Avicenna Health

Inspection report

Hamletts of Woodford
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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?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall. (Previous inspection February 2018)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Location name Avicenna Health as part of our inspection programme.

Avicenna Health is a private GP service which also provides home visits based in Woodford Essex.

One of the medical directors is also 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 were unable to speak to any patients on the day of the inspection. Eleven comment cards were received all of which were positive about the care and treatment received. All patients said they felt involved in decision-making about the care and treatment they received. They 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.

Our key findings were:

- Systems and processes were in place to identify and mitigate risks.
- Lessons were learned and improvements made when things went wrong.
- Staff had the skills and knowledge to carry out their roles and ensured they remained up to date with current best practice.
- Patients spoke directly to a GP who triaged requests for appointments. If it was felt that the service was not appropriate for the patient, they would be signposted to the most suitable service.
- GP and out of hours home visits were available if required.
- Staff treated patients with dignity and respect.
- There was a proactive approach to understanding the needs of different groups of people and to ensure they received the care to best meet their needs.
- Staff had the skills and knowledge to carry out their roles and ensured they were up to date with current best practice.
- The provider collaborated with external stakeholders to ensure patient needs could be met.
- The practice demonstrated that there was a focus on continuous improvement which was developing services.

The areas where the provider should make improvements are:

- Improve monitoring of fridge temperatures in line with recommended best practice.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC Inspector and a GP specialist advisor.

Background to Avicenna Health

We carried out a comprehensive inspection of Avicenna Health Limited at Hamletts of Woodford

696-702 Chigwell Road, Woodford Green, Essex IG8 8AL, which is a private GP service providing a range of medical services, for acute and chronic conditions as well as travel health, occupational health services and medicals. The service is registered to provide the following regulated activities; Diagnostic and screening procedures, Transport services, triage and medical advice provided remotely and Treatment of disease, disorder or injury. A total of 475 patients had accessed the service during the last 12 months of which 176 were new patients. The patient numbers were increasing steadily each year over the last three years.

There are four GPs, two male and two female who work one to two days a week each, and who also work in local NHS GP practices. The clinic is open 9am – 6pm, Monday to Friday, and Saturdays 9am – 2pm. Home visits are available every day of the week 9am – 9pm. Emergency care can be accessed via their NHS GP. Patients can access appointments via email or by telephone. Further information about the clinic can be found at www.avicenna-health.com. The service had a contract with a phlebotomist to deliver a home blood drawing service.

How we inspected this 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.

Good

Are services safe?

We rated safe as Good because:

•There were clear systems to keep people safe and safeguarded from abuse.

•Systems assessed, monitored and managed risks to patient safety.

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

•There were reliable systems for appropriate and safe handling of medicines.

•The practice had a good safety record.

•The practice learned and made improvements when things went wrong.

Safety systems and processes

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

- The provider conducted safety risk assessments. For example, a risk assessment for dealing with clinical emergencies and a fire risk assessment which had included how to evacuate the building if the stairs were unsafe to exit from. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Policies contained contact details of all neighbouring safeguarding teams.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. 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)
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- Staff worked alone so suitable persons to act as chaperone were not available. However, the provider had recognised this and had included in the email to patients confirming an appointment, that a chaperone was not available and that they should telephone if they wished for one to be present so that appropriate arrangements could be made. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. Both female and male GPs were available each week. During absences the GPs ensured they covered each other.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety. For example, when a phlebotomist was recruited to do blood tests on home visits, the provider ensured all training certificates were presented to them, ensured a policy for lone working was in place and ensured appropriate insurance was in place.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.
- The GP's working with the service all maintained their professional registration and revalidated through their NHS roles.

Information to deliver safe care and treatment

Good

Are services safe?

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 saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, a palliative care patients' care plan was retained within the patient's home, so that if out of hours services were required, all necessary information was available to them.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. The provider had close links with a nearby private hospital to whom patients could be referred for diagnostic tests or consultant opinion. However, patients were actively encouraged to remain registered with their own GP to ensure patients could be referred via NHS pathways if they chose to do so. The GPs from the service could refer direct to the NHS for any two week wait referrals.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. Most prescriptions were emailed to local pharmacies, who the clinic had close links with. The GP we spoke with told us that if a patient wished for the prescription to be printed out a counter signature would be added as well as the electronic signature.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. For example, chaperoning, medicine ordering, cold chain. However, the vaccine fridge did not have a second thermometer, in line with best practice and a monthly calibration check of the thermometer in place was not being undertaken.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example, significant events.

