Manchester Private Clinic Ltd

The Liverpool Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 03 November 2017 to ask the service the following key questions; are services safe, effective, caring, responsive and well-led?

This was the first CQC inspection since registration in July 2017.

- At the time of inspection the service had not yet treated patients so we reviewed the processes in place to provide a service.

The Liverpool Clinic was registered to carry out the regulated activity:

- Treatment of disease, disorder and injury (TDDI).

Our findings were:

Are services safe?

We found that processes in place supported safe care in accordance with the relevant regulations.[A1]

Are services effective?

We found that processes in place supported effective care in accordance with the relevant regulations.

Are services caring?

We found that processes in place supported safe care in accordance with the relevant regulations.

Are services responsive?

We found that processes in place supported responsive care in accordance with the relevant regulations.

Are services well-led?

We found that the service was 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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The Liverpool Clinic operates from a suite of private consulting rooms situated at 33A Rodney Street, Liverpool. There is a small reception area and two private consulting rooms. Additional meeting and storage rooms were also available.

The service provides surgical consultations and preoperative checks for private patients aged 18- 65 who plan to undergo cosmetic surgery procedures. The service also provides post-operative wound care and treatment.

Dr Thatipalli Gopal Krishna Dev Mahadev, is the registered manager in charge of the day to day running of the service. A registered manager is a person who is registered with the Care Quality Commission to manage

Summary of findings

the service. Like registered managers, 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. Dr Mahadev is a consultant doctor and registered with the GMC as a specialist in surgery.

The service employed a registered nurse who led on infection control and a receptionist/administrator was also employed.

The service had not treated any patients so Care Quality Commission (CQC) comment cards could not be completed.

Our key findings were:

- The service had clear systems to keep people safe and safeguarded from abuse.
- The premises were clean and infection control measures had been established and were monitored.
- An induction programme was in place for staff.
- Policies and procedures were readily accessible.
- Information about services and how to complain was available.
- There were clinical governance systems and processes in place to promote an effective and responsive service.
- The provider should review the level of safeguarding children training completed by all staff.
- The provider should review ways to improve access to the building.

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 had systems in place to provide safe care in accordance with the relevant regulations.

- Nursing and reception staff had received safeguarding training appropriate for their role and had access to local authority information if safeguarding referrals were necessary.
- Systems were in place to ensure patient identity was checked on registration and at every consultation.
- A range of infection control and safety measures were in place to minimise the risk of infection for people using the building.
- In the event of a medical emergency occurring, systems were in place to ensure emergency services were directed to the patient.
- Systems were in place to meet health and safety legislation and to respond to patient risk.
- Systems were in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.
- The registered manager was aware of the Duty of Candour and encouraged a culture of openness and honesty.

Are services effective?

We found that this service had systems in place to provide effective care in accordance with the relevant regulations.

- Assessment forms indicated patient's needs would be assessed in line with relevant and current evidence based guidance and standards.
- There were induction, training, monitoring and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment.
- The service had arrangements in place to coordinate care and share information appropriately for example, when patients were referred to other services.
- Consent to care and treatment policy was based on best practice guidance and staff had completed training about the Mental Capacity Act.

Are services caring?

We found that processes in place supported the provision of caring services in accordance with the relevant regulations.

- Staff had completed courses in customer relations.
- Information was provided about the surgical procedures and the help available and action needed to promote recovery.

Are services responsive to people's needs?

We found that this service had systems in place to provide responsive care in accordance with the relevant regulations.

- There was a complaints policy which provided staff with information about handling formal and informal complaints from patients and information was made available to patients about how to make a complaint.
- The service had contingency plans for patients who could not access the building.

Summary of findings

Are services well-led?

We found that this service had systems in place to provide well-led care in accordance with the relevant regulations.

- There was a business plan and an overarching governance framework to support clinical governance and risk management.
- There was a management structure in place and staff we spoke with understood their responsibilities. Staff were aware of the organisational ethos and philosophy and they told us they felt well supported and could raise any concerns with the registered manager or the manager.
- Systems were in place to encourage patient feedback.

The Liverpool Clinic

Detailed findings

Background to this inspection

The Liverpool Clinic was inspected on 3 November 2017.

The inspection was led by a Care Quality Commission (CQC) inspector; a GP specialist advisor and one additional CQC inspector were also involved.

We gathered information from CQC registrations, the registered manager's information returns, staff interviews and we reviewed 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

We found that this service had systems in place to provide safe care in accordance with the relevant regulations.

Safety systems and processes

- Staff were employed in keeping with best practice guidance and Disclosure and Barring Service (DBS) checks had been completed.
- The service had policies in place which covered adult safeguarding. The policy was reviewed and included up to date information about PREVENT the initiative for recognising and taking steps to deal with political or religious extremism. There was also guidance about protecting against female genital mutilation (FGM). The policy included information about local safeguarding contacts to ensure timely referrals were made. The registered nurse told us they had completed level 2 safeguarding adults and child protection training provided by the local authority. The registered manager had completed on-line level 2 safeguarding adults training. The service only treated people aged 18 to 65 however best practice guidance states all clinicians should have a minimum of level 2 safeguarding children training.
- A range of infection prevention and control policies and procedures were in place and readily available to staff. Certificates and maintenance records indicated that all general equipment was cleaned, calibrated and serviced in keeping with the manufacturer's instructions. We saw for example the gas and fixed electrical wiring safety certificates for the premises. A Legionella risk assessment and certificate were in place and water temperature checks had been recorded regularly and were up to date.
- The registered manager and the senior nurse stated no patients would be seen unless the nurse was present to act as chaperone. A lone working policy was in place and it was discussed whether this could be updated to stipulate that consultations would not occur unless the service was fully staffed.

