

Optimise Health Clinic – Colmore Building

Inspection report

Colmore Building
20 Colmore Circus Queensway
Birmingham
West Midlands
B4 6AT
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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This service is rated as Requires improvement **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? – Requires improvement

We carried out an announced comprehensive inspection at Optimise Health Clinic - Colmore Building as part of our inspection programme.

This service is registered with CQC to provide the following regulated activities: Diagnostic and screening procedures, Surgical procedures and Treatment of disease, disorder or injury.

The lead clinician is 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.

Five people provided feedback about the service. Feedback was positive about staff and the convenience of the clinic.

Our key findings were:

- The clinic had opened in January 2019 and was still evolving and growing. The provider had produced a

range of policies and procedures to ensure safety of staff and people using the service. However, we did find not all policies or processes had been formalised and there were gaps in the management of risk.

- The clinic collected patient feedback to help assess how effective they were and if they could make any improvements. The provider gave us evidence that showed patient feedback was positive and they had acted to make improvements following patient feedback.
- The clinic monitored patient outcomes at follow up appointments or through direct feedback from patients.
- Patient feedback we received during the inspection was positive about staff and the service people had received.
- The lead clinician and clinic manager were experienced and capable of managing the service.
- The provider's strategy was to support individuals and businesses using the service, wishing to improve their overall wellbeing by offering a variety of interventions tailored to each situation. We saw that the service was centred on meeting individual patients' needs and staff took a flexible approach when dealing with people using the service.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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 specialist adviser.

Background to Optimise Health Clinic - Colmore Building

Optimise Health Clinics Ltd is the registered provider for this service. The clinic is located in Birmingham city centre in the basement 2 floor of the Colmore Building, 20 Colmore Circus Queensway, Birmingham, B4 6AT. The service has a satellite clinic at Cornwall Buildings, 45 Newhall Street, Birmingham, B3 3QR. We did not visit the satellite clinic as part of this inspection.

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

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

The clinic provides private healthcare services to private fee-paying patients or to clients on a corporate scheme. Services include travel vaccination, annual health checks, joint injections, blood tests, and flu vaccinations.

The clinic is open Monday to Friday 8.30am to 5.30pm. It does not provide home visits. For out of hours advice patients are advised to contact NHS 111.

More information about the clinic can be found on their website .

The clinic treats adults and children. The provider gave us data that showed between January and September 2019 most appointments were face to face, people registered with the service also have the option of telephone and video consultations.

People can access appointments through the website or by calling the clinic if they are on a corporate scheme

with their employer. Telephone calls are answered by a call centre based in Manchester, the call handler puts the call through to the clinic manager or doctor as relevant. If clinic staff are unable to take the call the call handler sends the clinic staff an email with the details of the call.

The clinic has two clinicians, one male and one female. The clinic has a clinic manager and reception services at the clinic are provided by the Colmore Building management team.

How we inspected this service

Before the inspection we reviewed information the provider sent us, any information we held on the service and any information that was available to the general public.

During the inspection we spoke with clinic staff, reviewed feedback from people using the service and 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?

We rated safe as Requires improvement because:

We identified safety concerns that were rectified soon after our inspection. The likelihood of these happening again in the future is low and therefore our concerns for patients 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).

The provider did not have effective processes in place to manage safety alerts or emergency medicines. Not all staff had received infection control training and fire safety training. The clinic did not have suitable chaperone arrangements and we found the provider had not carried out DBS checks for all staff.

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse. However, not all systems and processes were well embedded.

- The provider had access to safety risk assessments that had been arranged by the building management team. It had produced most safety policies, which had been reviewed. They outlined clearly who to go to for further guidance. However, staff had not received safety information from the service as part of their induction in line with their own policies. For example, fire training or infection prevention and control training. The service had systems to safeguard children and vulnerable adults from abuse. Clinical staff had received appropriate training and the clinic had a lead doctor for safeguarding.
- We found one non-clinical staff member had not received safeguarding training and no risk assessment was undertaken to determine the level of risk against their role and responsibilities. The clinic's policy stated that non-clinical staff should receive a minimum of level 1 training.
- There were effective protocols for verifying the identity of patients including children and adults accompanying a child, who attended the clinic in person. Staff told us they asked all patients to bring in photo identification to their first appointment.
- At the time of the inspection, when carrying out a video consultation, the clinicians were not asking patients to produce identification to confirm identity. Staff told us they only carried out video consultations for registered

