

Dorset Private Medical Clinic LLP

Dorset Private Medical Clinic

Inspection report

The Poundbury Clinic
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Poundbury
Dorchester

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Overall summary

We carried out an announced comprehensive inspection on 31 July 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 the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The services are provided to adults privately and are not commissioned by the NHS.

Dorset Private Medical Clinic is registered with CQC to provide the regulated activities: diagnostic and screening procedures; and treatment of disease, disorder. The types of services provided are doctors consultation service and doctors treatment service.

At the time of our inspection a registered manager was in place. 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 21 completed CQC comment cards from patients who used the service. Feedback was very positive about the service delivered at the clinic.

Summary of findings

We were unable to speak with patients about their experience of the service they received. This was because, on the day of our visit, no one was receiving treatment regulated by us. We were told approximately 300 patients attended for registered treatments each year.

Our key findings were:

- Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.
- All treatment rooms were well-organised and well-equipped.
- Staff told us the service was for people over 18 years of age only.
- Clinicians regularly assessed clients according to appropriate guidance and standards, such as those issued by the National Institute for Health and Care Excellence.
- Staff were up to date with current guidelines and were led by a proactive management team.
- Staff maintained the necessary skills and competence to support the needs of patients.
- There were effective systems in place to check all equipment had been serviced regularly.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.
- The provider had an effective system for ensuring the identity of clients who attended the service.
- Risks to clients were well-managed. For example, there were effective systems in place to reduce the risk and spread of infection.
- Clients were provided with information about their health and received advice and guidance to support them to live healthier lives.
- Information about how to complain was available and easy to understand.

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

- Review whether emergency medicines and equipment should be held on the premises.
- Review arrangements to demonstrate that the clinic is actively seeking patient feedback.
- Review arrangements for business continuity plans in case of service interruption.

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.

- Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.
- All consultation rooms were well-organised and well-equipped.
- The service was for people over 18 years of age only.
- Clinicians regularly assessed patients according to appropriate guidance and standards, such as those issued by the National Institute for Health and Care Excellence.
- Staff were up to date with current guidelines and were led by a proactive management team.
- Staff maintained the necessary skills and competence to support the needs of patients.
- There were effective systems in place to check all equipment had been serviced regularly.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.
- The provider had an effective system for ensuring the identity of patients who attended the service.
- Risks to patients were well-managed. For example, there were effective systems in place to reduce the risk and spread of infection.
- Patients were provided with information about their health and received advice and guidance to support them to live healthier lives.
- Information about how to complain was available and easy to understand.

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.
- Staff used current guidelines such as National Institute for Health and Care Excellence, to assess health needs.
- Patients received a comprehensive assessment of their health needs which included their medical history.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

Are services caring?

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

- We did not speak to patients directly on the day of inspection. However, we received 21 comment cards. Comments showed that patients were pleased with the care they had received at the clinic.
- The clinic treated patients courteously and ensured that their dignity was respected.
- The clinic involved patients fully in decisions about their care and provided comprehensive reports detailing the outcome of their health assessment.
- Information for patients, including available treatment packages and the associated costs, were available prior to appointments.
- We found the staff we spoke to were knowledgeable and enthusiastic about their work.
- The clinic had a system for confirming the identification of patients at the start of every health assessment.

Are services responsive to people's needs?

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

- The clinic responded to patient feedback and identified and resolved any concerns that were identified.

Summary of findings

- There was an accessible complaints system. Information was available in the waiting area of the clinic.
 - The clinic had good facilities and was well-equipped to meet the needs of the patients.
 - The clinic could accommodate patients with a disability or impaired mobility. All patients were seen on the ground floor of the premises.
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Are services well-led?

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

- The provider had a clear vision and strategy for the service and the service leaders had the knowledge, experience and skills to deliver high quality care and treatment.
 - The clinic had access to numerous policies, and systems and processes were in place to identify and manage risks and to support good governance.
 - The clinic actively engaged with staff and patients to support and promote improvement.
 - Staff meetings took place when needed.
 - There was a management structure in place and staff understood their responsibilities.
 - The culture within the clinic was open and transparent.
 - Staff told us they felt well supported and could raise any concerns with the management team.
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Dorset Private Medical Clinic

Detailed findings

Background to this inspection

Dorset Private Medical Clinic is a Limited Liability Partnership of cardiac and respiratory consultants, which provides consultations and non-invasive investigations for the diagnosis and treatments of cardiorespiratory disorders and the follow up and monitoring of patients already diagnosed with these conditions.

The following diagnostic tests are provided at the clinic:

- ECG
- Echocardiography
- 24 hour ambulatory ECG monitoring
- 24 hour ambulatory blood pressure monitoring
- Spirometry
- Pulse oximetry
- Blood tests

The provider is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

Dorset Private Medical Clinic is located at:

The Poundbury Clinic

Middlemarsh Street

Poundbury

Dorchester

Dorset

DT1 3FD

All consultations are by appointment only and the clinic is only open during times when consultations and treatments are taking place.

The staff team at the clinic consists of one practice manager, two cardiologists, one physician and one cardiac physiologist.

