

Dr Mary Adams

Victory House

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 6 November 2017 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 care 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 a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was

planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Victory House is registered with CQC as a private GP practice, covering Ribble Valley and the wider geographical area. The practice is owned and run by Dr Mary Adams with support from administration staff. The range of services available includes private primary care consultations, examination and management, health screening, chronic disease management, men's health, women's health checks and immunisations. The total practice patient population is 400 patients. Appointments can be booked over the phone, in person and by email. These can be booked in advance with emergency slots available on the day. Telephone consultations are available and the practice has extended hours on a Saturday morning.

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

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Surgical procedures
- Maternity and midwifery services

The provider is the registered manager. A registered manager is a person who is registered with the Care

Summary of findings

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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received. Patients said the clinic was always clean, they found it easy to get an appointment and they felt staff were respectful and treated them with dignity. We spoke with two patients during the inspection whose comments aligned with these views.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The clinic had systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Patients said they were treated with care, compassion, dignity and respect and were involved in their care and decisions about their treatment.
- The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group. During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- Systems were in place to monitor complaints.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback via patient surveys from patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

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

- Review the need for a Legionella risk assessment for the building.
- Review the information about how to make a complaint or raise concerns that is readily available for patients.

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.

The service had systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff were aware of procedures and there were policies in place for safeguarding patients from the risk of abuse. Staff had received safeguarding training at a level appropriate to their role. There was a system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety. When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal apology and were told about any actions to improve processes to prevent the same thing happening again. Recruitment policies and procedures were implemented. The premises were clean and well maintained but information regarding the maintenance of safety of the premises was not available during the inspection. This information was sent to us following the inspection.

Infection control practices were suitable in order to minimise and prevent risks occurring.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations. The provider had systems to keep clinicians up to date with current evidence-based practice. The service collected and monitored information on people's care and treatment outcomes. Staff had the skills, knowledge and experience to carry out their roles. There was evidence of appraisals and personal development plans for all staff. Effective systems were in place for coordinating patient care and information sharing. The service obtained consent to care and treatment in line with legislation and guidance.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations. We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. Information from patient feedback indicated that they thought they were offered an excellent service and staff were helpful, caring and treated them with dignity and respect. During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect. We saw staff treated patients with kindness and maintained patient and information confidentiality. All of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations. The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group. Reasonable adjustments or alternative arrangements were made so that people with a disability can access and use services on an equal basis to others. Patients were routinely advised of the expected fee for the proposed treatment or consultation in advance of treatment being initiated. The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations. The service was run by the provider and a clinic manager. A clear vision was in place and shared with clinic staff. The service had a culture of high-quality sustainable care. There were clear responsibilities, roles and systems of accountability to support good

Summary of findings

governance and management. Comprehensive written risk management policy and procedures were in place. Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. The service regularly obtained feedback about the quality of care and treatments available to patients. Staff told us that there was an open culture and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.

Victory House

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection at Victory House on the 7 December 2017. Our inspection team was led by a CQC Lead Inspector. The inspection was led by a CQC inspector who had access to advice from a GP specialist advisor. Before visiting, we reviewed a range of information we hold about the practice and we reviewed the provider's inspection return information.

During our visit we:

- Spoke with a range of staff and spoke with one patient who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

Safety systems and processes

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

The provider had systems to keep patients safe and safeguarded from abuse.

- The premises were not owned by the provider, a lease arrangement was in place. The premises were suitable for the service provided but much of the health and safety practices and assessments were undertaken by the landlord. The practice had service specific policies that staff had access to. The building displayed a health and safety poster with contact details of health and safety representatives that staff could contact if they had any concerns. Health and safety risk assessments for the premises, materials and equipment had been carried out, such as COSHH risk assessments. A Legionella risk assessment had not been undertaken. There was a fire risk assessment which was completed by the landlord, but fire alarm testing and fire safety records were not maintained by anyone at the practice. The premises did not have fire extinguishers available and there was no risk assessment to support this decision. Information was sent to us following the inspection to show that practice staff had been updated with fire training and that fire extinguishers were being purchased. There was a business continuity plan in place that was available to all staff.
- The provider carried out recruitment (DBS Staff who acted as chaperones were trained for the role and had received 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). Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice maintained appropriate standards of cleanliness and hygiene. There were cleaning schedules and monitoring systems in place. There were infection prevention and control policies and protocols and staff had received training in infection control. Infection

prevention and control audits had not been undertaken at the time of inspection but this information was sent to us shortly after our visit. Clinical waste was appropriately stored and disposed of.

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. On the day of inspection we noted the refrigerator used for storing vaccinations had not been serviced for over 12 months. Following the inspection, information was sent to us showing a service and calibration visit had been arranged for soon after the inspection.
- All staff received induction training and regular refresher training for health and safety, infection control and safeguarding relevant to their role.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff had received annual basic life support training.
- The practice shared an emergency defibrillator with other providers in the building (used to attempt to restart a person's heart in an emergency) but this was not on the premises and there was no risk assessment in place to support this. The practice did not have oxygen therapy available for use in an emergency situation. Following inspection information was sent showing the provider had purchased this equipment.
- Professional indemnity arrangements were in place for all clinical staff.

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 collated, such as if a patient had any allergies or a record of the medicines used for treatments was completed.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Are services safe?

- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

The practice kept a supply of one local anaesthetic along with emergency medicines. The arrangements for managing medicines kept patients safe, they were stored safely and checked to ensure they did not pass their expiry date. Prescription stationery was kept securely. There were protocols in place for identifying and verifying the patient.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

Practice staff learned and made improvements when things went wrong.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. There had been no reported incidents at the clinic.
- There was a system for receiving and acting on safety alerts. The clinic learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clinical pathways and protocols.

- Patients' needs were fully assessed. The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group.
- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The service took part in quality improvement activity, for example, they completed regular analysis of patient prescribing. They completed a range of audits including patient blood pressure monitoring and reviewing patient medications in line with updated best practice guidance. Infection control audits sent after the inspection had resulted in improvements in this area.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the doctor undertook specific training to perform procedures such as minor surgery and smear testing.

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Clinic staff were provided with ongoing support. This included an induction process, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

When a patient contacted the service they were asked if the details of their consultation could be shared with their registered GP. If patients agreed we were told that a letter was sent to their registered GP in line with GMC guidance. Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital following surgery.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Written policies were in place.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.
- Staff we spoke with ensured that patients understood what was involved in the procedures for their treatment.

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 them with dignity and respect. All of the feedback we saw was positive about the service experienced. Patients said they felt the clinic offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We made patient comment cards available at the practice prior to our inspection visit. All of the 18 comment cards we received were positive and complimentary about the caring nature of the service provided by the practice. We spoke with two patients during the inspection and their feedback aligned with the patient views expressed in the comments cards.

Involvement in decisions about care and treatment

Patients had access to information about the clinicians working for the service. Staff helped patients be involved in decisions about their care and discussions took place with patients at the point of referral and throughout their treatments to support them to make the right decisions about care and treatment.

Privacy and Dignity

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Care Quality Commission comment cards we received were generally positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The provider made it clear to the patient what the limitations of the service were.

The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group. Reasonable adjustments were made so that people with a disability could access and use services on an equal basis to others. Patients were routinely advised of the expected fee for the proposed treatment or consultation in advance of treatment being initiated.

Timely access to the service

Patients were able to access care and treatment from the service within an acceptable timescale for their needs. We were told this would be at a time convenient to patients during the day or evening.

- 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.
- Patients told us the appointment system was easy to use.

Listening and learning from concerns and complaints

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

- The complaint policy and procedures were in line with recognised guidance. There were no complaints received in the last year.
- Systems were in place to ensure the service learned lessons from individual concerns and complaints and also from analysis of trends. We were told that this information would be used to improve the quality of care.
- Information about how to make a complaint or raise concerns was not readily available for patients.

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

The service was run by the provider and a clinic manager. Both had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The management team were visible and approachable and were in daily contact with the service. They worked closely with other partners to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The provider told us they had a clear vision to work together to provide high quality personalised care, making treatments accessible and safe. Staff we spoke with shared the same ethos and vision and commitment to provide good compassionate care for patients.

Culture

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

- Staff stated they felt respected, supported and valued.
- The service focused on the needs of patients and we heard of lots of examples from patients about how the provider 'went the extra mile' to meet their needs.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider had recently set up a new system for reporting significant events and near misses and there were some good examples shown for the learning that took place after such events. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing staff with the professional development they needed. This included appraisal and career development conversations. Regular annual appraisals had taken place for staff.

- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and the registered provider.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were in place.
- Staff were clear on their roles and accountabilities.

Managing risks, issues and performance

There was a comprehensive written risk management policy and procedures, which covered the identification and assessment of risks throughout the service. This included health and safety audits, infection control audits (submitted after the inspection) and arrangements for the identification, recording, analysing and learning from adverse health events or near misses.

Service specific policies and standard operating procedures were available to all staff, such as safeguarding and infection control. Staff we spoke with knew how to access these and any other information they required in their role.

Performance of the doctor (who was also the provider) could be demonstrated through completed annual appraisals. The doctor had oversight of MHRA alerts and a system in place to monitor incidents, and complaints. Clinical audit had a positive impact on quality of care and outcomes for patients. The service implemented service developments and where efficiency changes were made this was with input from staff to understand their impact on the quality of care.

We saw there were effective arrangements in place for identifying, recording and managing risks; which included risk assessments and significant event recording.

Business contingency plans were in place for any potential disruption to the service.

Are services well-led?

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

Appropriate and accurate information

The practice 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. For example, patient surveys results raised negative comments about the patient reception area and they were reviewing how this could be improved at the time of inspection.
- There were arrangements in place 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

There was evidence that the service regularly obtained feedback about the quality of care and treatments available to patients. Patient surveys were carried out twice yearly and positive results were shown to us for this as part

of the inspection. The practice had plans in place to develop a patient participation group (PPG), there was a virtual online patient reference group to obtain the views of patients about services.

The provider had a whistleblowing policy in place. A whistleblower is someone who can raise concerns about practice or staff within the organisation. Staff meetings were taking place a number of times each year or when new developments needed to be discussed. All incidents, complaints and positive feedback from surveys were discussed at staff meetings. Staff told us that there was an open culture and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. Staff said they felt respected.

Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels within the service. The practice team were keen to learn and improve outcomes for patients. They met on a regular basis to review their work and put together actions plans that were closely monitored to ensure improvement.