patients. All patients reviewed by video consultation must have had an initial face to face review and identity confirmed and each patient was sent a unique link to use to access the call. Since opening, the clinic had reviewed two patients by video call. Both patients were reviewed by the same clinician that had reviewed them initially. The provider told us to ensure continuity of care people would generally be reviewed by the same clinician however they would review their policy for this.

- The provider carried out most staff checks at the time of recruitment. The provider had not carried out Disclosure and Barring Service (DBS) checks or completed a risk assessment for one staff member. The risk assessment would have allowed the provider to monitor and review the need for a 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 clinic did not have appropriate chaperone arrangements in place. The provider's policy advised to use a suitably trained clinical staff member, if one was not available then people were asked to bring someone in with them. Staff told us if a chaperone was required, people were advised to bring a chaperone in with them. The provider sent us evidence to show following the inspection they had amended their chaperone policy to ensure only suitably trained staff acted as chaperones.
- There were systems in place to manage infection prevention and control (IPC). The provider had produced a policy and planned on carrying out an annual IPC audit. Staff that were responsible for carrying out the audit had not received any IPC training. The clinicians had received IPC training through their other employment roles, however they had not received training that was specific to this clinic. We found no concerns with IPC during our inspection. All areas that patients would access were visibly clean and tidy. The provider sent us evidence, to show that following the inspection all staff had completed suitable IPC training.
- The clinic had access to a Legionella risk assessment. This had been arranged by the building management team. The building management team were in charge of monitoring the action plan.
- 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.

Are services safe?

- The provider had access to fire risk and health and safety risk assessments that had been carried out by external companies as arranged by the building's management team. The most recent fire risk assessment had expired in August 2019 and the clinic was not aware if a more recent one had been completed. Clinic staff had been involved in a fire drill/building evacuation but had not received fire safety training specific to this site in line with their policy. We saw evidence of COSHH safety sheets, however no evidence of a COSHH risk assessment for the clinic.

Risks to patients

Not all systems to assess, monitor and manage risks to patient safety were fully embedded.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- The clinic did not use locum or agency staff. Staff received an induction that was tailored to their role including the use of IT systems and customer service training. However, we found safety training had not been considered as part of the induction process in line with the provider's policies. For example, staff had not received fire training or infection prevention and control. There were no formal induction training records for non-clinical staff.
- 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.
- The clinic had most recommended emergency medicines and all equipment to deal with medical emergencies which were stored appropriately and checked regularly. The provider had implemented an appropriate system to monitor stock levels of medicines and order when necessary. However, we found the clinic did not have three emergency medicines that would have been appropriate for the clinic to stock and the provider had not completed a risk assessment to inform this decision. The provider sent us evidence to show, following the inspection, they had ordered all appropriate emergency medicines.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

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 had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The provider did not have 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. However, staff told us they would be looking into this.
- Clinicians 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.

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely.
- The provider told us they formally planned on auditing records to ensure prescribing was in line with best practice guidelines for safe prescribing once they had been operating for a year. We saw evidence of the provider reviewing the clinician's records to ensure prescribing was appropriate as part of their clinical supervision.
- The service does not prescribe controlled drugs (medicines that require high levels of control due to their risk of misuse and dependence).
- 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.

Track record on safety and incidents

The service discussed safety regularly.

- The provider had access to comprehensive risk assessments in relation to safety issues that were

Are services safe?

arranged by the building's management team. We saw that the provider had accessed all relevant risk assessments before opening the clinic however, we did not see an effective system for monitoring. For example, staff were not aware the fire risk assessment had expired in August 2019.

- We saw that the provider attended meetings arranged by the buildings management team to discuss any issues they may have about the building.
- Risk was a standing agenda item on clinic meeting minutes. The service monitored and reviewed activity.

