

Hightree Clinic

Inspection report

High Tree House
Eastbourne Road
Uckfield
TN22 5QL
Tel: 01825712712

Date of inspection visit: 5 October 2022

Date of publication: 10/01/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Inspected but not rated



Overall summary

This service is rated as Good overall. (Previous inspection September 2019 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good (carried over)

Are services caring? – Good (carried over)

Are services responsive? – Good (carried over)

Are services well-led? – Good (carried over)

We carried out an announced focused inspection at Hightree Clinic, because breaches of regulations were found at our previous inspection.

Following our previous inspection in September 2019, the service was rated Good overall. However, they were rated as requires improvement for providing safe services. They were rated good for all remaining key questions. We issued a requirement notice for regulation 12 (safe care and treatment), and regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Hightree Clinic is an independent doctor service. They provide consultation, treatment and prescribing services for conventional and complementary medicine, with an aim to improve and/or sustain patients' overall quality of life. The clinic offers consultation and treatment only to patients over the age of 18.

Hightree Clinic provides a range of complementary therapies, for example medical acupuncture, osteopathy and nutritional therapy, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The lead GP 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.

Our key findings were:

- The provider demonstrated they had taken action to address the areas we said they must improve on at our last inspection, and areas they should improve.
- The service had systems to safeguard children and vulnerable adults from abuse. All staff had received safeguarding training to an appropriate level for their role.

Overall summary

- Systems and processes for infection prevention and control had been implemented; including processes to mitigate the risk of legionella and to ensure staff immunisation was maintained in line with national guidance.
- There was a system for receiving, recording and acting on safety alerts.
- Information about care and treatment was available in an immediately accessible way.
- There was a training programme in place that ensured staff received appropriate learning and development opportunities.
- The service was actively involved in quality improvement activity.

Although we found no breaches of regulation, we told the provider they **should** make improvements:

- Improve the training matrix to record the level training completed, where available.
- Conduct a risk assessment for staff whose immunisation history is not available, to determine the level of risk to the staff member and patients, and any mitigating actions.
- Continue to improve clinical record keeping; including electronic and paper records, and accurate recording of chaperones offered or used.
- Complete training on how to interact appropriately with people with a learning disability and autistic people.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who was accompanied by a CQC GP Specialist Advisor.

Background to Hightree Clinic

Hightree Clinic is an independent doctor service. They provide consultation, treatment and prescribing services using conventional and complementary medicine. The clinic aims to address the physical, nutritional and well-being needs of patients in order to improve their health and aid recovery. The clinic offers health diagnostics and assessments, for example screening tests for a wide spectrum of infections, deficiencies and hormone imbalances. Services include intravenous treatments for nutritional deficiencies, oxygen therapy (such as medical ozone), local and whole-body hyperthermia. They also offer treatments for musculoskeletal disorders, including joint injections.

Services are provided from:

Hightree House,
Eastbourne Road,
Uckfield,
East Sussex,
TN22 5QL

The clinic is open between 9am to 5pm on a Monday, Tuesday and Thursday.

The service is provided by the lead GP, a nurse and 2 administrative staff. There is also a nutritional therapist.

Hightree Clinic is registered with CQC to provide the following regulated activities: Treatment of disease, disorder or injury; Diagnostic and Screening procedures.

How we inspected this service

Prior to this inspection we reviewed a range of information that we hold about the service, including information gathered by the provider from a pre-inspection information request. Whilst on the inspection we interviewed staff and reviewed key documents, policies and procedures in use by the service.

Are services safe?

At our last inspection in September 2019, we found the provider had not ensured staff received appropriate training for safeguarding; the systems for infection prevention and control were not all effective; complete records relating to the care and treatment for service users were not always immediately accessible; staff had not all received basic life support training, and the provider was not receiving all safety alerts.

At this inspection in October 2022, we found the service had made significant improvements. We have now rated the provider as good for providing safe services.

- All staff had received safeguarding training to an appropriate level for their role.
- Systems and processes for infection prevention and control had been implemented; including processes to mitigate the risk of legionella and to ensure staff immunisation was maintained in line with national guidance.
- Information about care and treatment was available in an immediately accessible way.
- All staff had received basic life support training.
- There was a system for receiving, recording and acting on safety alerts.

Safety systems and processes

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

- The service had systems to safeguard children and vulnerable adults from abuse. We saw the provider had now ensured all staff completed training in line with intercollegiate guidance for adult and child safeguarding, which sets out the requirements for levels of competency for all staff. We saw this recorded on a training matrix for the clinic, although this did not display the level completed. However, we saw staff files contained certificates that confirmed the level completed by each staff member.
- The provider had improved the organisation and structure of the staff personnel files. We looked at 4 staff files. We saw each member of staff had a structured file with a checklist at the front, which clearly identified the staff member, recruitment checks carried out, completed training and staff vaccinations.
- There was now an effective system to manage infection prevention and control (IPC). The lead GP was the interim lead, whilst the lead nurse was on leave. We saw the provider had improved their IPC policy by implementing a comprehensive NHS toolkit, along with a separate protocol for specific cleaning to be carried out within the clinic. We saw evidence that all staff had completed training for IPC. We saw an IPC audit had been carried out on 21 April 2022 and learning points were taken to the team meeting. Staff told us that anything requiring immediate action would be completed straight away by the IPC lead. Staff carried out a daily walk around of the clinic and a monthly cleaning audit, to ensure any issues were identified and promptly actioned.
- The provider was now able to demonstrate staff vaccination was maintained in line with current guidance from UK Health and Security Agency. We saw a staff vaccination matrix for the service, which contained information for all recommended immunisations. The provider used a private healthcare service to ensure all staff received boosters as required. We were told that 2 staff members had been unable to obtain evidence of vaccinations as their records were not available; for example, those who had received their immunisations in another country. For those staff, we saw evidence that immunity testing had been arranged through the private healthcare service. Whilst the provider was waiting for the results, we found a risk assessment had not yet been carried out, which would determine the level of risk to the staff member and patients, and any mitigating actions.
- A risk assessment and water testing for Legionella had been carried out in May 2022 (Legionella is a bacterium which can contaminate water systems in buildings). We saw the service had procedures describing actions to minimise the risk of Legionella, as directed by the risk assessment. This included flushing of taps and checking the recommended

