

## Hilton House Medical Ltd

# Hilton House Medical

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 6 March 2018 to ask the service the following key questions; are services safe, effective, caring, responsive and well-led?

This was the first CQC inspection since registration in November 2016.

- At the time of inspection the service was not yet providing a service and therefore had not treated patients, so we reviewed the processes in place to provide a service.

#### **Our findings were:**

##### **Are services safe?**

We found processes in place supported safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found processes in place supported effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found that processes in place supported safe care in accordance with the relevant regulations.

##### **Are services responsive?**

We found processes in place supported responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found processes in place supported 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.

Hilton House Medical operates from a private building on Irwell Street, Bury. There is a private car park and ramp entrance into the building. There is a reception area, patient waiting area, washroom facilities which are suitable for people with limited mobility and include baby changing facilities, four consulting rooms and two minor surgery rooms. At the time of this inspection not all of the consulting were fully commissioned although work was ongoing. Additional meeting and storage rooms were also available. One room of the building is shared with another business.

Hilton House Medical is a private GP service. The service Hilton House Medical Ltd also uses trading names: Novus Hair Clinics and Novus Clinics. Under the Novus Hair Clinics & Novus Clinic brands the intention is to provide hair restoration and hair transplants. During the inspection we spoke with the doctor who was intending to provide this service.

# Summary of findings

Ms Patricia Fitzpatrick, is the registered manager in charge of the day to day running of the service. 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.

At the time of this inspection the registered manager was the only member of staff employed by the service.

At the time of this inspection the service had not treated any patients so Care Quality Commission (CQC) comment cards could not be completed.

## **Our key findings were:**

- The service had clear systems to keep people safe and safeguarded from abuse.
- The premises were clean and infection control measures had been established. Personal protective equipment (PPE) was readily available.

- Recruitment policies and procedures were in place.
- An induction programme was being developed for newly employed staff.
- Information about services and how to complain was available.
- Policies and procedures were readily accessible.
- There were systems in place to monitor and improve quality and identify risk.
- There was a clear vision to provide a safe and high quality service.

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

- Ensure evidence of all recruitment checks undertaken are kept on staff files.
- Formally record the visual checks of cleanliness.
- Ensure staff induction is fully implemented prior to any staff being recruited.

# 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 had systems in place to provide safe care in accordance with the relevant regulations.

- Appropriate recruitment policies and procedures were in place. The service should ensure staff files contain evidence of the recruitment checks undertaken so there is full information in respect of staff employed by the service.
- The service had systems, processes and policies in place to keep people safe and safeguarded from abuse.
- Infection control practices were suitable in order to minimise and prevent risks occurring and a bi-annual infection control audit was to be implemented once the service was fully operational. Visual checks of cleanliness undertaken by the registered manager were not recorded.
- Systems were in place to ensure that equipment was safe to use and that the premises were clean and well maintained.
- There was a system in place for reporting and recording significant events
- The service had adequate arrangements to respond to emergencies and major incidents.

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### **Are services effective?**

We found that this service had systems in place to provide effective care in accordance with the relevant regulations.

- All newly employed staff would undertake induction training. Proposed staff training was in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment.
- The consent to care and treatment policy was based on best practice guidance and the registered manager had completed training about the Mental Capacity Act.

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### **Are services caring?**

We found that processes in place supported the provision of caring services in accordance with the relevant regulations.

- Staff spoken with displayed caring, kindness and respectful behaviours.
- Staff once recruited would undertake privacy and dignity training.
- Privacy curtains were not yet in place in the consulting rooms although we were told they would in place be prior to any patient's being seen.

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### **Are services responsive to people's needs?**

We found that this service had systems in place to provide responsive care in accordance with the relevant regulations.

- A complaints process was in place and information about how to complain was available.
- The service had good facilities and was well equipped to treat patients and meet their individual needs.
- Facilities were accessible to those with limited mobility or who used a wheelchair and translation services could be accessed if required.

