

# Ghosh Medical Group

## Inspection report

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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 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? – 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 Ghosh Medical Group on 14 June 2021 as part of our inspection programme.

This service is registered with 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. Ghosh Medical Group provides a range of non-surgical cosmetic interventions and intravenous therapy treatments, some of which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The registered manager for the service is Dr Arun Ghosh. 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.

## **Our key findings were:**

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- Staff reported a good culture and systems were in place for quality control and governance.

Whilst we found no breaches of regulations, the provider **should** make the following improvements:

- Investigate and take action in relation to the incident concerning vaccine fridge temperatures. To include how this was not picked up through the current system of checks.
- Only supply unlicensed medicines against valid special clinical need of an individual patient where there is no suitable licensed medicine available.
- Develop a programme of two cycle clinical audit.
- Formalise an audit of medicines prescribing.

# Overall summary

**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 who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor.

Throughout the pandemic CQC has continued to regulate and respond to risk. Taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. For this inspection we interviewed the service manager, nurse and members of the administrative team remotely and this enabled us to spend less time on site.

Our inspection also included:

- Speaking with the registered provider
- Reviewing records
- Requesting supporting information and evidence from the provider

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.

## Background to Ghosh Medical Group

Ghosh Medical Group is registered with the CQC as an independent consulting doctors service also providing slimming clinic treatments and minor surgery. The service is located in Rodney Street, Liverpool, L1 9ED.

The service is owned and run by the provider Dr Arun Ghosh. Services to patients include consultation, investigation and treatment. Minor surgery is also provided and the premises include a minor surgery treatment room.

The service also offers intravenous therapy which was mainly used for patients for non-medical purposes, and a range of aesthetic procedures, these activities are outside the scope of CQC registration.

The service operates Monday to Saturday from 9am to 7pm. All appointments are pre-bookable.

The service is registered with CQC to provide the following regulated activities:

Diagnostic and screening procedures

Services in slimming clinics

Treatment of disease, disorder or injury

Family Planning

Surgical Procedures

# Are services safe?

**We rated safe as Good because:**

## **Safety systems and processes**

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

- The provider had a range of safety policies which had been communicated to staff. Staff were provided with information about safety as part of their induction and refresher training.
- Policies and procedures were in place to safeguard children and vulnerable adults from abuse. These included details as to the types of abuse, procedures in place to prevent abuse and details of the local agencies to refer to in case of suspected abuse.
- A 'Children and young persons' policy also detailed procedures to protect children through setting out the requirements for staff checks, staff training and the arrangements for checking identity and obtaining consent.
- The provider carried out checks on all staff at the time of recruitment. This included Disclosure and Barring Service (DBS) checks. (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 had been provided with up-to-date safeguarding and safety training appropriate to their role. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The premises had been developed to meet infection prevention and control requirements. Infection and prevention audits were carried out on a regular basis.
- Cleaning schedules were in place and cleaning audits were carried out on a regular basis.
- There were systems for the management of healthcare waste.
- The premises and equipment were safe and appropriately maintained.
- 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.

## **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 had been provided with training in managing emergencies. There was a business continuity plan in place in case of major disruptions to the service.
- There were appropriate medical indemnity arrangements in place.
- A risk assessment had been carried out in relation to the environment to ensure the premises were safe and appropriately maintained.
- An assessment had been carried out in relation to access for people who are disabled.
- Health and safety audits were carried out on a three-monthly basis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

## **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 and protected their confidentiality.
- Systems were in place for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

# Are services safe?

- Referrals to other services had been made appropriately for those patients whose care and treatment we looked at.

## **Safe and appropriate use of medicines**

### **The service had systems for the appropriate handling of medicines.**

- The arrangements for managing medicines, including controlled drugs and emergency medicines minimised risks.
- Vaccine fridge temperatures were monitored. A significant event had been acted upon in relation to a drop in the recommended temperature. However, we noted that a similar drop had not been acted upon. The provider agreed to investigate this and take the required action to include establishing how the second drop in temperature had not been picked up and how to prevent a reoccurrence.
- Processes were in place for the safe prescribing of medicines and staff kept appropriate records of medicines.
- The provider used the services of two pharmacists (one employed and one external) to review medicines prescribing for all patients. They were planning to introduce a formal system of audit for medicines prescribing.
- Some of the medicines the service prescribed for weight loss were unlicensed for that purpose. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines. Where patients had been prescribed a medicine that was unlicensed for its intended purpose, we saw that patients had signed consent as to understanding that the medicine was unlicensed.
- There were protocols for verifying the identity of patients including children.