Risks to patients

- The service is a surgical consultancy service. There was a responding to medical emergency policy which directed staff to take first aid action and call for the emergency services. This was also understood by the receptionist/administrator. The first aid kit was readily accessible and fully stocked. The registered nurse was the responsible first aider and had recently completed the first aid training.
- Staff had the appropriate surgical and nursing indemnity certificates on file.

Information to deliver safe care and treatment

Systems were in place to reduce the risks to patients in relation to accessing important information, for example:

- Passports had to be provided as proof of identity and utility bills or other official documents were needed as proof of abode before a service would be provided.
- The service would not refer patients for cosmetic surgery unless the surgeon and anaesthetists had access to full medical records and contact with the patients GP.
- The health assessment that would be completed was comprehensive and included information about physical, psychological and mental health.
- No patient had been treated by the service and so records were not stored, the registered manager stated the service would use both electronic and paper records. The registered manager had not decided on the record storage system. The computer system in place was password protected.

Appropriate and safe use of medicines

- No medication will be prescribed by the service and there was no medication on the premises at the time of the inspection.

Track record on safety

- No patients had used the services however; there was a range of policies and procedures which included recognising and reporting health and safety incidents.
- The registered manager was member of surgical professional bodies which meant he would be automatically updated about relevant safety alerts.

Lessons learned and improvements made

- No patients had used the services however; the registered manager was aware of and articulated the

requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that registered managers of services must follow when things go wrong with care and treatment).

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service had systems in place to provide effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

- The service had not treated any patients however the assessment tool indicated physical, mental and social needs would be holistically assessed and care and treatment delivered in line with legislation and best practice.
- The registered manager stated effective care and treatment was promoted because operations would only be conducted by surgeons who were employed by the NHS and on the GMC's specialist surgical register.

Monitoring care and treatment

- The service had not referred any patients for treatment, however they had developed and an audit tool and processes to check how well patients recovered from surgery.

Effective staffing

- There were induction, training, monitoring and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment.
- The registered manager who was responsible for completing the health assessments was a surgeon on the GMC specialist register and qualified to assess a person's suitability for surgery. The registered nurse employed had suitable surgical experience and qualifications to provide post-operative wound assessment and care.

Coordinating patient care and information sharing

- The service did not accept patients for surgical referral without prior contact with the patients registered GP. At that time a referral letter would be sent in line with GMC guidance.
- The service planned to work closely with a single registered private hospital so that clear referral system were developed and monitored.

Consent to care and treatment

- The consent policy was detailed and took into account the patients mental capacity and best interests.
- The policy also included a 14 day 'cooling off' period so the patient could cancel the procedure free of charge, up to 14 days after agreeing to the procedure.

Are services caring?

Our findings

We found that processes in place supported the provision of caring services in accordance with the relevant regulations.

Kindness, respect and compassion

- We found that staff had a courteous, respectful and helpful attitude when speaking about caring for patients.

Involvement in decisions about care and treatment

- Written information leaflets about procedures, treatment and post-operative instructions were available in the waiting area.
- Consent forms indicated that the details of the procedure to be undertaken with risks and benefits would be explained during consultation.

Privacy and Dignity

- A privacy screen was provided in the downstairs consulting rooms so that patients' privacy and dignity was maintained during examinations and assessments.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service had systems in place to provide responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

- A flight of steps led to the entrance of the building and there was no easy access alternative. The registered manager and administrator said this would be explained to potential patients during initial telephone contact when they made initial contact.
- The registered manager had not made plans or considered what adjustments could be made to improve access. However the registered manager and staff stated if people could not access the consulting rooms' information about more accessible services in the vicinity would be provided.
- The washroom and main consulting room were on the ground floor and easy to access once in the building.
- The registered manager and administrator stated translating and interpreter services would be accessed if required**.**

Listening and learning from concerns and complaints

- The service had not started to take patients and so no complaints had been received.
- Information about how to make a complaint was available in the waiting room. The registered manager had developed a complaints policy and procedure. The policy contained appropriate timescales for dealing with the complaint. There was escalation guidance within the policy. A specific form for recording complaints had been developed ready for use.

Are services well-led?

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

Our findings

We found that this service had systems in place to provide well-led care in accordance with the relevant regulations.

Leadership capacity and capability

- There was a clear leadership structure and staff employed understood their roles and responsibilities.
- Staff had been well prepared and were capable of fulfilling their roles.

Vision and strategy

- The registered manager told us they had a clear vision to work together to provide a high quality responsive service that put caring and patient safety at its heart. The registered manager's vision was to increase choices by registering other locations with the Care Quality Commission (CQC).

Culture

- The service had not treated any patients but we were told that if there were unexpected or unintended safety incidents, the service would contact the patient, give truthful information and a verbal and written apology. This was supported by an operational policy.
- The service had an open and transparent culture. There were three members of staff and discussions indicated there was mutual respect for each other's opinions and ideas for development.
- A service meeting had been held to discuss the running of the service including marketing and developing the services public website.
- The leadership was clear about the patient referral process and the standard of care expected.

Governance arrangements

- There was a range of service specific policies available to staff. These would be reviewed and updated when necessary.

Managing risks, issues and performance

- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were in place. Service level agreements were in place as required and senior staff were responsible for ensuring policies and procedures were followed.

Appropriate and accurate information

- The service did not hold any patient records at the time of the inspection.

Engagement with patients, the public, staff and external partners

- The service had developed a patient feedback questionnaire for use post-surgery and the policy for distribution was being finalised.

Continuous improvement and innovation

- The staff team told us they worked together to decide on how to run and develop the service. We were told each person was able to identify opportunities to improve the service planned.