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First Health Medical and Skin Care Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 23 May 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The service provides general practice services, including travel vaccination and family planning. It also provides medical treatment for a number of skin conditions and minor surgery (e.g. to remove cysts). There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. First Health Medical and Skin Care Centre also offers a range of aesthetic services not regulated by CQC including Botox and laser hair removal.

The lead GP 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.

Summary of findings

Sixty-six people provided feedback about the service, and the feedback was wholly positive.

Our key findings were:

- Most risks to patients were assessed and well managed. However, actions taken to manage risk were not all documented.
- Clinical equipment had not been calibrated at the time of the inspection, however we were sent evidence shortly after the inspection that equipment purchased more than 12 months earlier had been replaced.
- Audit was used to check care was delivered according to best practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There were arrangements to safeguard patients from abuse.
- Patients said they were treated with care, compassion, dignity and respect.
- Information about how to complain was available and easy to understand. There had been no complaints.
- There was a clear leadership structure and staff felt supported by management.

There were areas where the provider could make improvements and should:

- Review arrangements for safety management to ensure safety (e.g. fire alarm checks) are documented and that calibration is carried out at appropriate intervals.
- Review decision to only carry out standard Disclosure and Barring Service checks on non-medical staff who are available as chaperones.
- Review training arrangements to ensure that staff receive training to the appropriate level, e.g. in safeguarding and basic life support.
- Review policies to ensure they are complete and up-to-date. Consider developing documented protocols for checking patient identity and communicating with patients' permanent GP.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- There was an effective system in place for reporting and recording significant events. No significant events had been recorded, but staff we spoke to were aware of how to report any event and said they were encouraged to do so.
- The service had processes and practices in place to keep patients safe and safeguarded from abuse, although the policies did not all have external contact details. We saw updated policies shortly after the inspection.
- Most risks to patients were assessed and well managed. The practice had considered and mitigated a number of different risks, including those related to recruitment. Clinical staff all received an enhanced Disclosure and Barring Service (DBS) check. Non-clinical staff received a standard DBS check, a decision that had not been risk assessed. However, not all actions to mitigate risks (e.g. fire alarm checks) were documented.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Staff assessed needs and delivered care using best practice guidance. Most of the clinical equipment was purchased about 18 months before the inspection. Although equipment used in clinical assessment had not been calibrated to check that it was effective, we were sent evidence shortly after the inspection that items over 12 months old had been replaced.
- Costs and likely outcomes were discussed with patients before treatment commenced.
- Audit was used to check care was delivered according to operating procedures.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received support and annual appraisals.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available and their costs was available and easy to understand.
- We saw staff maintained the confidentiality of patient information.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- Patients said they found it easy to make an appointment.
- The clinic requested feedback from all patients and results showed a high level of satisfaction with the service.
- The service was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. No complaints had been received.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Summary of findings

- There was a clear vision to provide a high quality personalised service to patients, and staff were clear about their role in achieving this.
- There was a clear leadership structure and staff felt supported by management.
- Structures, processes and systems to support good governance and management were generally effective. However, some were not documented.
- Leaders had generally established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, the safeguarding policies were not complete as they did not include external contact details. We saw updated policies shortly after the inspection.
- The partners encouraged a culture of openness and honesty. The service had systems in place to ensure that appropriate actions were taken in the event things went wrong. The provider was aware of the requirements of the duty of candour.
- The service proactively sought feedback from staff and patients.
- There was a focus on learning and development.

First Health Medical and Skin Care Centre

Detailed findings

Background to this inspection

First Health Medical and Skin Care Centre is run by Dr Fouzia Rizvi. It is based at 43 Stonecot Hill, Sutton, Surrey, SM3 9HH.

First Health Medical and Skin Care Centre offers general practice services, including travel vaccination and family planning, for children and adults. Minor surgical procedures are carried out, for example to remove moles and warts. Home visits are available 7 days a week to areas close to the service, but occurred only rarely.

Most appointments with First Health Medical and Skin Care Centre are for aesthetic procedures, for example using lasers or injected filler, which are not regulated by CQC.

The service is open Monday – Saturday 10am - 1pm and 5pm - 8 pm, for booked appointments only.

There are two GPs and a technician who provided aesthetic treatments not regulated by CQC, and who also acted as a receptionist and administrator for the whole service. When the technician was on leave, the service employed a locum technician.

We inspected the service on 23 May 2018. The team was led by a CQC inspector, who was accompanied by a GP specialist advisor.

During the inspection, we received feedback from people who used the service, interviewed staff, made observations 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?

Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

- The service had systems to safeguard patients from abuse, but they were not completely embedded. The child safeguarding policy did not name the safeguarding lead, and the adult policy did not have details of the external contacts. The child safeguarding policy did not have external contact details. We were sent an updated version after the inspection, which was complete. All permanently employed staff had received up-to-date safeguarding and safety training appropriate to their role (for example level three for GPs). The practice had no evidence of formal safeguarding training for a locum staff member (who carried out a non-clinical role in respect of the regulated activities), but did have evidence that all staff members had read the safeguarding policies, which contained information about what constitutes a concern and what action should be taken. All staff we spoke to were clear how to identify and report concerns. After the inspection, the service told us that they had arranged formal safeguarding training for the non-clinical staff.
- The service policy was for medical staff to act as chaperones, whenever possible. Medical staff had received an enhanced Disclosure and Barring Service (DBS) check. A technician, who provided non-clinical support and aesthetic services not regulated by CQC, was trained to act as a chaperone and had had a standard DBS check, but had not been called upon to perform the role. Staff told us that an enhanced DBS check would be carried out soon on this staff member, who had recently become a permanent employee. 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. There are two types of DBS check: a standard DBS check involves a check of an applicant's criminal record against the Police National Computer for any reprimands, warnings, cautions or convictions. An enhanced DBS check includes all the information included as part of a standard check, plus any information held locally by police forces that's considered relevant to the post applied for.
- The service carried out appropriate staff checks at the time of recruitment and on an ongoing basis. This included checks of identification, references, qualifications, medical indemnity and professional registration, on permanent staff and locums.
- We observed the premises to be clean and there was an effective system to manage infection prevention and control. An infection control audit had recently been carried out, and we heard that actions were ongoing to rectify the issues identified, most of which were minor. At the time of the inspection, there was one clinical room that had flooring that did not meet the standard expected of a healthcare facility, because there was a join in the flooring surface. This was because work was ongoing to address issues with the ground below the floor. The service told us that this room was used infrequently, and never for minor surgery or other procedures with a higher infection risk.
- The service generally had good arrangements to ensure that facilities and equipment were safe and in good working order, although not all of the checks that were completed were documented. Most of the equipment had been purchased approximately 18 months earlier, and the clinical assessment equipment (such as weighing scales and blood pressure monitoring equipment) had not been calibrated to ensure they were accurate. Shortly after the inspection of the date we were sent evidence that equipment purchased more than 12 months previously had been replaced.
- Arrangements for managing waste and clinical specimens kept people safe.
- The service had a variety of other risk assessments and procedures in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Risks to patients

- There were systems in place to assess, monitor and manage risks to patient safety, although they were not always documented.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays and sickness.

Are services safe?

- The service was equipped to deal with medical emergencies and staff were trained in emergency procedures. Medical staff had recent basic life support training. Staff who performed aesthetic procedures not regulated by CQC and a non-clinical role with respect to all services had not had recent face-to-face basic life support training, but had been shown a video, completed online training and been shown how to use the defibrillator.
- Emergency medicines and equipment (including oxygen and defibrillator) were checked to make sure they were available if required. The checks the service made were not documented, but the staff member responsible could tell us accurately when the checks were carried out, what medicines were in the emergency supply and when they would expire. After the inspection we were told that the service had now started to record the checks of emergenecy medicines.
- Staff had received training on how to manage emergencies, including medical emergencies and fire. There was appropriate fire equipment, which was checked to ensure it was effective, although the checks were not all documented. After the inspection we were told that all checks were now documented.
- Staff had appropriate professional indemnity insurance.
- There was a business continuity plan for major incidents such as power failure or building damage. This contained emergency contact details for suppliers and staff.

Information to deliver safe care and treatment

- There was a central electronic record system, which had safeguards to ensure that patient records were held securely. Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included investigation and test results.
- The service checked the identity of patients by requesting verbal confirmation of their name and personal information. Staff told us that when an adult requested an appointment for a child they always asked for registration details for both the child and the accompanying adult and checked (verbally) that the adult had parental responsibility. Medical staff were aware of the need to ensure that the accompanying adult had the authority to consent for children too young to do so.
- There were failsafe mechanisms to check that results were received for samples sent for testing.

Safe and appropriate use of medicines

- From the evidence seen, staff prescribed and gave advice on medicines in line with legal requirements and current national guidance. There was no prescribing of medicines described as high risk, which require more frequent monitoring to ensure a safe dose.
- Staff told us that patients were often referred to them from a local pharmacy, and that (with the patients' permission) GPs would confirm with the pharmacy what regular medicines the patient took before prescribing.
- Prescriptions were generally printed onto specially designed forms, after being recorded on the patient record system. These forms, and the GP stamp, were stored securely.
- Medicines stocked on the premises were stored appropriately and monitored. Checks of the fridge temperatures were documented.

Track record on safety

- There were a range of risk assessments, which were monitored and acted upon, although actions were not all documented.
- There had been no safety incidents, but there was an appropriate policy in place.