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. 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 acted to improve safety in the service for patients. The clinic discussed significant events during the clinic staff meeting.
- Staff told us how they had improved communication methods following a significant event.
- The provider was aware of the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology.
- We saw that clinicians received safety alerts however, we found the service had not implemented an effective process to manage alerts. The clinic staff could not demonstrate to us how recent alerts had been managed or where they were discussed.

Are services effective?

We rated effective as Good because:

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.
- Patients' immediate and ongoing needs were fully assessed. The clinic focussed on treating the whole person, this included 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. People attending the clinic through a corporate scheme were entitled to four appointments through the scheme. The clinic did not prescribe medicines that would require blood monitoring.
- Staff assessed and managed patients' pain where appropriate.
- The service used technology to improve treatment and to support patients' independence. For example, people were asked their chosen method of communication. Staff were able to access notes remotely and were able to respond to people using their chosen method even when they were away from the clinic.
- Patients were able to book appointments online at a time that suited them. The clinic offered telephone and video consultations.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits and through collecting patient feedback. Since opening in

January 2019, the clinic had completed one audit on the clinic's use of vaccines. The audit showed that all relevant records and paperwork had been completed appropriately.

- The clinic provided "access and action" appointments. At the access appointment the patient's needs were assessed and the initial care and treatment plan was devised with the patient. At action appointments, outcomes were monitored and targets reviewed.
- The clinic invited people to complete patient feedback after each consultation. The provider gave us data to show between January and September 2019 they had received 11 feedback responses.
- Feedback was positive about the service and all 11 patients that completed the survey responded that they would recommend the service to friends and family.
- Two people had commented that they had struggled to find the clinic, the provider told us following this feedback they had asked the building manager to put up more signs within the building directing people to the clinic.

Effective staffing

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

- All staff were appropriately qualified and competent in their roles. The provider had an induction programme for all newly appointed staff which covered roles and responsibilities. However, the induction programme did not include all required safety training in line with the provider's policies. This has been reflected in judgements for Safe and Well-led.
- Professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- Staff whose role included immunisation and reviews of patients had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

Staff 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. For example, with the patient's usual GP, with other private services or with secondary care.

Are services effective?

- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Staff gave us examples of how they had signposted people to more suitable sources of treatment if they felt the clinic could not provide the care and treatment people needed.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- 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.
- Staff told us a person's journey with them was looked after by a dedicated clinician. This included the clinician collecting the patient from reception, any outcomes from the consultation were dealt with by the clinician for example any referrals or blood tests that were needed, the clinician also booked any follow up appointments for the patient.

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.
- Risk factors were identified, explained to patients and where appropriate highlighted to their normal care provider for additional support. Where appropriate,

when forming treatment plans, clinic staff looked at the whole patient and concentrated on finding a solution to the problem, and reducing long term health risks, rather than just focussing on the immediate problem.

- The clinic provided services to employees of businesses that chose to take out a contract with the clinic. Staff told us how they monitored trends amongst employees to try and identify solutions that would help all employees instead of treating the individuals.
- Where patients' needs could not be met by the service, staff directed them to the appropriate service for their needs. For example, to a physiotherapist or psychologist.
- The clinic offered annual health plans with action and access appointments.
- The clinic was planning a health and wellbeing promotion event in November 2019 where people would be encouraged to walk 3 kilometres during their lunch break. At the time of the inspection, the provider was communicating with local businesses to encourage their staff to sign up.

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.
- The service monitored the process for seeking consent appropriately.
- From records we viewed, consent was sought and documented appropriately.

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 clinical care patients received and on satisfaction with customer service.
- Feedback from patients was positive about the way staff treat people
- 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. After booking an appointment, people received an email containing pre-appointment information. The email was comprehensive and contained information on who the appointment was with, the cost of the appointment, the cancellation process and the complaints process.

