

FBA Medical Limited

Regent Street Clinic - Nottingham

Inspection report

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Date of inspection visit: 16 February 2018
Date of publication: 05/07/2018

Overall summary

We carried out an announced comprehensive inspection on 16 February 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.

Background

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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Our key findings were:

- There was a system in place for reporting and recording significant events. All significant events were discussed at weekly team meetings attended by all staff across the group of practices.
- The practice used a number of policies and procedures to govern activity which were accessed centrally and aligned to the business.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. The provider followed nationally recommended guidelines to ensure clinical practice was up to date and to drive improvement.
- There was a process in place to act on safety alerts and these were discussed at group meetings with the other clinicians.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- Patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management.
- The practice proactively sought feedback from staff and patients through a number of forums.
- The provider worked with a private laboratory testing service to create a bespoke health screening assessment they called the 'superscreen'. The assessment carried out enhanced tests in order to identify health issues that would not be found by routine NHS testing and had led to early intervention with some very positive outcomes for some patients. The service was offered at all the Regent Street Clinics across the country.

We found an area of notable practice:

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.

- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had a group policy in place with clearly defined systems and processes in place to keep patients safe and safeguarded from abuse.
- The practice had a system for checking the parent or guardian of a child had legal parental responsibility before treating them. A parent or guardian was always asked for proof of their identity and their child's identity.
- There were effective recruitment processes in place and all members of staff 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).
- All staff who acted as a chaperone were trained to carry out this role and had a DBS check in place. Additionally, staff countersigned a form which was kept with the patient notes each time they acted as chaperones.

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.
- The Lead GP and nurse kept up to date with current vaccination guidelines and followed nationally recommended guidelines to inform any changes to clinical practice.
- All members of staff were suitably trained to carry out their roles and received regular in-house educational sessions and external training courses where required.
- The provider had formulated a detailed health screening assessment for all Regent Street Clinics which they called the 'superscreen'. The detailed tests identified health issues that would not be found by routine NHS screening testing and had led to early intervention and some positive outcomes for patients.
- There was evidence of appraisals, induction processes and personal development plans for staff.
- The practice shared information with other providers such as NHS GP services and hospital services where necessary, with the consent of the patient.
- Patients receiving travel vaccinations were required to bring a copy of their travel vaccination records to the clinic and a 'shared care report' was used to enable the relevant information to be shared with patients' own GP.

Are services caring?

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

- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available to them and fees was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were encouraged to complete feedback forms and surveys via a number of different forums.

Summary of findings

Are services responsive to people's needs?

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

- Appointments were usually available on the same day and also available on a walk-in basis.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.
- Translation services were available for patients who needed them. This ensured patients understood their treatment options.
- The practice offered pre-consultations to patients prior to receiving treatments such as travel medicine.
- Up to date general travel advice was available via their provider website.
- A full price list was available for GP consultations, treatments and all travel vaccinations on their provider website.

Are services well-led?

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

- There was a governance framework which supported the delivery of the strategy and good quality care.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held weekly meetings at the Nottingham clinic where all staff across the group were required to attend.
- The lead GP delivered weekly in-house educational sessions to all staff, and offered training sessions to NHS staff on travel vaccinations.
- The practice proactively sought feedback from staff and patients, which it acted on.

There was a strong focus on continuous learning and improvement at all levels.

Regent Street Clinic – Nottingham

Detailed findings

Background to this inspection

Regent Street Clinic Nottingham was inspected on 16 February 2018. It is one of a number of clinics operated by the provider across England; Nottingham is the flagship clinic where the lead GP started providing services in 1998. Our inspection team was led by a CQC Lead Inspector and was supported by a GP Specialist Advisor.

The clinic provides private GP services and travel vaccinations, and it is mainly provided by a lead GP (male) and a registered nurse (female). They are supported by a cognitive behaviour therapist and a team of non-clinical staff who work in the call centre and reception team. Additionally, there are two GPs (male and female) who work at the clinic when needed, but they are predominantly based at other clinics in the group.