We carried an announced comprehensive inspection at Dorset Private Medical Clinic 31 July 2018. Our inspection team was led by a CQC Lead inspector. The inspection team included a GP Specialist Advisor.

Prior to the inspection, we reviewed a range of information provided from the pre-inspection information request and any notifications we had received from the service.

During our visit:

- We spoke with the registered manager and the practice manager.
- We looked at equipment and rooms used for providing treatment.
- We reviewed records and documents.

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

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

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

Are services safe?

Our findings

Safety systems and processes

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

- The clinic had safety policies including adult safeguarding policies which were regularly reviewed and communicated to staff. Although the clinic did not provide treatments to patients under the age of 18 years, the service had access to a child safeguarding policy to safeguard any child that might attend the premises. Staff received safety information for the clinic as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The provider had a clinician trained to level two child safeguarding and vulnerable adult as the safeguarding lead.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- Information in the clinic waiting area and treatment rooms advised patients that staff were available to act as chaperones. Staff who acted as chaperones were trained for the role and had received a DBS check.
- 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).
- There was an effective system to manage infection prevention and control.
- Daily checks were completed in each consultation room for cleanliness which included equipment.

- An infection prevention compliance audit was undertaken by the practice manager to ensure compliance with infection prevention and control standards.
- There were systems for safely managing healthcare waste.
- The clinic ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The clinic did not have any medicines on site.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- Staff were suitably trained in emergency procedures. The clinic did not hold any emergency equipment or medicines on the premises, due to operating on an adhoc basis in two rented rooms of the building. There was information on managing a suspected cardiac arrest which included contacting the emergency services.
- We discussed whether it would be practical for the clinic to have immediate access to emergency equipment and medicines. The registered manager said that the clinic mainly offered consultations only and the only invasive procedures carried out was taking blood on a few occasions. They usually sent patients to their GP or the local private hospital to have blood taken. Acute or urgent cardiac problems were not seen at the clinic but were directed to the local NHS hospital or private clinic. The registered manager said they would look at the situation and devise a risk assessment to show that emergency medicine and equipment were not currently needed in the clinic.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.

Are services safe?

- The clinic showed us documentation from their landlord which confirmed there were up to date fire risk assessments and regular fire drills were carried out.
- All electrical equipment was checked to ensure that equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- A legionella risk assessment had been carried out by the clinic's landlord and no actions were required.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Patients had a full health assessment before receiving their treatment.
- Assessments included areas such as checking for diabetes, heart health, nutrition and postural health.
- Assessments were recorded on the clinic's electronic system. We found the electronic patient record system was only accessible for staff with delegated authority which protected patient confidentiality.

Track record on safety

The clinic had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

- The clinic monitored and reviewed activity on a regular basis. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. We saw these were discussed at meetings.
- There was a system for receiving, reviewing and actioning safety alerts from external organisations such as the Medicines and Healthcare Products Regulatory Agency (MHRA).

Lessons learned and improvements made

The clinic learned and made improvements when things went wrong.

- There was an effective system and policy for recording and acting on significant events and incidents. Significant events were recorded on the clinic's computer system which all staff had received training to use. We were told by the clinic that they had not had any significant events in the last 12 months.
- Staff understood their duty to raise concerns and report incidents, managers supported them when they did so.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The service 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.

- We saw no evidence of discrimination when making care and treatment decisions.
- Assessments and screening were monitored using information from a range of sources, 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.
- The service had systems in place to keep all clinical staff up to date with new guidance.
- Staff had access to best practice guidelines and used this information to deliver care and treatment that met patients' needs.

Monitoring care and treatment

The clinic had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- All staff were actively involved in monitoring and improving quality and outcomes. This work was undertaken primarily in their NHS roles, but they were able to discuss relevant cases from their private work as part of this process. This work fed into national audits and data collection systems.
- Audits were carried to demonstrate quality improvement and all relevant staff were involved to improve care and patients' outcomes.

Effective staffing

All staff who worked in the clinic had substantive roles in NHS Hospitals which mirrored their role at Dorset Private Medical Clinic. The provider used the appraisals, training records and reflective practice processes to demonstrate that staff were suitably qualified and supported to carry out their role. We saw records which confirmed that staff had received appraisals and training appropriate to their role at the clinic.

Only members of the limited liability partnership worked at the clinic as consultants. The practice manager and cardiac physiologist, were both self-employed and contracted to work when needed. Temporary or locum staff were not used by the clinic.

All staff who worked at the practice were made aware of policies and procedures, such as health and safety and infection control, which they had to follow.

Coordinating patient care and information sharing

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- The clinic shared relevant information with the patient's permission with other services. For example, when referring patients to secondary health care or informing the patient's own GP of any concerns.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives

- The aims and objectives included supporting patients to lead healthier lives. Relevant information was given to patients, for example on heart disease and exercising. There were a range of self-help and information leaflets available for patients at the clinic.
- Each patient was provided with a detailed report covering the findings of their assessments and recommendations for how to reduce the risk of ill health and improve their health through healthy lifestyle choices.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- The clinic did not provide services for children and young people below the age of 18 years.
- We saw evidence of consent forms used to obtain written consent before undertaking procedures and specifically for sharing information with outside agencies, such as the patient's GP.