Involvement in decisions about care and treatment

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

- The clinic explained to people if interpretation services were needed the patient would need to arrange these before the appointment. Information leaflets and medicines labels were available in large print, to help patients be involved in decisions about their care.
- Patients told us that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, through communication aids.
- The service invited people to complete a survey after their appointment. The provider gave us data that showed 11 people had provided feedback on the service between January and September 2019. The results of the survey showed of the people that responded all 11 people felt they had been asked enough questions, they had been encouraged to ask questions, they had received satisfactory answers and they were included in their health? plan.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Patient appointments were spaced apart to help maintain confidentiality of patients.

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 provider told us the clinic had been set up because they had identified that people of working age did not always seek medical support when it was needed. They wanted to create a service that was convenient and easily accessible to all in particular those people of working age with busy lifestyles.
- The facilities and premises were appropriate for the services delivered. There was one consulting room, and a small waiting area outside the consulting room with seating for two people.
- People using the service notified reception when they arrived. The provider had an agreement with the building manager for the use of their reception services. The clinician came and collected patients from the waiting area.
- The consultation room was on the basement level 2 floor which could be accessed by stairs or lift.
- The provider had an arrangement with a pharmacy that could send prescriptions out to people if necessary. For example, if a patient was travelling. This was to ensure patients could continue accessing care and treatment.

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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way. Each clinician was responsible for doing their own referrals and following up on test results.
- Staff told us they were flexible and if people needed an appointment outside of normal opening hours this could be arranged. However, most people attended during normal working hours.
- The provider told us they were able to offer same day face to face and/or video consultations at the time of the inspection as they were working to approximately 25% capacity. Their aim was to work to approximately 60% capacity, this was to ensure people could continue to access care in a timely manner.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously.

- Information about how to make a complaint or raise concerns was available.
- The service had not received any complaints at the time of our inspection.
- The service had a complaint policy and procedures in place.

Are services well-led?

We rated well-led as Requires improvement because:

We identified safety concerns that were rectified soon after our inspection. The likelihood of these happening again in the future is low and therefore our concerns for patients 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).

The provider did not have effective processes in place to manage and mitigate risk. This included the management of health and safety, staff training and recruitment checks.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care however we found gaps in the management of risk.

- The management team were aware of issues that would affect the quality of their service. However, we found there were gaps in the management of risk.
- The provider was visible and approachable and worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider responded appropriately to our concerns during the inspection and sent us evidence following the inspection to show they were taking appropriate action.

Vision and strategy

The service had a 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. The service had a realistic strategy and supporting business plans to achieve priorities.
- The clinics strategy was to support individuals and businesses using the service, wishing to improve their overall wellbeing, by offering a variety of interventions tailored to each situation.
- Staff we spoke with were both passionate about providing patient centred care and shared similar values.
- Clinic staff told us the direction of the clinic had changed since it was first started, this was due to patients' needs. It was evident that patient's needs were at the centre of the services the clinic provided.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Staff shared the same vision and values. The provider told us only those staff that shared the same vision and values were chosen to work for the service.
- The provider was aware of the requirements of the duty of candour. Openness, honesty and transparency were demonstrated when responding to incidents.
- 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 all staff with appraisals and career development opportunities. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff. The provider had produced a lone worker policy. Staff could use the gym facilities within the building. Staff could work remotely including from home when they needed to work more flexibly.
- We saw there were positive relationships between clinic staff.
- The provider was receptive to feedback and sent us evidence to show they had taken action after the inspection to improve the quality of the service.

Governance arrangements

There were gaps in the governance arrangements.

- The provider had produced most policies and processes to support good governance. However, we did find there were some gaps. This clinic had originally been set up with a small workforce of one doctor and one clinic manager. Since then the clinic had employed a second doctor. While the provider had informal processes for the management of safety alerts, staff training, video consultations, and business continuity they had not been formalised and the provider could not demonstrate the systems for managing safety alerts and staff training were effective.

Are services well-led?

- The provider informed us all processes would be formalised following the inspection and shared with relevant staff, especially as there were plans to expand the workforce further.
- The provider sent us evidence to show, following the inspection all staff had completed appropriate infection prevention and control training.
- Staff were mostly clear on their roles and accountabilities. Some policies had been updated in August 2019 and staff told us they had not yet met to discuss the changes.
- We found the chaperone policy was not adequate. The provider took immediate action to amend their processes and sent evidence to show they had amended their policy following the inspection.