The clinic's operating times are as follows:

Monday 8am to 12pm

Tuesday 9am to 7pm

Wednesday 9am to 7pm

Thursday 8am to 12pm

Friday 8am to 5pm

Saturday 8am to 12pm

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 Regent Street Clinic Nottingham services are

provided to patients under arrangements made by their employer with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at Regent Street Clinic Nottingham, we were only able to inspect the services which are not arranged for patients by their employers with whom the patient holds a policy (other than a standard health insurance policy).

The practice 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.

As part of our inspection we reviewed 15 CQC comment cards where people provided feedback about the service. All of the 15 comment cards we received were highly positive about the care and treatment received. Patients described the GP as very respectful, knowledgeable and caring, and the staff were described as being highly professional and helpful.

During the inspection we utilised a number of methods to support our judgement of the services provided. For example we asked people using the service to record their views on comment cards, interviewed staff, and 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?

Detailed findings

- 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

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

- The service used a range of information to identify risks and improve patient safety. It had safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. There were systems in place 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 was aware of and complied with the requirements of the Duty of Candour. This means that people who used services were told when they were affected by something which had gone wrong; were given an apology, and informed of any actions taken to prevent any recurrence. The provider encouraged a culture of openness and honesty. There were systems in place to deal with notifiable incidents. Where there were unexpected or unintended safety incidents there were processes and policies in place which showed the clinic would give affected people reasonable support, truthful information and a verbal or written apology.
- The provider carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing 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). We looked at three staff files and found that all the appropriate checks had been carried out.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The lead GP had received training on safeguarding children and vulnerable people relevant to their role (level 3), and all other staff members had undertaken safeguarding children training at levels 1 and 2.
- 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). Staff told us they countersigned a chaperone form each time they acted as a chaperone.

- We saw evidence of induction training, competency checks and role-specific training for staff, and additional training courses appropriate for the roles undertaken at the clinic. The lead GP had evidence of qualifications, annual appraisals and revalidation appropriate for this role. We also saw evidence of additional training qualifications for occupational health, sexual health, travel health and facial aesthetics (including anti-wrinkle treatments and lip augmentation).
- We saw evidence of medical indemnity insurance for GPs and nurse. GPs were registered with the General Medical Council (GMC).

Risks to patients

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies and protocols had been developed which covered safeguarding, whistleblowing, consent (including parental consent) and parental and child identification. The policies clearly outlined processes to be adhered to, and detailed whom the lead clinician should contact in the event of a safeguarding concern. The clinic did not formally meet with health visitors or other safeguarding professionals but was aware of the process to formally raise concerns.
- There were arrangements for planning and monitoring the number and mix of staff needed. There were trained staff who worked at other clinics in the group, who were used cover annual leave or sickness absence if needed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Although no emergencies had taken place as yet, all staff had undertaken basic life support training including the use of a defibrillator for resuscitation.
- The provider had access to emergency equipment including oxygen and a defibrillator on site.

Are services safe?

- The provider responded to actions recommended by other stakeholders to improve safety and reduce risks to patients. For example, an audit had been carried out by Flying Medicine UK in February 2018 to ensure the provider's compliance with processes and equipment used to carry out aviation occupational health checks. At the time of our inspection, all actions identified in the audit had been completed by the provider, demonstrating they were working to regulatory requirements.

Information to deliver safe care and treatment

- The practice had an effective system in place for the collection of pathology samples such as blood and urine. The practice used the services of an accredited laboratory which provided a daily collection service from the practice for all samples. Pathology results were provided to the practice within 24 to 48 hours. These were received directly into the patient's records and an alert sent to the Lead GP informing him that the result was ready to view. The GP told us that he usually informed patients of the results as soon as he received them where relevant. All patients knew to contact the practice to receive test results if they had not heard within a certain time period.

Safe and appropriate use of medicines

The systems for managing medicines, including emergency medicines and equipment minimised risks.

- Medicines were stored appropriately in the practice and there was a clear audit trail for the ordering, receipt and disposal of medicines.
- All prescriptions were issued on a private basis and were printed individually by the GP during consultation. A seal was used on the prescriptions in addition to the practice stamp to enhance security of the prescriptions and prevent fraudulent use.
- The practice carried out audits of medicines and vaccinations. We saw evidence that a monthly stock check was carried out on all vaccinations to ensure they were in date.
- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).

