Four18 Wellbeing

Inspection report

418 Burton Road
Derby
DE23 6AJ
Tel: 01332404325

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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?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires improvement

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 Four18 Wellbeing as part of our inspection programme.

Four18 Wellbeing provides a range of private GP services.

Four18 Wellbeing is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Four18 Wellbeing provides a range of non-surgical cosmetic interventions which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Dr Tayyab Bhatti is the registered manager. A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The service had processes in place to keep patients safe and protect them from avoidable harm. However, they had not always followed their own recruitment processes.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Patients received effective care and treatment that met their needs.
- The clinicians maintained the necessary skills and competence to support patients' needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- The provider needed to make improvements to the recruitment procedures.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure specified information is available regarding each person employed.

The areas where the provider **should** make improvements are:

Overall summary

- Check patient identity including that of any person that accompanies a child for treatment, aged 16 or under who does not pass the Gillick test, to establish parental responsibility.
- Complete a risk assessment to mitigate potential risks to patients where staff have not received hepatitis B immunisation.
- Put in place an action plan to act on the findings of the legionella risk assessment.
- Act on plans to carry out clinical audits and patient surveys to drive quality improvements within patient care.
- Carry out appraisals for all staff members.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

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

Our inspection team

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

Background to Four18 Wellbeing

Four18 Wellbeing is a limited company registered with the CQC to provide the regulated activities diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury at 418 Burton Road, Derby, Derbyshire, DE23 6AJ.

Four18 Wellbeing provides a range of private services to all ages including GP consultations, general health surveillance, minor surgery under local anaesthetic, completion of medical reports for occupational use, clinical tests, treatment for hyperhidrosis, migraine treatment, private prescriptions, sexual health care, wellbeing screening, hay fever treatment, weight reduction, drug and alcohol testing and treatment for teeth grinding.

The service is located in a purpose-built clinic in a renovated large period property located on a main road into Derby City. The two clinical rooms are located on the ground floor. There is a large car park including a parking space for people with a disability. Access for patients with a mobility disability is available by means of a removable ramp.

The service is provided by two GPs and a receptionist. Services are available on a pre-bookable appointment basis. Telephone and face to face appointments are available to patients to meet their needs. The service is open:

Monday, Thursday and Friday: 9am - 6.30pm

Tuesday: 6.30 to 9pm

Wednesday: Closed

Saturday: 9am - 2pm

Sunday: Closed

Before visiting we reviewed a range of information we held about the service and information which was provided by the service before the inspection.

How we inspected this service

During the inspection:

- We spoke with the two GPs and the receptionist.
- Reviewed key documents which supported the governance and delivery of the service.
- Made observations about the areas the service was delivered from.
- Looked at information the service used to deliver care and treatment plans

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.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

The service did not have effective recruitment procedures in place as not all of the records required under Schedule 3 of the Health and Social Care Act were available for inspection.

In addition, the provider should:

- Check the identity of patients receiving treatment at the service including the identity of any person that accompanies a child for treatment, aged 16 or under who does not pass the Gillick test, to establish parental responsibility.
- Complete a risk assessment to mitigate potential risks to patients where staff have not received hepatitis B immunisation.
- Put in place an action plan to act on the findings of the legionella risk assessment.

A number of the safety concerns we identified were rectified soon after our inspection. The likelihood of these happening again in the future is low and therefore our concerns for people using the service, in terms of the quality and safety of clinical care are minor. (see full details of the action we asked the provider to take in the Requirement Notices at the end of this report).

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse however they were not always fully adhered to.

- The service had systems in place to safeguard children and vulnerable adults from abuse. Policies were in place to support staff however, the policies did not include local contact details for staff to refer to.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the 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 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.
- The service had systems in place to assure that an adult accompanying a child had parental authority. We discussed this with the provider and identified the need to check the identity of the person accompanying the child, aged 16 or under, who did not pass the Gillick test. Gillick competence is the principle we use to judge capacity in children to consent to medical treatment.
- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. We found risk assessments and safety checks had been completed in some areas. For example, premises, gas and electrical maintenance, emergency lighting, portable appliance testing and fire prevention. However, we found examples where risk assessments had not been completed. For example, when a non-clinical member of staff had not received the recommended immunisations against potential health care acquired infections.
- There was an effective system to manage infection prevention and control (IPC). The service was visibly clean and there were completed cleaning schedules in place. We found that three-monthly IPC audits had been completed. A legionella risk assessment had been competed on 26 July 2022. However, where issues had been identified, an action plan to mitigate the risks had not been put in place.
- 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.

Requires Improvement

Are services safe?

- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

However:

- The provider had not carried out appropriate staff recruitment checks at the time of staff recruitment. We reviewed the record of one member of staff and found that a DBS check had been undertaken. However, we found that there was no photographic proof of identity, satisfactory evidence of conduct in previous employment, a full employment history or assessment of their physical and mental health. A form had been developed to assess if any reasonable adjustments were required to address any physical or mental health conditions a staff member may have had. Staff completed these on the day of our inspection however one form did not include dates that immunisations were received.
- We found that a non-clinical member of staff had refused the hepatitis B vaccination. A risk assessment to mitigate potential risks to patients or the staff member was not in place.

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.
- 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.
- There were appropriate indemnity arrangements in place for the two GPs that worked at the service.
- There were suitable medicines to deal with medical emergencies which were stored appropriately and checked regularly. We found that an emergency medicine used in the treatment of low blood glucose levels and a medicine used in the treatment of a slow heart rate were not available. The day after our inspection, the provider forwarded to us evidence that these medicines had been purchased. We found that emergency equipment was available for example, oxygen, an automated defibrillator and pulse oximetry for adults. However, paediatric pulse oximetry equipment was not available. The day after our inspection the provider forwarded to us evidence that paediatric pulse oximetry equipment had been purchased.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The service used paper records to record patient details however, they were in the process of transferring these records over to a new electronic IT system.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment when it was appropriate to do so and with the patient's consent.
- 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.
- GPs made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

Requires Improvement

Are services safe?

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Where medicines were prescribed off license, risk assessments and consent forms informing patients of potential risks were in place.
- The service prescribed an unlicensed medicine used in the treatment of hay fever. A prescriber can make a professional decision to prescribe a medicine outside the indications stated in the medicine's licence to meet the specific clinical needs of their patient. However, treating patients with unlicensed medicines is a higher risk than treating patients with licensed medicines because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) or the appropriate professional. The service planned to carry out an audit of patients prescribed this medicine to monitor the effectiveness and safety of this group of patients.
- The service prescribed an approved medicine used for weight loss and planned to carry out an audit of this medicine to ensure prescribing was in line with best practice guidelines.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They did prescribe a schedule 4 controlled drug however, there were strict processes in place to manage this and only a small number of these medicines were prescribed per person.

However,

- Effective protocols for verifying the identity of patients including children, were not in place. The provider told us they would review this and introduce appropriate systems.

Track record on safety and incidents

The service had a good safety record.

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

Lessons learned and improvements made

The service had procedures in place to learn and make 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. The service only saw one to two patients per week and as such had not recorded any significant events in the last 12 months.
- There was a policy in place for reviewing and investigating when things went wrong.
- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

We rated effective as Good because:

Staff had the skills, knowledge and experience to carry out their roles and provide effective care and treatment.

However, the provider should:

- Act on plans to carry out clinical audits to drive quality improvements within patient care.

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 service prescribed an unlicensed medicine used in the treatment of hay fever. This medicine is not recommended by the National Institute for Health and Care Excellence (NICE). We found that this medicine had been prescribed by an appropriate professional and the risks associated with it explained to patients.
- 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.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. The provider had recently introduced a membership health plan and, an IT system to manage patient's records.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was partially involved in quality improvement activity.

- The service made improvements through the use of completed audits. For example, infection prevention and health and safety audits.
- Clinical audits had not been carried out within the service. The provider informed us they planned to carry out clinical audits of two medicines prescribed by the service to monitor and improve the care and treatment provided to patients.

Effective staffing

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

- All staff carrying out regulated activities were appropriately qualified.
- Medical staff were registered with the General Medical Council (GMC) and were up to date with their 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. We found that staff had not completed fire marshal training however, they were booked to attend the training in October 2022.

Coordinating patient care and information sharing

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

Good

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, if a patient consented to sharing information with their GP or if there was a medical need or safeguarding concern.
- Before providing treatment, GPs at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- 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 had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse.
- Staff told us that care and treatment for patients in vulnerable circumstances would be coordinated with other services if the need arose.
- The service monitored the process for seeking consent appropriately.
- We saw completed consent forms which included potential risks associated with the treatment.

Supporting patients to live healthier lives

Staff were consistent and 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. For example, smoking cessation and dietary advice.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients' needs could not be met by the service, clinicians 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.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Good

Are services caring?

We rated caring as Good because:

Patients were treated with respect. Staff were kind and caring and involved patients in decisions about their care.

However, the provider should gather and review feedback on customer satisfaction and on the quality of the clinical care provided to patients.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service saw one to two patients per week. They had started to gather patient satisfaction feedback and on the quality of clinical care patients received. However, on the day of our inspection they were only able to demonstrate feedback from one patient, which was very positive.
- 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.

