

# Essex Private Doctors

## Inspection report

First Floor, 40 Hutton Road  
Shenfield  
Brentwood  
Essex  
CM15 8LB  
[www.essexprivatedoctors.com](http://www.essexprivatedoctors.com)

Date of inspection visit: 5 September 2018  
Date of publication: 24/10/2018

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

Are services safe?	
Are services effective?	
Are services caring?	
Are services responsive?	
Are services well-led?	

# Overall summary

We carried out an announced comprehensive inspection on 5 September 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

## **Our findings were:**

### **Are services safe?**

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

### **Are services effective?**

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

### **Are services caring?**

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

### **Are services responsive?**

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

### **Are services well-led?**

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether Essex Private Doctors was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of most, but not all, of the services it provides. At Essex Private Doctors the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we were only able to inspect services related to our regulation.

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.

We received feedback about the service through comment cards from 52 people. People told us that staff were caring, professional and thorough. They told us they were treated with dignity and respect.

## **Our key findings were:**

- There was a process in place for significant events. These were discussed at staff meetings and the learning was shared.
- The systems relating to medicines management kept patients safe.
- There was a system in place for the safe recruitment of staff.
- Staff had access to appropriate training for their role.
- The practice kept up to date with latest guidance. They used this as appropriate to their service.
- Patients felt treated with dignity and respect.
- Patients could make an appointment to suit their needs and wishes.
- There was an effective system to deal with complaints.
- Staff were aware of their roles and responsibilities.
- There was a clear leadership structure in place.

## Our inspection team

Our inspection team was led by a CQC lead Inspector and was supported by a GP specialist adviser and a second inspector.

## Background to Essex Private Doctors

This service is provided by Dr Kannan Athreya. Essex Private Doctors is a private medical clinic in Brentwood, Essex. The service has a small car park at the front. There is also meter controlled on-street parking which is time restricted. Entrance to the service is intercom controlled.

This service is provided to both adults and children. At the time of the inspection, the practice had approximately 4400 patients registered with them.

The regulated aspects of this service are provided by GMC registered clinicians. Support is provided by a service manager and administrative staff.

Essex Private Doctors provides general medical services including health screening, contraception and vaccinations. The service also provides treatment for hyperhidrosis (excessive sweating) and stress incontinence; as well as warts, skin tags and mole removal.

The service provides the regulated activities of: Treatment of disease, disorder or injury; Diagnostic and screening procedures; Maternity and midwifery; and Family Planning.

We completed an inspection on 5 September 2018. Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a team inspector.

Before visiting, we reviewed a range of information we hold about the service.

During our visit we:

- Looked at the systems in place for the running of the service.
- Explored how clinical decisions were made.
- Viewed a sample of key policies and protocols which related to regulated activities.
- Spoke with a range of staff involved in the regulated activities.
- Checked the environment and infection control measures.
- Observed staff interactions with patients.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.

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

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

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

# Are services safe?

## Safety systems and processes

The clinic had appropriate systems to safeguard children and vulnerable adults from abuse. We found all staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.

Patients were required to complete a new patient pack on registration, which allowed the clinic to gain relevant information to assess and treat the patient, these included identity checks. We asked clinical staff to explain to us the methods they used to assure themselves an adult had parental authority, and found that there was a satisfactory system in place.

Staff who acted as chaperones were trained for their 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.) The clinic carried out appropriate staff checks at the time of recruitment and on an ongoing basis. Clinical staff took part in the professional revalidation process.

There was an effective system to manage infection prevention and control. For example, legionella testing was completed on an annual basis and any required actions were taken. The clinic completed regular audits to ensure infection prevention control was sufficient. There were appropriate cleaning schedules in place. The clinic had arrangements to ensure that facilities and equipment were safe and in good working order. The arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

We found that there were enough staff, including clinical staff, to meet demand for the service. The clinic had appropriate professional indemnity arrangements in place.

The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Staff we spoke with understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

## Information to deliver safe care and treatment

The care records we saw showed that information needed to deliver safe care and treatment was available to staff. The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Clinicians made timely referrals in line with protocols.

## Safe and appropriate use of medicines

The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. Staff prescribed medicines to patients and gave advice on medicines in line with current national guidance.

Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Where patients used the clinic as their regular GP, they were involved in regular reviews of their medicines.

We found the clinic had appropriate medicines to deal with emergencies, such as anaphylactic shock. These were checked regularly and in date. There was a system in place for the security and monitoring of prescription stationery.

## Track record on safety

Comprehensive risk assessments had been carried out and appropriate control measures were in place. For example, risk assessments for fire and health and safety were seen. The practice monitored and reviewed safety using information from a range of sources.

## Lessons learned and improvements made

Staff understood their duty to raise concerns and report incidents and near misses. They felt supported in doing so. There were systems for reviewing and investigating when things went wrong. Discussions around significant events was a standing agenda item in meetings. We saw evidence that this took place. The practice acted on and learned from external safety events as well as patient and medicine safety alerts. We saw evidence of checks made regarding recent alerts.

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

## Are services safe?

When there were unexpected or unintended safety incidents:

- 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.

# Are services effective?

## **Effective needs assessment, care and treatment**

The practice 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 clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

## **Monitoring care and treatment**

The practice used information about care and treatment to make improvements. The practice was involved in quality improvement activity. For example, clinicians carried out audits relating to clinical outcomes. We saw an audit relating to a type of technique used to reduce the risk of contamination of harmful micro-organisms.