- The GP administered all medicines to patients; the nurse administered vaccinations with the appropriate documents in place signed by the GP. All medicines were administered on site and the provider did not carry out home visits.
- There was a process in place to check and record vaccination fridge temperatures on a daily basis and that vaccinations and immunisations were stored appropriately. We saw evidence of a cold chain policy in place (cold chain is the maintenance of refrigerated temperatures for vaccines).
- The practice did not treat patients who were taking high risk medicines for chronic illness and therefore did not prescribe them.
- There was an appointed antibiotics champion who was responsible for the review of antibiotics prescribing in the practice, which was carried out through audits.
- Emergency medicines were safely stored, and were accessible to staff in a secure area of the clinic. We saw that the emergency medicine stock included adrenalin. Adrenalin is a medicine used for the emergency treatment of allergic reactions.

Track record on safety

- There was a comprehensive health and safety policy in place and was accessible to all members of staff electronically. All members of staff had received up to date training by an external training provider in health and safety which included fire safety, basic life support, infection prevention and control, moving and handling, safeguarding adults and children, information governance, equality and diversity, complaints handling, and lone working.
- The practice had adequate fire safety equipment in place and all equipment had been serviced on a regular basis. A fire action notice was visible to patients and staff telling them what to do in the event of a fire. There was a designated fire marshall at the clinic and regular fire drills had been conducted.
- The provider used a secure system for storing patient records that was an online hosted system that was specifically designed for use in private practice. This system was backed up every night.
- The practice used an e-mail system and all electronic mail was encrypted for maximum security.
- The GP was the infection control lead. All staff including the infection control lead had received infection control training as part of their induction and attended an

Are services safe?

annual update. Regular infection control audits were undertaken with an external provider and we saw evidence that action was taken to address any improvements identified as a result. Spillage kits were available in the reception area in case of spillage of bodily fluids such as blood and vomit.

- The practice had equipment on site to manage medical emergencies, including oxygen and a defibrillator. We checked this and found all equipment was checked regularly and in working order.

Lessons learned and improvements made

- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents which were group-wide.
- 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. Staff told us there was an incident report book kept in the reception area for recording and escalating incidents.
- There was an effective system in place for reporting and recording significant events. Staff told us significant events were discussed in weekly practice meetings where all staff were expected to attend.
- We reviewed four significant events that had been recorded in 2017 and found that details of investigations and actions taken as a result of the significant event were clearly documented and discussed with staff.

- The practice had signed up to the Medicines and Healthcare Products Regulatory Agency (MHRA) website to enable alerts to be received. These were reviewed by the Lead GP who took the necessary action. We saw evidence the nurse acted on alerts that were relevant to her work.

Infection control and premises

- The clinic maintained appropriate standards of cleanliness and hygiene. The treatment rooms and other ancillary rooms such as the waiting area were seen to be clean and were in good overall condition. There was a process in place to ensure a cleaning and monitoring checklist was completed and signed on a weekly basis for each area of the premises, and audits were carried out regularly.
- The clinic had an infection control policy and procedures were in place to reduce the risk and spread of infection. This included hand washing techniques, personal protective equipment and a sharps injury policy. There was no equipment sterilised on site; the service used single use items only.
- Suitable processes were in place for the storage, handling and collection of clinical waste.
- A legionella risk assessment had been undertaken by an independent company, and the provider kept records showing all actions taken following the assessment.

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, and The Scottish Intercollegiate Guidelines Network (SIGN) (Both of these organisations are responsible for providing national guidance in the UK on the promotion of good health and the prevention and treatment of ill-health.)

Monitoring care and treatment

- The provider was committed to ensuring patients received the most up to date care, and had conducted several clinical audits over two and three cycle periods to enable this, and to provide assurance about clinical performance. All completed we reviewed audits demonstrated clinical compliance and some improvement in quality of care for patients.
- An audit was conducted to check compliance with a NICE guideline regarding the prescribing of antibiotics to treat uncomplicated upper respiratory tract infections. NICE guidelines recommended delayed prescribing and self-help advice for uncomplicated cases. The audit showed that, after a change of practice to support patients with advice (where appropriate) instead of prescribing antibiotics, the number of antibiotics prescribed in year two had reduced from 82% to 45% and self-help advice, literature and patient education had increased from 15% to 32%.
- Additionally, referral letters were audited by the practice over a three month period to ensure they contained adequate information to inform any onward decision making. This resulted in the design of a referral template to ensure all clinicians were working to the same standards, with a review of referral letters planned in the near future.