Managing risks, issues and performance

There were some gaps in the management of risk.

- We saw that clinic staff had access to health and safety risk assessments and fire risk assessments that were completed by external companies as arranged by the buildings management team and the provider had ensured all relevant risk assessments had been completed before the clinic opened. However, the provider had not completed a COSHH risk assessment for their clinic and it was not clear who monitored risk assessments to ensure they were accessing the most current versions. For example, the fire risk assessment had expired in August 2019 and clinic staff were not aware if a more recent assessment had been completed.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through observations of their consultations, prescribing and referral decisions. Clinical staff had access to safety alerts however the provider did not have an effective process for management of alerts. The provider had oversight of safety incidents and complaints.
- There was clear evidence of action to change services to improve quality. The clinic had completed one audit since opening. They collected patient satisfaction information and monitored patient outcomes. The lead clinician also reviewed the other clinician's patient records at random intervals to ensure safety and quality of care. The provider told us they had plans to complete further audits.

- Staff knew how to respond in the event of a fire and a medical emergency, however we found the clinic did not stock all necessary emergency medicines and staff had not received formal fire safety training. The provider sent us evidence to show, following the inspection, they had ordered the appropriate emergency medicines. The clinic did not have a formal business continuity plan however staff we spoke with knew the relevant people to contact and they had another location they could use if needed.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The provider did not have arrangements for the management of records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading. The provider told us they would be looking into this.

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, staff and external partners and acted on them to shape services and culture.
- The clinic told us they visited other companies within the building to promote their service and to collect feedback on how their service could be improved.

Are services well-led?

- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service discussed risk and performance with staff during staff meetings.
- The provider wrote a short blog in the building's weekly newsletter to advertise the service and promote healthy lifestyles and offer advice on keeping well.

Continuous improvement and innovation

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

- The provider told us the clinic was new, evolving and they were still learning. We saw that although most processes had been thought about they had not yet all been formalised.
- Staff told us they were encouraged to learn and develop. Staff had attended mental health training to enable the clinic to offer a better service to patients who had been designated by their employer as mental health first aiders. Clinic staff had identified that not all people carrying out this role had been provided the proper training or resources to help them carry out this role effectively.
- The service made use of internal reviews of incidents. Learning was shared and used to make improvements.
- The provider told us they wanted to provide services that were bespoke and innovative. For example, the clinic had held an "ask me a question" drop in session in July for people working in the building. People did not have to be registered with the clinic to use the service. The provider told us approximately 20 people had attended this session and through the session they had identified one patient with a long-term condition that was previously undiagnosed.
- The provider told us one of their aims was to give back as much as they could, and they wanted to work with local charities and the community. They told us of a mens health event they were planning for November 2019 to raise awareness of mens mental health and suicide where they would be encouraging men to walk to reduce the risks associated with a sedentary lifestyle. Every lunchtime in November 2019, clinic staff planned to walk three kilometres through the town centre with employees of local companies. Clinic staff aimed to walk a total of 60 kilometres over the month of November. At the time of the inspection the provider was communicating with the city council to discuss the practicalities and staff told us the event would be advertised in October on social media and through the Colmore building newsletter.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>There were a lack of effective systems and processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk</p> <p>In particular:</p> <ul style="list-style-type: none">• Risks relating to health and safety were not always assessed and managed effectively. This included risks associated with hazardous products and we found the provider did not have effective oversight of risk assessments carried out by the building management team for example fire risk.• The provider had not carried out a DBS check or carried out a risk assessment for all staff.• The provider had not carried out a risk assessment for those emergency medicines they had decided not to stock. <p>The systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided were not fully effective.</p> <p>In particular:</p> <ul style="list-style-type: none">• There was a lack of effective management oversight in areas such as staff training.

This section is primarily information for the provider

Requirement notices

- The provider did not always have established policies and procedures to ensure safety and assure themselves that they were operating as intended, for example, the management of safety alerts, chaperoning, video consultations and business continuity.
- The provider did not have arrangements for the management of records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Regulation 17(1)(2)(a)(b) Good Governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.