Lessons learned and improvements made

- There was a policy for incident reporting.
- The provider was aware of the requirements of the duty of candour.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

- Clinical staff treated patients according documented processes based on evidence based practice guidelines, where available, and there were mechanisms to keep these up-to-date.
- We saw no evidence of discrimination when making care and treatment decisions, subject to patients making the agreed payment.

Monitoring care and treatment

- The service used audit routinely to verify that care was being delivered according to documented protocols. Audits had taken place of infection rates after minor surgery, histology samples and consent taking. We saw evidence of high rates of adherence with protocols and that areas for improvement were addressed with relevant staff members.

Effective staffing

- Staff had appropriate knowledge for their role, for example, to carry out minor surgery.
- Protected time was provided for all staff for both mandatory training and for staff to complete relevant independent learning of their choice. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The service provided staff with ongoing support. This included an induction process (although this was not documented), appraisals, supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor.

Coordinating patient care and information sharing

- There was no documented protocol as to when the service communicated with a patient's GP, and for most of the clinic's services (which are not regulated by the CQC) communication with the GP would not be relevant. Clinical staff were aware of their responsibilities to share information under specific circumstances (where the patient or other people are at risk) and explained other circumstances when they would work to get consent to share information, by explaining the risks to the patients if they did not.
- Few referrals were made to other providers. In the rare instances that a patient needed care from another healthcare provider the service wrote to the patient's GP.

Supporting patients to live healthier lives

- The service gave patients information about lifestyle improvements that benefited health, for example about diet and exercise.

Consent to care and treatment

- Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. GPs had a good understanding of the Mental Capacity Act 2005.
- Treatment costs were clearly laid out and explained in detail before treatment commenced.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

- We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.
- We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received 62 completed comment cards all of which were positive and indicated that patients were treated with kindness and respect. Comments included that patients felt the service offered was excellent and that staff were caring, professional and treated them with dignity and respect.
- Following consultations, patients were asked to review the service online. Almost all of the reviews (on several sites) were universally positive.

Involvement in decisions about care and treatment

- Feedback from the reviews and CQC comment cards indicated that staff listened to patients concerns and involved them in decisions made about their care and treatment.
- The service had access to translation services to communicate with patients who did not speak English as their first language.
- Staff told us of ways that they would communicate to support patients with a hearing impairment.

Privacy and Dignity

- Staff recognised the importance of people's dignity and respect.
- The service had systems in place to facilitate compliance with data protection legislation.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

The service was designed to provide easy access to GP appointments and to various different types of skin treatment, at times convenient for patients. Staff were clear about the high standard of customer service and clinical care that was the provider's expectation.

Staff members had received training in equality and diversity. Consultations were available to any person who paid the fees.

The facilities and premises were generally appropriate for the services delivered, although the floor of one of the consulting rooms was undergoing repair work and there was no calibration of clinical equipment.

The service asked patients to complete an online review after every consultation. The reviews (on multiple sites) showed high levels of satisfaction. Twenty one patients had rated the service on Google, with an average score of 4.8 out of 5.

Timely access to the service

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

Information about how to make a complaint or raise concerns was available.

The complaint policy and procedures were in line with recognised guidance.

No complaints had been received since the service opened.

Are services well-led?

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

Our findings

We found that this service was providing well led care in accordance with the relevant regulations.

Leadership capacity and capability

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The service had effective processes to develop capacity and skills.

Vision and strategy

- There was a clear vision to provide a high quality personalised service to patients, and staff were clear about their role in achieving this.
- The service had a realistic strategy and supporting business plans to achieve priorities.
- The clinic monitored progress against delivery of the strategy.

Culture

- Staff stated they felt respected, supported and valued.
- The service focused on the needs of patients. Staff told of examples where the service chose to buy more expensive products or equipment as the evidence suggested higher performance.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour and had a culture of openness.
- Staff we spoke with told us they were able to raise concerns and felt they would be encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was an emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Some staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff.

Governance arrangements

- Structures, processes and systems to support good governance and management were generally effective. However, some were not documented.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had generally established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, the safeguarding policies were not complete as they did not include external contact details.
- Action was taken on all of the issues we identified shortly after the inspection.

Managing risks, issues and performance

- There were generally effective processes to identify, understand, monitor and address current and future risks including risks to patient safety. However actions to manage risks were not all documented, and equipment had not been calibrated.
- The service had processes to manage current and future performance.
- Leaders had oversight of all areas of the service, including national and local safety alerts, and would provide oversight of incidents, and complaints.

Appropriate and accurate information

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The clinic submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

- Patients' and staff views and concerns were encouraged, heard and acted on to shape services and culture.

Are services well-led?

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

- There was a culture of considering all feedback as valuable, and staff told us that suggestions were acted upon, including to changing processes and new services to offer.

Continuous improvement and innovation

- There was a focus on learning and development. The service was relatively new and the leaders were reflective and keen to improve the quality and range of services available.
- Leaders and managers encouraged staff to take time for development.