Effective staffing

- The provider had a comprehensive induction and training programme in place for all newly appointed staff. Training covered such topics as safeguarding, infection prevention and control, information governance, chaperone, health and safety hand

washing techniques, fire safety, basic life support, complaints handling and confidentiality. All staff attended external training each year to update their knowledge on the topics above.

- All members of staff had received training to carry out their roles and received regular in-house educational sessions at the weekly meetings. External training sessions were also arranged where required. For example, one of the managers attended leadership training supported by the practice.
- The learning needs of staff were identified through a system of appraisals; we saw evidence that staff had received an appraisal within the last 12 months. The GP received an appraisal carried out by the Independent Doctors Federation (IDF). The GP had also been successfully revalidated by the GMC until January 2020. The nurse engaged with other practice nurses working in the NHS and attended NHS training sessions to keep up to date with her skills.

Coordinating patient care and information sharing

- We saw evidence of thorough and detailed assessments recorded in patients' electronic records which was available to relevant staff. This included care assessments, consultation records, investigations and test results.
- The practice ensured sharing of information with other providers such as NHS GP services and general hospital services where necessary and with the consent of the patient. The practice made referrals to other independent or private sector services and could refer to NHS services. For example, the practice had close links with local private hospitals and referred patients for services such as for private total body screening assessments such as magnetic resonance imaging scans (MRI).
- The practice always recommended information exchange with the patient's NHS GP in keeping with the guidelines in Good Medical Practice highlighted by the GMC. We saw evidence of patient referral letters which had been shared with NHS GPs. However, patients were made aware that they could refuse to do if they wished.
- The provider worked with a private laboratory testing service and had created a bespoke enhanced health screening assessment for all Regent Street clinics which they called the 'superscreen'. This involved carrying out more detailed blood, urine and stool tests, thereby identifying any conditions that would not be found with

Are services effective?

(for example, treatment is effective)

basic NHS tests. There was evidence showing the assessment had led to early intervention and some positive outcomes for some patients. For example, one patient was found to have a cancer diagnosis following a superscreen assessment, which had not been picked up using the usual screening tests available. This resulted in early treatment and a positive prognosis for the patient. Another patient received a definitive diagnosis after a year of searching for a reason for their symptoms. This has also resulted in treatment which has had a positive outcome for the patient on their quality of life.

Supporting patients to live healthier lives

- Patients requiring travel vaccinations were asked to bring a copy of their vaccination record to the clinic and this was updated at each visit. Patients were encouraged to share this record with other providers, including NHS providers where required. There were clear arrangements for making referrals to other services.
- The practice offered lifestyle medicine, which included education for patients who attended the gym regularly and those competing in athletic sports.
- Leaflets were designed for individual procedures giving information on how the procedures would be carried out and post treatment advice.
- The practice offered interpreter services as an additional method to ensure that patients understood the information provided to them prior to treatment.

Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance. The practice had a comprehensive consent policy in place.
- Written consent was obtained for travel vaccinations and this was kept with the patients records stored at the clinic.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Identity of a child was always checked prior to treating. Additionally, the provider checked that the consenting parent or guardian had legal parental responsibility, and all staff had received training on child vaccination consent.
- Pre-consultations were offered to patients prior to treatment to ensure patients were fully informed and gave consent. For example, a pre-travel risk assessment and consultation was carried out for all patients requiring pre-travel advice and vaccinations. We saw evidence that all staff who delivered these consultations had been trained appropriately.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The provider offered full, clear and detailed information about the cost of consultations and treatments, including tests and further appointments. We saw evidence of fees displayed in the patient waiting room, in patient leaflets and also on the practice website.

Are services caring?

Our findings

Kindness, respect and compassion

- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- Consultation room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Curtains were also available in treatment rooms.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All staff had received training in confidentiality. Staff we spoke with understood the importance of confidentiality and the need for speaking with patients in private when discussing services they required.