## **Lessons learned 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. Staff told us they felt confident to raise issues and felt that they would be supported if they did so.
- We saw an example of action taken in response to an event/incident that included changes to the protocol for the administration of a particular vaccine and reporting the incident through the NHS Yellow card scheme.
- The provider was aware of the requirements of the duty of candour. Staff told us they felt the provider encouraged a culture of openness and honesty.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a mechanism in place to disseminate alerts to all members of the team linked to their role. Alerts were discussed at regular staff meetings.

# Are services effective?

**We rated effective as Good because:**

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

**Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).**

- Patients' immediate and ongoing needs were 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.
- Regular clinical meetings were held where new guidelines were shared and discussed.
- We looked at the care and treatment provided to a sample of patients and this was in line with current guidance.

## **Monitoring care and treatment**

**The service carried out quality improvement activity.**

- The service made improvements through the use of audits. Recent audits included; an audit of the prescribing of controlled drugs, the prescribing of anti-biotics, and the effectiveness of knee joint injections. However, there was no programme of two cycle clinical audit in place.

## **Effective staffing**

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

- All staff were appropriately qualified.
- The provider had an induction programme for all newly appointed staff.
- 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.
- Staff were required to undertake regular mandatory training in topics such as; Information governance and confidentiality, fire safety, equality and diversity, infection prevention and control, basic life support, moving and handling, complaints, safeguarding and lone working.

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

**Staff worked with other organisations, to deliver care and treatment.**

- Staff referred to, and communicated with, other services when appropriate.
- Before providing treatment, patients were required to provide details of their medical history to ensure care and treatment was provided appropriately.
- Patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP. The provider 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, for medicines liable to abuse or misuse. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

# Are services effective?

- 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 arrangements for following up on people who had been referred to other services.

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

### **Staff supported patients to manage their health.**

- Where appropriate, staff gave people advice so they could self-care.
- 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, 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.
- The service monitored the process for seeking consent.



# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

**Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of care patients received.
- The provider reported highly positive patient feedback.

## **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.
- The provider's website is fully translatable.
- A hearing loop system was in place.
- Patients were provided with care and treatment plans for them to review before treatment commenced.

## **Privacy and Dignity**

**The service respected patients' privacy and dignity.**

- Staff told us they recognised the importance of treating people with 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.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **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.
- A lift was available for patients to access the first floor of the building.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

## **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.
- Referrals and transfers to other services were undertaken in a timely way.

## **Listening and learning from concerns and complaints**

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

- The service had a complaints policy and procedure.
- Information about how to make a complaint was made readily available to patients.
- The service learned lessons from individual concerns and complaints.
- Patients were informed of further action they could take if they were dissatisfied with the response to their complaint. This included referring to an independent adjudicator.

# Are services well-led?

**We rated well-led as Good because:**

**Leadership capacity and capability;**

**Leaders had the capacity and skills to deliver good quality, sustainable care.**

- Staff told us that leaders were visible and approachable. They worked closely with staff and provided regular opportunities for meetings, discussion and development.

**Vision and strategy**

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

- The provider had a vision for the service and was expanding the range of services provided,
- Staff were aware of and understood the vision and their role in achieving this.

**Culture**

**The service had a culture of providing good quality sustainable care.**

- Staff told us they felt respected, supported and valued.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing staff with the development they need. This included appraisal and regular support conversations.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- The service promoted equality and diversity. Staff had received equality and diversity training.

**Governance arrangements**

**There were clear responsibilities, roles and systems of accountability.**

- Structures, processes and systems to support governance and management were set out.
- Staff were clear on their roles and accountabilities
- Policies, procedures and activities had been established to ensure safety and ensure the service was operating as intended.
- There was a schedule of quality assurance audits including: infection prevention and control, patient reviews, Covid-19 swab cycles, Covid 19 risk, environmental safety checks and human resources checks.

**Managing risks, issues and performance**

**There were 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.
- The service had processes to manage performance.
- The provider had oversight of safety alerts, incidents, and complaints.

# Are services well-led?

- The provider had a business continuity plan in place.

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- The service submitted data or notifications to external organisations as required.
- There were 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, staff and external partners to support services.**

- The service encouraged feedback from patients, staff and external partners and acted on this to shape services.
- Staff were invited to complete a staff survey on a three monthly basis, and they could do this anonymously.
- Staff told us they attended regular service meetings and one to one meetings with the provider.

## **Continuous improvement and innovation**

### **There was evidence of systems and processes for learning, continuous improvement and development.**

- There was a focus on learning and improvement.
- The service made use of internal and external reviews of incidents and complaints.
- Learning was shared and used to make improvements.
- The provider was expanding the range of services provided to include specialist consultants.