Staff told us that they checked waiting times for their services against other private providers.

## **Effective staffing**

Staff had the skills and knowledge to carry out their roles

- Staff were required to complete on-going training linked to their roles and responsibilities.
- The clinic 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.

- A system was in place to ensure staff received regular support and performance reviews.
- There was a system in place for managing staff when their performance was poor or variable.

## **Coordinating patient care and information sharing**

Where it was relevant for the patient's GP to be informed of treatment, this took place. There were clear protocols in place for referrals to other agencies.

There was a system in place for laboratory tests and transport of specimens.

## **Supporting patients to live healthier lives**

Staff were consistent and proactive in helping patients to live healthier lives. As appropriate, part of patient consultations related to this. Patients were provided with full information about the treatment they would receive including the benefits and risks.

## **Consent to care and treatment**

There were clear consent protocols in place for all procedures. The cost of treatment and the treatment plan was fully explained and a fee schedule was available to patients. Following initial consultation, the patient was given the opportunity to reflect on the written materials and costs before making a decision.

Clinicians understood the requirements of legislation and guidance when considering consent and decision-making. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Clinicians could demonstrate a working knowledge of Gillick competency and Fraser guidelines.

# Are services caring?

## **Kindness, respect and compassion**

We observed that members of staff were friendly, courteous and helpful to patients and treated people with dignity and respect. Staff we spoke with demonstrated a patient centred approach to their work.

We received 52 comments cards from patients, all were positive about the service experienced. Patients told us that all staff were professional, caring and thorough.

## **Involvement in decisions about care and treatment**

Patients told us via comments cards that staff explained options in a way they could understand. The clinic had a contract with a translation service. Patients were provided with information about procedures including the benefits and risks. They were given time to consider the treatment options.

The clinic supported patients and their carers to access information, including for community and advocacy services. All staff had received training to be 'Dementia Friends'. The clinic told us that a local charity held regular drop-ins to offer support to carers.

## **Privacy and Dignity**

The practice respected patients' privacy and dignity

- When patients wanted to discuss sensitive issues or appeared distressed, reception staff were able to offer them a private room to discuss their needs.
- The reception area had a sliding door which could be closed to allow confidential conversations.
- Conversations taking place within the treatment areas could not be overheard by patients in the waiting area.

# Are services responsive to people's needs?

## **Responding to and meeting people's needs**

The provider made it clear to patients what services were offered and the limitations of the service. The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group.

We found that although the premises were accessed via a flight of stairs, those patients unable to manage the stairs were offered several other ways to access care. These included being seen in the downstairs dental surgery, at home or at another clinical location.

## **Timely access to the service**

The service was open from 8am to 2.30pm Monday to Thursday; 8am to 1pm on Fridays; and 8am to 12pm Saturdays. The weekend appointments were only available to existing patients, this provided particular flexibility for working patients.

Patients pre-booked appointments directly with the clinic and we saw no feedback to indicate that there were any delays in treatments. For patients requiring urgent access to treatment the clinic was able to extend its same day

hours if required. Outside of clinic hours existing patients were given the lead clinician's contact number for medical advice where appropriate or patients were advised to either contact their usual GP, or NHS 111

## **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.

- Information about how to make a complaint or raise concerns was available online and displayed in the waiting area. Complaints information was also available in the practice leaflet and on the patient registration forms.
- There was a system in place for complaints, however there had been no written complaints in the past 12 months. We viewed records kept of actions taken to deal with a verbal complaint and an online complaint. These were both dealt with in a timely manner
- There was a clear policy and procedure for complaints which included a subsequent analysis and the sharing of learning at team meetings or individually.



# Are services well-led?

## **Leadership capacity and capability;**

There was a clear leadership structure in place and staff were aware of their roles and responsibilities. Staff told us leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

## **Vision and strategy**

The clinic's vision was to place patient care and satisfaction as the cornerstone of the practice.

## **Culture**

The culture of the service encouraged candour, openness and honesty.

- Staff told us that they felt supported and valued.
- Staff felt able to raise concerns without fear of retribution and felt assured that action would be taken.
- The service was focused on the needs of patients.
- Where incidents affected patients, they were given an apology and an honest and open explanation of what happened.
- It was evident throughout the day that there was a culture of openness.
- There were processes for providing staff with the development they need. This included regular one to one support and annual appraisals.

## **Governance arrangements**

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- There were established policies, procedures and activities to ensure safety. The service had systems in place to assure themselves that these were operating as intended.

- There were regular whole staff meetings. These enabled staff to be updated, learning from complaints and incidents to be shared, and feedback to be gained from staff.

## **Managing risks, issues and performance**

There were clear and effective processes for managing risks, issues and performance.

- There were comprehensive risk assessments in place.
- Practice leaders had oversight of safety alerts, incidents, and complaints.
- The service had plans in place for adverse incidents affecting service provision.

## **Appropriate and accurate information**

The clinic used feedback from complaints, and comments regarding the service from external public websites, to improve the quality of care offered.

There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. For example, the clinic had moved to electronic patient records. Any paper records had been disposed of appropriately.

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

Staff told us that they felt able to provide feedback and give ideas for ways to improve the service provided.

Patients were actively encouraged to provide feedback on the service they received. An annual patient survey was completed. Feedback from external public websites was regularly monitored and responded to.

## **Continuous improvement and innovation**

The clinic had considered its current service provision and what services patients would benefit from in the future and had a strategy in place.