We received 15 Care Quality Commission comment cards. These were positive regarding the care delivered by the clinic and the caring attitude of staff. They found staff helpful and would recommend the service to others.

Involvement in decisions about care and treatment

Patient feedback on the 15 comment cards we received told us that they felt involved in decision making about the care and treatment they received. They also told us 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. This was consistent with feedback left on the provider's website.

Comprehensive pre-consultation assessments were made which included a detailed risk assessment, explanation of treatment and confirmation of patient consent. This included consent to share the record with the patients' own GP. The records also detailed follow-up information was provided.

The provider encouraged patients to provide feedback and participate in patient surveys. The national patient survey Trust Pilot, conducted in October 2017 showed that 66 patients had provided a review that month and that the ratings showed a nine out of a possible score of 10.

The provider conducted their own patient survey in 2018, which showed:

- All 44 respondents felt they were involved in decisions about their care.
- 40 of the 44 respondents rated the doctor as excellent for showing caring and concern; 4 out of 44 rated the doctor very good for showing care and concern.
- 42 of the 44 respondents rated the doctor as excellent or very good for showing patience with questions or worries.
- All 44 respondents felt they were able to understand their problems or illness more after seeing the doctor.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The clinic was located in the city centre with several car parks nearby in addition to on street parking, making it easily accessible for patients.
- There was access to a consulting room and disabled toilet and baby changing facilities on the ground floor.
- The reception area was located in a separate area to the patient waiting room to ensure confidentiality when speaking to patients at the reception desk or over the telephone.
- Interpreting and translation services were available for patients who needed them. This ensured patients understood their treatment options.
- There was a comprehensive practice information guide and written information was available to patients in other languages. Information for patients was available in Braille and large print for patients who were blind or with poor vision.
- Health promotion information was available for patients in the waiting room.
- The practice offered pre-consultations to patients prior to receiving treatments such as travel medicine, HIV testing, and facial aesthetics. All patients who attended for HIV testing were offered pre-counselling by the GP prior to this procedure. Where a patient received a positive test result, patients were referred to other services for further counselling and support.
- All patients administered with a vaccination were given after care information which described any side effects they might experience as well as contact telephone numbers if they felt concerned.
- The practice offered free advice and risk assessments to local schools and colleges travelling abroad. Information was available in the waiting room and also on the practice website.

Timely access to the service

The practice was open on Monday to Saturday at varying times each day, starting at 8am to 7pm.

They offered on the day appointments for patients as well as walk in appointments. Appointment bookings were taken via a call centre in the Nottingham clinic. The provider told us over 50% of the services provided in the last year were travel vaccinations. As these were often

requested at short notice, patients were able to access same day or next day appointments at the clinic. Patients with urgent requests who could not be seen on the day were offered appointments at other clinics such as the Derby clinic.

Pathology test results were provided within two days and in some cases on the same day the sample was obtained. Where some tests took longer due to being reviewed and reported on by a clinician, these results were provided to patients by the GP within 24 hours of receiving them. Patients were able to attend some local hospitals in Nottingham for diagnostic tests within a few days, sometimes on the same day.

The provider responded to patient requests for urgent referrals for MRI scans, and set up a direct referral service at a Nottingham hospital.

Patients were encouraged to let a member of the reception team know if they felt they had been waiting for a long time, or if they felt they needed to be seen quickly. Additionally, patients were able to contact the lead GP at any time including out of hours if they had any urgent needs. The clinic call centre operated from 8am to 7pm, after which calls were diverted to the lead GP. A practice nurse had been employed in 2017 due to feedback from patients about increased waiting times.

A survey undertaken by the provider showed:

- All 44 respondents rated the practice positively for their opening hours, with 29 of them rating them as excellent.
- 37 of the 44 respondents said they were able to see a particular doctor on the same day of requesting an appointment, and 7 of the 44 respondents said they were able to see the doctor the next day.
- 43 of the 44 respondents said if they needed to see a GP urgently, they were normally seen on the same day.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance for GPs in England. The group practice manager was the designated responsible person who handled all complaints in the practice.

The complaints procedure was available to help patients understand the complaints system. There was information on how to complain in the patient waiting area and on the

Are services responsive to people's needs?