- The service had access to interpretation services for patients who did not have English as a first language or had a hearing impairment.
- Patients attended for a face to face consultation and assessment, where the clinician discussed with them the risks and benefits of any treatment and answered any questions.
- Staff communicated with people in a way that they could understand, for example, use of age appropriate language when communicating with children.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Consultations were conducted behind closed doors, where conversations could not be overheard.
- Staff understood the importance of keeping information confidential. Patient records were stored securely.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

Services were delivered in a way that met the needs of patients and were accessible.

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.
- The facilities and premises were appropriate for the services delivered. There were downstairs consultation rooms, a disabled toilet with a call bell and designated parking for people with a disability.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, ramps into the building and a low-level reception desk for patients using wheelchairs.

Timely access to the service

Patients were able to 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.
- On the day or next day appointments were available. Patients could book appointments up to four weeks in advance. Email reminders were sent to patients 48 and 24 hours before their consultation was due.
- Waiting times, delays and cancellations were minimal and managed appropriately. There was a policy in place to manage appointment cancellations. The service requested that patients provided 48 hours' notice if they wished to cancel their appointment.
- Referrals and transfers to other services were undertaken in a timely way. For example, letters to patient's GPs with the patient's consent.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had a policy in place to respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available on the service's website.
- Staff we spoke with were aware of the actions to take is a patient complained about the service and how to escalate complaints throughout the service. They told us that if someone needed to make a complain they would be invited into the service to discuss it.
- The service had a complaints policy in place. However, the service had not received any complaints in the last 12 months.

Good

Are services well-led?

We rated well-led as Good because:

The culture of the service and the way it was led and managed drove the delivery and improvement of good quality person-centred care.

However, the provider should:

- Carry out appraisals for all staff members.
- Complete and review the outcome of the planned patient survey.

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.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff we spoke with were extremely positive about the support provided by the leaders.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future development of the service.

Vision and strategy

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

The service had developed clear aims and values which included:

- We aim to ensure high quality, safe and effective services.
- To provide healthcare which is available to a whole population and create a partnership between patient and health profession which ensures mutual respect, holistic care and continuous learning and training.
- To reduce risk in specific clinical risk areas and facilities
- To become a patient centred organisation
- To improve services offered to patients
- To recruit, retain and develop a highly motivated and appropriately skilled workforce.

Culture

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

- Staff felt very respected, supported and valued. They were proud to work for the service and told us the small team was like a family.
- Staff and the leaders described the culture as open, supportive and honest. Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The providerwas aware of and had systems to ensure compliance with the requirements of the duty of candour.

Good

Are services well-led?

- There were processes for providing all staff with the development they need. This included one to one and team meetings. The GPs had completed 360-degree appraisals. We reviewed the feedback for one of the GPs and found that the feedback was extremely positive. However, the service's receptionist had not been provided with an appraisal. This had been discussed however, a date for the appraisal had not been arranged. Staff were given protected time to complete mandatory training.
- There was a strong emphasis on the safety and well-being of staff. Staff told us that the leaders were very kind and rewarded them for their hard work.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were very positive relationships between staff and the leaders.

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
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There were arrangements in line with data security standards for the confidentiality of patient identifiable data
- There was a business continuity plan in place to support staff in events such as loss of domestic services, loss of information technology, pandemics and floods.
- The service submitted data or notifications to external organisations as required. For example, a notification to the CQC to inform us when the service was dormant throughout the Covid-19 pandemic.
- 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.

Managing risks, issues and performance

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

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audits had not been completed. The provider informed us they had plans to carry out audits of their prescribing of a medicine used in the treatment of hay fever and a medicine use in the management of weight loss.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings where staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

Good

Are services well-led?

The service was developing systems to involve patients, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from staff and acted on them to shape services and culture. The provider showed us one positive comment from a patient, however patient surveys had not been completed. The provider informed us this was being developed.
- We found there had been considerable building work completed to improve the safety and aesthetics of the building. The provider had plans in place to extend and make improvements within the service. For example, purchasing of an electrocardiogram machine and the introduction of a membership health plan to support patients to register with the service.
- Staff could describe to us the systems in place to give feedback. For example, at one to one meetings or team meetings. There was a suggestion box for patients to leave comments about the quality of the service.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was some evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. Staff were supported to attend appropriate training.
- Due to the small number of patients using the service, one to two per week, the provider had not received any complaints or significant events to drive changes throughout the service. However, there were policies in place to support staff in the handling of complaints and significant events.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular: • The required information had not been obtained for an administrative staff member employed at the service. • There was no photographic proof of identity. • There was no satisfactory evidence of conduct in previous employment. • A full employment history was not available. • An assessment of their physical and mental health had not been completed prior to starting to work at the service.