Lessons learnt and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, following a break in the cold chain when the clinic was not occupied for 48hours, all appropriate action was taken to minimise the likely hood of reoccurrence by recognising that it would be good practice to place all vaccines in the pharmacy fridge,(who occupied the ground floor of the building) during prolonged absence, as those fridge temperatures were monitored six days a week.
- The provider was aware of and had processes in place to comply 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.

Good

Are services effective?

We rated effective as Good because:

- Clinicians kept up to date with current evidence-based practice.
- The practice was actively involved in quality improvement activity.
- Staff had the skills, knowledge and experience to carry out their roles.
- Staff worked together, and with other organisations, to deliver effective care and treatment.
- Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.
- The practice obtained consent to care and treatment in line with legislation and guidance.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- 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. We saw that discussing updates to guidelines were a standing agenda item during meetings.
- The practice had developed links with a local private hospital and arranged for consultants to provide bi-monthly clinical updates and learning forums for the GPs.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis and deliver ongoing care. For example, patients attending for care of a long-term condition were asked to bring in with them test results done by their own NHS GP or they would be done by the service.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Patients attending regularly, particularly for complex conditions were assigned a named GP within the service to ensure continuity of care.
- Staff assessed and managed patients' pain where appropriate.
- All patients calling the service for appointments spoke to and were triaged by a GP, who was able to assess the appropriateness of the service for their needs. Patients would be advised and signposted to another service if necessary. For example, a patient needing urgent care would be told that they should attend the emergency department.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service made improvements through the use of completed audits. For example, antibiotic prescribing audits to drive improved antibiotic guardianship.
- Quality improvement work was undertaken to develop the services offered to patients. For example, palliative care. A GP within the service was experienced and trained in delivering palliative care and had developed ways of working with local NHS community teams to ensure care was optimised. We were told that the family had given feedback that they had felt well supported by the GP the practice throughout. Following this experience, the service was now able to offer bespoke palliative care to patients.

Effective staffing

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

- All staff were appropriately qualified.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- 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. For example, a GP with an interest in allergy, wished to be able to offer a high-quality service to patients, was undertaking specialist training in allergic conditions.

Good

Are services effective?

- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.
- GPs who worked for the practice had a wide range of skills and experience to offer patients high quality care. For example, cardiology, diabetes, palliative care, shared care for substance misuse, mental health and women's health.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. The practice had developed professional networks with other private providers of health to benefit their patients, such as physiotherapists and drug misuse services.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider consistently, risk assessed whether care could be offered on an individual patient basis and on occasion patients were told that the service was not suitable for them. For example, a patient was declined and was advised the service could not provide further assessment care or treatment because they didn't have access to the results of blood tests taken at a hospital and were therefore unable to be assured of the patient's safety.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, working closely with a drug support worker to manage substance misuse.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

Staff were proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice, so they could self-care. We were told that the additional time available to them with patients, enabled them to deliver comprehensive health promotion messages to patients, which time pressures within the NHS did not allow them to do.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making. We saw that written consent for patients undergoing microsuction procedures (removal of earwax) was obtained and stored on the patient record.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Good

Are services caring?

We rated caring as Good because:

- We were assured that staff treated patients with kindness and respect and maintained patient and information confidentiality. The practice could evidence patient feedback from surveys undertaken and compliments received. All the surveys we saw and comments cards we received, reported positive experiences and outcomes.
- The practice respected patient's dignity and privacy.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. The practice gathered patient feedback via, questionnaires following consultations, social media and an online platform. Comments included that the service was, reliable and professional and that it was kind, caring and honest.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through the eleven comment cards received, that 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.
- For patients with learning disabilities or complex social needs family, carers or support workers were appropriately involved.