(for example, to feedback?)

practice website. The complaints policy for patients gave details of the Health Service Ombudsmen and also the Independent Doctors Federation (IDF), should they be unhappy with the outcome of their complaint and wished to have their complaint reviewed. A record was kept of all

verbal and written complaints, which were acknowledged in writing and we found they were satisfactorily handled and dealt with in a timely way. Lessons learned from concerns and complaints were discussed and shared during weekly meetings where all staff attended.

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 which was central to managing all of the clinics, including the Nottingham clinic. The provider had developed a management model that was consistent across all clinics.
- The GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. He used his skills and experience to teach and train NHS medical staff on travel vaccinations, and offered free advice and risk assessments to local schools and colleges travelling abroad.
- The GP prioritised safe, high quality and compassionate care and was visible in the practice. Staff told us that the GP and the group practice manager were approachable and always took the time to listen to all members of staff.
- The GP held teaching events on travel vaccinations for local NHS GPs and nurses, in collaboration with their CCG. Staff were encouraged to participate in training and had received in-depth training in travel medicine to enable staff to deliver pre-travel vaccination consultations and to provide advice for patients calling to enquire about travel vaccination needs.

Vision and strategy

- The number of patients seen had increased from 3,000 in 2007 to 37,000 in 2017. A second GP who worked at another clinic in the group was available to cover clinics at Nottingham if required and another doctor had been recently recruited who was undergoing training. There were plans to open more clinics in the near future with considerations given to offering 24 hour GP clinics, telemedicine and lifestyle medicine.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the services delivered by the practice.

Culture

- Staff told us there was an open culture within the practice and they had the opportunity to raise any

issues at team meetings and felt confident in doing so and felt supported if they did. They felt there were non-hierarchical interactions between themselves and the management, and they felt their views were respected as team members.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on a shared electronic drive and in paper format. During our inspection we looked at a number of policies which included consent, health and safety, chaperone, safeguarding children, vulnerable adults and private GP services policy. We found these were reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained.
- The provider followed NICE and SIGN guidelines and used these to appraise the performance of the practice, and to drive improvement. There were several clinical audits that had been completed over two cycles that had been conducted to establish whether clinical performance was in line with recent changes to NICE and SIGN guidelines.

Managing risks, issues and performance

The GP and group practice manager were committed to providing high quality, timely care for patients. They were proud of the business model they had created and the services they had developed across the country. They had a strong vision for the future development of the business and its values were clearly embedded within the whole practice team.

There was a system for managing staff, including their training to ensure all staff were up to date with any training considered mandatory. The GP delivered regular in-house educational sessions in various forms which included role play and case studies for all members of staff on various topics such as travel medicine updates and chaperone training.

Are services well-led?

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

Engagement with patients, the public, staff and external partners

The practice encouraged and valued feedback from patients and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through social media reviews (Instagram, Google and Trust Pilot), surveys and complaints received. A suggestion box was available in the waiting area. This was discussed and learning shared with other clinics managed by the provider to maximise learning. Staff told us they felt able to raise suggestions which were listened to by the management.

There was a patient participation group which met regularly with the members from the practice team, including the lead GP. The group provided feedback on patient experience and discussed ways to improve the service. We saw minutes from a recent meeting where issues discussed included car parking arrangements, additional clinicians and opening times.

We saw patient feedback forms in the waiting room which encouraged patients to give feedback about the service they had received which included their views on the premises, consultation with a GP, customer service and an opportunity to give any other feedback. Patients were encouraged to give the practice a rating on each of these areas. The practice collated this information and acted upon it to improve its services to patients.

The practice had also gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. Additionally, they engaged with the public through by hosting and participating in fund raising for charities in England.

Continuous improvement and innovation

The provider demonstrated a commitment to improving the services they offered by working with a private laboratory testing service and had formulated a bespoke detailed blood, urine and stool screening assessment for Regent Street Clinic which they called the 'superscreen'. This was provided at all the clinics operated by the provider. The enhanced tests identified health issues that could not be picked up with basic NHS testing and had led to early intervention and some very positive outcomes for patients. For example; one patient was found to have a cancer diagnosis following a superscreen assessment, which had not been picked up using the usual screening tests available. This resulted in early treatment and a positive prognosis for the patient.