Are services effective?

(for example, treatment is effective)

- The clinic monitored the process for seeking consent appropriately. The process of seeking consent was demonstrated through records. We saw consent was recorded in the patient's electronic record, in line with legislation and relevant national guidance.
- Information about fees for the service provided by the clinic was transparent and available online prior to patients booking an appointment. Additional fees, were discussed prior to procedures being undertaken.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The clinic gave patients timely support and information.
- All the 21 comments cards we received showed that patients considered they were treated with kindness, compassion and respect.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).

- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

- The clinic could arrange for an interpreter to be on-site if a patient indicated the need for one at point of booking.
- Comment cards showed that patients were involved in decisions about their care and treatment; and given sufficient information to make a decision.

Privacy and Dignity

The clinic respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect, and the clinic complied with the General Data Protection Regulations (GDPR, 2018).
- All confidential information was stored securely on computers.
- Doors to the rooms used for consultations with the doctor were closed and we noted that conversations taking place could not be overheard.
- We were told patients identified themselves to front of house staff by name only. Full confirmation of patient identification was completed within the treatment room.
- Chaperones could be arranged if needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The clinic organised and delivered services to meet clients' needs. It took account of client needs and preferences.

- The facilities and premises were appropriate for the services delivered. Treatment rooms were all on the ground floor. There were adequate toilet facilities.
- The clinic offered flexible opening hours and appointments to meet the needs of their patients.
- Patients were also provided with a range of additional information to increase their knowledge and awareness of their health and lifestyle choices.
- Staff said that appropriate time was scheduled for patient consultations. Appointments were arranged at a time to suit patients.

Timely access to the service

- The clinic opened only during the times when patients were being seen. Outside these times messages could be left on the answerphone. The majority of patients were referred by NHS services and GPs for assessments and treatments, either by letter or electronic referrals. Treatment was by appointment only.

- Delays and cancellations were minimal and managed appropriately

Listening and learning from concerns and complaints

The clinic took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The complaints policy and procedures were in line with recognised guidance. Staff were aware of how to handle formal and informal complaints from patients.
- Information about how to make a complaint or raise concerns was available in the clinic waiting area.
- The clinic learned lessons from individual concerns and complaints, and from analysis of trends. They acted as a result to improve the quality of care. The clinic told us that they had not had any complaints in the last 12 months.
- We reviewed the complaints system and noted there was an effective system in place which ensured there was a clear response with learning disseminated to staff about the complaint.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders at the clinic had the experience, capability and integrity to deliver the clinic's strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Staff told us they felt well supported by management and that management were approachable and always took the time to listen to them.

Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The provider had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider planned its services to meet the needs of their patients.
- The provider monitored progress against delivery of the strategy.

Culture

The clinic had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the clinic.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated. 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 could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were systems and processes in place to ensure that staff had received appropriate training and development to carry out their roles.
- The provider had evidence which demonstrated that professional revalidation and supervision had been carried out.
- There was a strong emphasis on the safety and well-being of all staff.

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.
- The clinic had a number of policies and procedures in place to govern activity and these were available to all staff. All the policies and procedures we saw had been reviewed and reflected current good practice guidance.
- Staff were clear on their roles and accountabilities including in respect of safeguarding, mental capacity and infection prevention and control.
- Clinic leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Systems were in place for monitoring the quality of the service and making improvements. This included having a system of key performance indicators, carrying out regular audits, carrying out risk assessments, monitoring staff performance, including report writing and content, and quality checks and actively seeking feedback from patients.
- The clinic did not have a schedule of regular meetings, due to the small number of staff and patients. When needed meetings were arranged. The clinicians who worked at the clinic were able to meet whilst undertaking their substantive roles in other services.

Are services well-led?

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

They used these opportunities to discuss care and treatment provided to patients and any audits, safety alerts or other information relevant to the operation of the clinic.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Risk assessments we saw were comprehensive and had been reviewed.
- There were a variety of daily, weekly, monthly, quarterly and annual checks in place to monitor the performance of the service.
- The provider did not have a written business continuity plan in place, but staff were able to describe what would happen if there was an unforeseen incident which affected the service provided. This included use of other premises and the ability to log on to computer systems remotely to continue to provide a service for patients.

Appropriate and accurate information

The clinic acted on appropriate and accurate information.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Meetings were held when needed where issues such as safeguarding, significant events and complaints could be discussed.
- The clinic used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients, the public and staff.

- The clinic had comment cards for patients to complete when they had had treatments. A full patient survey was not carried out due to small numbers of patients being seen. Verbal feedback they received was not routinely recorded. The clinic had not had any concerns or complaints raised with them in the past 12 months and said that if a patient had concerns they would be dealt with at the time.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the clinic.
- The organisation made use of internal reviews of audits, incidents and complaints, and consistently sought ways to improve the service.