

Four18 Wellbeing

Inspection report

418 Burton Road
Derby
DE23 6AJ
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services safe?

Good



Overall summary

We carried out an announced focused inspection at Four18 Wellbeing on 27 February 2023. Following our review of the information available to us, including information provided by the service, we focused our inspection on the key question safe. Due to assurances we received from our review of information, we carried forward the ratings for the key questions effective, caring, responsive and well-led from our last inspection in September 2022. Overall, the service is rated as good. It is rated as good in safe, effective, caring, responsive and well-led.

Following our previous inspection on 12 September 2022, the service was rated good overall and in effective, caring, responsive and well-led. It was rated requires improvement for the key question safe. The full reports for previous inspections can be found by selecting the 'all reports' link for Four18 Wellbeing on our website at www.cqc.org.uk

We carried out an announced focused inspection at Four18 Wellbeing to follow up on a breach of regulation regarding fit and proper persons employed. We also followed up on 5 best practice recommendations:

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

The Care Quality Commission inspected the service on 27 February 2023 to ensure the provider had made improvements regarding the breach of regulation and 5 best practice recommendations. We checked these areas as part of this focused inspection and found that the breach of regulation had been resolved. We found that 4 of the 5 best practice recommendations had been addressed however, clinical audits and patient surveys had not been completed.

Four18 Wellbeing provides a range of private GP services.

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

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

Our key findings were:

- Staff files had been updated to include the required recruitment documentation.
- A system to check patient identity including that of any person that accompanied a child for treatment had been put in place to establish parental responsibility.
- A risk assessment to mitigate potential risks to patients where staff have not received hepatitis B immunisation had been completed.
- An action plan to act on the findings of the legionella risk assessment was put in place immediately after our inspection.

Overall summary

We also followed up on 2 shoulds not covered in the safe question and found that:

- An appraisal for the receptionist had been completed.
- Clinical audits and patient surveys to drive quality improvements within patient care had not been completed due to small patient numbers. The provider had plans in place to complete an audit of patients provided with hay fever treatment over the summer period.

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

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

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

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Four18 Wellbeing

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

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

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

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

Monday, Thursday and Friday: 9am - 6.30pm

Tuesday: 6.30 to 9pm

Wednesday: Closed

Saturday: 9am - 2pm

Sunday: Closed

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

How we inspected this service

During the inspection:

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

To get to the heart of patients' experiences of care and treatment, we asked the following question:

- Is it safe?

This question therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

- Appropriate staff recruitment checks had been completed.
- Risk assessments had been completed for staff without hepatitis B immunity.
- Issues identified in the legionella risk assessment had been acted on or there were plans in place to address them.
- Effective protocols for verifying the identity of patients, including children, were in place.
- Where we identified a safety concern it was rectified soon after our inspection.

Safety systems and processes

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

At our previous inspection in September 2022, we found that:

- The provider had not carried out appropriate staff recruitment checks at the time of staff recruitment.
- We found that a non-clinical member of staff had refused the hepatitis B vaccination. A risk assessment to mitigate potential risks to patients or the staff member was not in place.
- A legionella risk assessment had been completed on 26 July 2022. However, where issues had been identified, an action plan to mitigate potential risks had not been put in place.

At this inspection we found that:

- Photographic proof of identity, satisfactory evidence of conduct in previous employment and a full employment history were now in place in the staff file we reviewed. However, an assessment of their physical and mental health had not been completed. The provider forwarded this to us immediately after the inspection.
- A risk assessment had been completed to mitigate potential risks to staff and patients where a staff member did not have immunity to hepatitis B. The staff member had also completed a refusal form confirming they understood the risks.
- The provider had addressed most of the issues identified in the legionella risk assessment. For example, regular checking of the water temperatures and the remedial work to improve the cold water supply. They had contacted a tradesperson to address the outstanding work. However, the flushing of infrequently used water outlets had not been completed. Immediately after our inspection the provider forwarded to us an action plan which included the remaining actions to be taken.

Safe and appropriate use of medicines

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

At our previous inspection in September 2023 we found that:

- Effective protocols for verifying the identity of patients including children, were not in place.

At this inspection we found that:

- A policy had been put in place to verify the identity of patients, children and those accompanying children to the service. The provider showed us an example where the policy had been followed and embedded into practice.