Are services safe?

water temperature range. The provider had completed actions identified by the risk assessment, for example they added flushing of an outside tap to their activities. We saw documentary evidence of flushing and water temperature testing; all temperatures were within the recommended minimum temperature. There were protocols available to staff that described actions to take if temperatures were out of range.

Risks to patients

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

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. We saw evidence that all staff had now received annual basic life support training, and this was also recorded on their training matrix.

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 care records we reviewed, showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. We saw the provider had continued to make improvements to the systems and processes to record and manage information about patients. We reviewed 6 clinical files for patients seen since our last inspection and we found no concerns. We saw improvements had been made to records; including evidence to demonstrate the short and long-term risks of taking prescribed medicine had been discussed with the patients. We found comprehensive information had been recorded, including completed health questionnaires, detailed consultation summaries, treatment plans, test results and correspondence.
- We found the service had both paper and electronic files that contained almost identical information, as the electronic system was not yet able to store all records. The provider told us this was under constant review to ensure effective record keeping. For example, the provider had arranged for an update to their electronic clinical system. The update would bring improvements such as electronic prescribing, and use of electronic consent forms, which would be completed on mobile tablet devices and instantly uploaded.
- We found the service had taken steps to contact their patients during the COVID-19 pandemic to ask them about their physical and mental health. Staff described how they had called each patient, particularly those who were vulnerable or isolating. They told us that many patients were experiencing anxiety, loneliness and concern about their health. Staff told us the patients appreciated the call, and staff used this information to offer help or advice or signpost to other agencies.

Track record on safety and incidents

The service had a good safety record.

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. We saw there was a safety alert policy that set out the processing of safety alerts. All alerts had clinical oversight by the lead GP. There was now a log to record the received alerts, any action required or if the alert was not relevant. The lead GP explained that patients would be informed if they were aware the patients would be affected by the alert, even if they were not prescribed that particular medicine by the service. We saw posters in the waiting room that demonstrated this.
- Historic alerts were linked on the safety alert log so that staff could easily refer to them. There was an effective mechanism in place to disseminate alerts to all members of the team including agency staff. We also saw in meeting minutes that safety alerts were now a standing agenda item.

Are services safe?

- There were processes in place to ensure that all safety alerts had been received and actioned. We saw 2 audits carried out in 2020 and 2021. The audit in 2020 showed that 6 alerts had been missed, and learning actions were completed. The next audit in 2021 showed no alerts had been missed and that further improvements to the log were completed, for example they added an information log of all medicine alerts in case these became relevant in the future.

Are services effective?

At our last inspection in September 2019, we told the provider they should

- Strengthen and continue clinical quality improvement activity.
- Strengthen staff training by determining and implementing mandatory requirements for the clinic.

At this inspection in October 2022, we found the provider had undertaken a range of actions to make improvements.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements using completed audits. All staff told us they were involved in audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action taken to resolve concerns and improve quality.
- For example, the lead GP had carried out an audit to ensure patients prescribed thyroid medicines were being monitored to ensure safe prescribing. We saw this had been carried out in 2019, 2020 and 2021. As a result of the audit, a number of actions had been completed to improve outcomes for those patients – for both physical and mental health.
- The thyroid audit completed in 2020 identified that patients were not always able to carry out monitoring as a result of the COVID-19 pandemic, due to isolating or general anxiety. To help with this, the service sourced a home test kit to monitor all thyroid markers, plus some additional markers. The home test kits proved successful and appreciated by patients.
- We saw that the thyroid audit completed in 2021 identified that all patients had appropriate monitoring. We also saw the service planned to improve their processes to monitor patients as well as offer educational sessions and a support package for patients.
- The service had also carried out an equality and diversity audit in October 2022, to identify any areas of inequality and make improvements. As a result, the outcomes of the audit were to improve the registration form to ensure this was available in other languages and to meet other communication needs. They also planned to update their consultation template to record whether a patient had been offered a chaperone.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- 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. We saw the provider had determined the training modules that were mandatory for staff to complete and compliance of this was regularly monitored. A training matrix was now being used to record all staff training and we saw all staff were up to date with their training.
- We asked whether staff had received training on how to interact appropriately with people with a learning disability and autistic people, at a level appropriate to their role. This new legal requirement was introduced by the Health and Care Act 2022 from 1 July 2022. The provider told us they would complete the government's preferred training once available.
- Since our last inspection, we saw the provider had completed an extension of the clinic. They told us this new room would be used for administrative purposes, including delivery of training and staff meetings.