# Summary of findings

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- Opening hours of the service although not fully confirmed would be available on the website prior to a service being delivered.
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## **Are services well-led?**

We found that this service had systems in place to provide well-led care in accordance with the relevant regulations.

- There was a management structure in place and the staff we spoke with understood their responsibilities.
  - The service had policies and procedures to govern activity.
  - Systems were in place to encourage patient feedback.
  - There was a business contingency plan in place for any potential disruption to the service.
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# Hilton House Medical

## Detailed findings

## Background to this inspection

# Are services safe?

## Our findings

**We found that this service had systems in place to provide safe care in accordance with the relevant regulations.**

- The service had recruitment procedures in place. At the time of this inspection the only person that been recruited was the registered manager. We looked at their recruitment file and saw they had been employed in keeping with best practice guidance and a Disclosure and Barring Service (DBS) had been completed.
- The service had safeguarding children and adult policies and access to local policies. Information was available about local safeguarding contacts to ensure timely referrals could be made if staff had concerns about a patient's welfare or needed to report a suspected allegation of abuse. The registered manager and the proposed clinical lead spoken with during this inspection demonstrated they understood their responsibilities and had received appropriate training.
- Infection prevention and control policies and protocols were in place and the service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules in place that were completed by the external company employed to undertake the cleaning. However the schedules did not clearly evidence the actual cleaning that had been undertaken. Following the inspection we were sent evidence that new updated documentation for these recordings had been implemented.

The registered manager had undertaken infection control training and took the lead role in infection control. We were told they undertook a daily visual check of cleanliness although this was not formally recorded. Following the inspection we were sent confirmation that a recording tool had been implemented for the visual checks and a twice yearly infection control audit would be undertaken once a service was being provided. We saw appropriate clinical waste management protocols were in place and spillage kits were available as were adequate supplies of personal protective equipment (PPE).

- The premises were suitable for the services to be provided. There was an overarching health and safety policy and the service displayed a health and safety

poster with contact details of health and safety representatives that staff could contact if they had any concerns. We saw a certificate of Legionella testing (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and Control of Substances Hazardous to health (COSHH) information.

- There was a fire risk assessment, fire alarm, emergency lighting and fire safety equipment was tested, means of escape was checked and it was the intention that the service undertake fire evacuation drills annually. Following the inspection we were sent confirmation that a floor plan of the building was kept at reception so could be given to the fire service in the event of an emergency fire situation. The registered manager was the nominated fire marshal and had undertaken fire safety training.
- We saw portable appliance testing (PAT) had been undertaken and appropriate gas and electrical safety reports were in place.

### Risks to patients

- The service was not intended as an emergency service. We saw a policy for responding to a medical emergency and each of the consulting rooms, minor operation rooms, the two kitchens, the cleaners store cupboard and reception all had a first aid kit and it was the intention that a qualified first aider would be available on every shift.
- At the time of the inspection the service had oxygen but did not have a defibrillator. We told it was their intention to have a defibrillator prior to a service being delivered and we were given an explanation of the safety checks that would be implemented.

### Information to deliver safe care and treatment

- At the time of this inspection a service was not being delivered so no records were being stored and the computer system was not fully operational. We were told that information needed to plan and deliver care and treatment would be available to relevant staff in a timely and accessible way through their computer system once fully installed.
- The registered manager told us patients would be asked for proof of identity prior to a service being delivered and this was confirmed by the director.

# Are services safe?

## **Appropriate and safe use of medicines**

- At the time of this inspection no medication had been prescribed and there was no medication on the premises.

## **Track record on safety**

- No patients had used the service however there was a range of policies and procedures which included recognising and reporting health and safety events and guidance on significant event audits.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff.
- The registered manager had a system in place for managing notifiable safety incidents.