Privacy and Dignity

- The service respected/did not respect patients' privacy and dignity.
- Staff recognised the importance of people's dignity and respect.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

- The practice met patients' needs and took account of their needs and preferences.
- Patients were able to access care and treatment from the practice within an appropriate timescale for their needs.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, NHS general practices were often not able to offer removal of ear wax treatments and so the practice introduced microsuction services following appropriate training for GPs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the practice was located on the first floor with no lift access. Patients were asked to state if this would be a problem when making an appointment, so that arrangements could be made to use the pharmacies consulting room, located at ground level.

Timely access to the service

Patients were able access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way. Arrangements were in place with a local private hospital to perform diagnostic procedures that the practice was unable to provide, such as X-Rays and scans.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately and responses were made in line with national standards.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, following a misunderstanding about test results the practice recognised that because multiple clinicians were involved there was a loss of continuity of care and that the dissemination of test result procedures needed to be improved. Processes were improved and put in place to minimise the likely hood of this happening in the future.

Good

Are services well-led?

We rated well-led as Good because:

- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- There was a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
- The practice had a culture of high-quality sustainable care.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- There were clear and effective processes for managing risks, issues and performance.
- The practice acted on appropriate and accurate information.
- The practice involved patients, the public, staff and external partners to support high-quality sustainable practices.
- There were systems and processes for learning, continuous improvement and innovation.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, patients were encouraged to retain their registration with an NHS GP to ensure patients could access all care available to them and that their service was in addition and complimentary to, and not instead of the NHS GP services.
- The service was led by the four GPs. All worked within NHS GP practices as well and had a wide clinical and managerial skill set. The GPs told us that it was important to retain these roles to ensure continued exposure to the breadth of experience this offered.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. These included, providing a service that focussed on the patient - doctor relationship and delivering care that was holistic and responsive to patient needs and preferences.
- The service had a realistic strategy and supporting business plans to achieve priorities.
- The service monitored progress against delivery of the strategy. For example, through patient feedback and audit.

Culture

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

- The service focused on the needs of patients.
- Leaders acted on behaviour and performance inconsistent with the vision and values. For example, incidents and complaints were discussed within the team where opportunities for improvement were identified and implemented.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw that following a complaint, communication with the complainant acknowledged errors made and the steps taken to improve. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing the GPs with the development they need. This included appraisal and career development conversations. This included peer review an appraisal within their NHS GP roles.
- There was a strong emphasis on the safety and well-being of all staff. For example, a lone worker policy had been implemented to ensure the safety and well-being of the sub contracted, home visiting phlebotomist.
- There were positive relationships between 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.

Good

Are services well-led?

- Staff were clear on their roles and accountabilities. Areas of responsibility had been identified for each individual such as, business development and finance, governance, medicines management. Two of the GPs shared the role of medical director. Communication pathways were in place to ensure oversight of the whole service by all the leaders.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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. For example, appropriate risk assessments had been undertaken and policies were in place to manage infection prevention control.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through peer review and prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. For example, prescribing audits to ensure prescribing were in line with local NHS guidance to ensure good antimicrobial guardianship.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. The service had recently invested in a new clinical system, which had improved the management and governance of patient medical records.
- 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. We saw meeting minutes, which showed that, previous actions were reviewed and updated, policies and guidelines were reviewed, clinical updates were disseminated, and ongoing and future quality improvement work was discussed.
- The information used to monitor performance and the delivery of quality care was accurate and useful. Any identified weaknesses were addressed, for example, updating the clinical system.
- The service submitted data or notifications to external organisations as required.
- 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.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, and external partners and acted on them to shape services and culture.
- The practice had developed professional networks with other private providers of health to benefit their patients, such as physiotherapists, dentists, osteopaths and drug misuse services.
- The service had worked with the local medical council and NHS England to determine and gain agreement regarding the NHS and private overlap for the processing of blood samples. Following this it was determined that blood sampling was a separate process to the analysis of results. This meant that patients were able to access the service to have their blood taken following a request made by their NHS GP and this would be analysed by the NHS and results sent to the patients NHS GP.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Good

Are services well-led?

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement work. The service was looking at additional services that could be offered. For example, allergy, family planning, obesity and minor surgery.