustments were made so that people with a disability can access and use services on an equal basis to others, such as referral to a clinic able to offer access for disabled people. Patients were routinely advised of the expected fee for the proposed treatments in advance of treatment being initiated. Information could be made available in different languages if requested.

Timely access to the service

Patients were able to access care and treatment from the service within an acceptable timescale for their needs. We were told this would be at a time convenient to patients during the day or evening.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

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.

- The complaint policy and procedures were in line with recognised guidance. There were three complaints received in the last year.
- Systems were in place to ensure the service learned lessons from individual concerns and complaints and also from analysis of trends. One of the complaints we observed related to the attitude of staff and this was reviewed by the management team to improve the quality of care.
- We found that information about how to make a complaint or raise concerns was not readily available for patients. This was listed as part of their terms and conditions but there was no additional information to support patients to raise concerns.

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 clinic was providing well led services in accordance with the relevant regulations.

Leadership capacity and capability;

The service was run by the provider, a senior management team and a clinic manager. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The management team were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff told us that the leaders and management were supportive and approachable. The culture of the service encouraged candour, openness and honesty. There were policies and procedures in place for reporting and staff were aware of their responsibilities. Staff we spoke with said they felt supported and confident in raising any issues with the leadership team.

Vision and strategy

The provider told us they had a clear vision to work together to provide a high quality personalised care, making treatments accessible and safe. All staff we spoke with shared the same ethos and vision. At the time of the inspection there were corporate changes taking place and visions and strategies for the new organisation were being drawn up.

Culture

The service had an open and transparent culture. Staff stated they felt respected, supported and valued. They were proud to work at the clinic. Openness, honesty and transparency were demonstrated when responding to incidents and complaints and during our inspection visit. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Staff we spoke with told us they were able to 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 need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year.

Governance arrangements

There were responsibilities, roles and systems of accountability across to organisation support governance and management. This included;

- Staff were clear on their roles and accountabilities. Clinic staff were provided with ongoing support but formal clinical supervision opportunities were not in place for the nursing team.
- The provider had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The Medical Advisory Committee (MAC) reviewed information collated on the clinical work undertaken across each of the registered services. This included the review of unplanned re-admissions to hospital, adverse clinical incidents and infection rates. Whilst staff we spoke with were aware these meetings took place, there were no formal arrangements in place to share feedback from such meetings. We found that activities undertaken at clinic level, such as significant events and quality monitoring activities were not routinely monitored by the MAC and there was limited evidence of this in the minutes of the meetings shown to us.

Managing risks, issues and performance

There was a written risk management policy and procedures, which covered the identification and assessment of risks throughout the service. This included health and safety audits, infection control audits and arrangements for the identification, reporting and learning from adverse health events or near misses. When areas for improvements were identified as a result of an audit, an action plan was developed.

There were a variety of daily, weekly and monthly checks in place to monitor the service and manage any risks associated with the premises. Service specific policies and standard operating procedures were available to all staff, such as infection control. Staff we spoke with knew how to access these and any other information they required in their role.

There were effective arrangements in place at clinic level for identifying, recording and managing risks; which included risk assessments and significant event recording. Less evident was how these risks were reported across the organisation at meeting such as the MAC meetings.

Are services well-led?

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

Performance of employed clinical staff could be demonstrated through completed annual appraisals. The organisation held quarterly Medical Advisory Committee (MAC) meetings bringing all of the registered services together to monitor performance. We were told and found in minutes that this committee reviewed information collated on the clinical work undertaken across each service, such as the review of unplanned re-admissions to hospital, adverse clinical incidents and infection rates. Less evidence was that the committee reviewed information specific to this clinic setting and there was limited evidence to show that clinical audit activity was taking place at this service level.

Appropriate and accurate information

The clinic acted on appropriate and accurate information.

- Quality and operational information was used locally to ensure and improve performance. Performance information was combined with the views of patients. For example patient surveys were undertaken after each episode of care but the results of these were not fed back to clinic staff.
- There were arrangements in place in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

There was evidence that the service regularly obtains feedback about the quality of care and treatments available to patients. Patient surveys were carried out yearly and positive results were shown to us for this as part of the inspection. Corporate patient surveys were carried out when patients had completed treatment but the results of these were not shared with staff at the clinic.

The provider had a whistleblowing policy in place. A whistle blower is someone who can raise concerns about practice or staff within the organisation. Staff meetings were taking place a number of times each year or when new developments needed to be discussed. All incidents, complaints and positive feedback from surveys would be discussed at staff meetings. Staff told us that there was an open culture and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected.

Continuous improvement and innovation

There was a focus on continuous learning and improvement at this service. The clinic team were keen to learn and improve outcomes for patients. They met on a regular basis to review their work and put together actions plans that were closely monitored by the clinic manager to ensure improvement.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The provider did not ensure that all staff had the minimum safeguarding training requirements necessary, to recognise child maltreatment and to take effective action as appropriate to their role. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.