## **Lessons learned and improvements made**

- No patients had used the service however there was a policy relating to the duty of candour and the registered manager was aware of and articulated the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that registered managers of services must follow when things go wrong with care and treatment). We also saw a draft template letter should any patients need to be contacted. The registered manager told us a culture of openness, transparency and honesty was encouraged.
- The service received safety alerts and these were reviewed and any appropriate actions taken had been documented.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We found that this service had systems in place to provide effective care in accordance with the relevant regulations.**

### Effective needs assessment, care and treatment

- The service had not treated any patients but we were told a service would be offered to all prospective patients without discrimination.
- We were told patients wanting hair restoration or hair transplants would have a minimum of one consultation prior to any procedure being performed which would include a needs assessment undertaken by the doctor who would carry out the procedure and there would be 14 day cooling off period. This ensured the patient had adequate time to reflect on the procedure and ask any questions to ensure they fully understood the procedure.
- The registered manager told us patients would be given verbal explanations of the procedures / proposed treatments and would be involved in the decision making process. In addition they would be given information sheets if appropriate and a printed summary of the consultation.

### Monitoring care and treatment

- No patients had received any care or treatment. However a system had been developed where patients would be followed up one month, three months, six months and twelve months following hair restoration or hair transplants. In addition we saw a patient satisfaction survey had been developed and the intention was each patient would be given a survey following every consultation. This meant the service would collect and monitor information on patients' care and treatment outcomes to help make improvements to the service delivery.

### Effective staffing

- At the time of this inspection only the registered manager had been fully recruited. However we were told of the proposed systems for staff appraisal and the proposed induction for newly appointed members of staff. The registered manager told us that the induction

process would be ready for implementation by the end of March 2018 and would cover topics such as information governance, incident reporting, fire safety, health and safety, work equipment and first aid.

- We were shown the proposed training that staff would undertake to meet their learning needs and to cover the scope of their work. We saw a document had been implemented that would record staff training to demonstrate the training undertaken and when refresher training was due.
- The registered manager described the appropriate checks that would be undertaken to ensure medical staff employed were on the appropriate specialist registers and were qualified to undertake the scope of their intended work.

### Coordinating patient care and information sharing

- The registered manager and the director told us that information needed to deliver care and treatment would be available to relevant staff in a timely and accessible way through the patient record system. This would include the pre air restoration or hair transplants assessment and details of any previous procedures / consultations undertaken by the service.
- No patients had received a service however the registered manager and the proposed clinical led were able to clearly describe the systems for sharing information with other services in a timely way if appropriate and if the patient consented. Alternatively a letter would be given to the patient who would then be advised of appropriate, further action or consultations that may be required and where this could be obtained.

### Supporting patients to live healthier lives

- We were told that the service would offer advice and support appropriate to the condition treated, including healthy lifestyle advice where relevant. In addition the service would be offering health checks that would offer advice and support appropriate to the individual patient. Printed information would be given to patients on an individual basis following consultations.
- We were told that written information would be given to patients detailing post-operative hair transplants to help aid recovery and achieve the best results.

### Consent to care and treatment



# Are services effective?

(for example, treatment is effective)

- The consent policy was detailed and took into account the patients mental capacity and best interests in line with legislation and guidance.
- We were told there was a formal written consent form that patients would sign on the day prior to hair restoration or hair transplant surgery and there would be a discussion around benefits, risks and any possible complications
- All patients would be asked if they consented to information, if appropriate, being shared with their GP and this would be documented.

# Are services caring?

## Our findings

**We found that processes in place supported the provision of caring services in accordance with the relevant regulations.**

### **Kindness, respect and compassion**

- We found the provider, registered manager and the proposed clinical lead that we spoke with had a courteous, respectful and helpful attitude when speaking about caring for patients.

### **Involvement in decisions about care and treatment**

- We were told that printed information would be given to patients on an individual basis about procedures, treatment, advice and post-operative instructions.

- We were told that written, informed consent would be obtained which detailed the procedure to be undertaken with risks and benefits explained

### **Privacy and Dignity**

- We were told the consultation room door would be closed during consultations and soft music would be playing in the corridors to help ensure any conversations taking place in these rooms could not be overheard.
- The registered manager and the director assured us that privacy screens would be provided in all consulting rooms prior to a service being delivered so that patients' privacy and dignity would be maintained during examinations and assessments.
- Privacy and dignity training for all staff would be included in the induction process.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We found that this service had systems in place to provide responsive care in accordance with the relevant regulations.**

### Responding to and meeting people's needs

- The premises and facilities at the service were appropriate for the services that will be delivered. The service was located in a private, recently renovated building and shared one of its offices with another business.
- The building and facilities were accessible to people with impaired mobility and we saw the ground floor doorways had been widened to allow easy access for people who used a wheelchair.
- The service had contact numbers for translation services (Language line) if required for people whose first language was not English. The registered manager told us a hearing loop would be fitted prior to any patients being seen.
- We were told consultations would be offered to patients who requested and paid the appropriate fee, and the service would not discriminate against any patient group.

- The registered manager told us prior to a service being delivered the website would be updated to contain information about the qualifications and experience of the clinician who carried out the consultations and procedures.

### Timely access to the service

- The registered manager told us that appointments would be available over a seven days a week.
- Patients could send appointment requests via the website, book an appointment via telephone or in person at the reception desk.

### Listening and learning from concerns and complaints

- The service had not started to take patients and so no complaints had been received.
- The service had a complaints policy and procedure. The policy contained appropriate timescales for dealing with a complaint.
- A specific form for recording complaints had been developed ready for use.
- Information about how to make a complaint was available in reception for patients to access and on the website.

# 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 had systems in place to provide well-led care in accordance with the relevant regulations.**

### Leadership capacity and capability

- There was a clear leadership structure in place which would help staff employed understand their roles and responsibilities.
- The registered manager told us the directors were supportive, approachable and operated an open door policy.
- The service had a whistleblowing policy in place that was easily accessible. A whistle blower is someone who can raise concerns about practice or staff within the organisation. Staff we spoke with said they felt supported and confident in raising any issues and they felt they would be listened to.

### Vision and strategy

- The service had a clear vision and set of values to work together to provide a high quality responsive service that put caring and patient safety at its heart.

### Culture

- The service had not treated any patients but we were told that if there were unexpected or unintended safety incidents, the service would contact the patient, give truthful information and a verbal and written apology. This was supported by an operational policy.
- The culture of the service encouraged candour, openness, honesty and there was a no blame culture.
- The leadership was clear about the patient consultation process and the standard of care expected.

### Governance arrangements

- There was a clear organisational structure in place.
- There was a range of policies and procedures that were available to staff. The registered manager was responsible for reviewing

### Managing risks, issues and performance

- We saw there were effective arrangements in place for identifying, recording and managing risks; which included risk assessments and significant event recording.
- A business contingency plan was in place for any potential disruption to the service. We were told this would be shared and made available to all staff.

### Appropriate and accurate information

- Systems were in place to ensure that all patient information was stored and kept confidential.
- The IT systems were not fully implemented but the director was able to describe once in place how it would protect the storage and use of patient information and we saw that facilities were in place to ensure paper records would be stored securely.
- The registered manager was aware of data protection and the need for patient confidentiality.

### Engagement with patients, the public, staff and external partners

- The service had developed a patient satisfaction survey that would be given to each patient at the end of every consultation to obtain feedback. In addition patients would be able to leave feedback on the website. The registered manager said these would then be analysed and any appropriate actions implemented.

### Continuous improvement and innovation

- The registered manager told us they worked together with the directors to discuss how to run and develop the service in the best interests of the patients. We were told that staff, once employed, would be encouraged to identify opportunities to improve the planned service.
- We were told there was to be an open door policy to enable staff to discuss any issues or concerns straight away. The intention was to implement weekly team meetings to encourage and include staff in discussions and minutes would be taken.