

Nuffield Health Warwickshire Hospital

Inspection report

The Chase
Blackdown
Leamington Spa
CV32 6RW
Tel: 07841398519

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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 

Are services effective? Good 

Are services caring? Good 

Are services responsive to people's needs? Good 

Are services well-led? Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Nuffield Health Warwickshire Hospital, the location of the provider Hatton3 Limited, as part of our inspection programme.

Hatton3 Limited, at the location of Nuffield Health Warwickshire Hospital, provides independent private GP services, predominantly health checks, health optimisation, and specific male, and female-related midlife conditions.

Nuffield Health Warwickshire Hospital, the location of Hatton3 Limited, is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 and provides the regulated activities, Diagnostic and screening procedures and Treatment of disease, disorder or injury.

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.

Our key findings were:

- There were systems in place to keep patients safe and safeguarded from abuse.
- Care and treatment was delivered in accordance with evidence-based guidelines.
- The provider had an oversight of risk assessments, infection prevention and control (IPC) measures and the management and safety of the premises that were carried out by the host organisations they rented rooms from.
- Significant events and complaints were managed appropriately and used to learn from and make improvements to the service.
- All GPs who worked for the service also worked for NHS providers.
- Feedback was sought from patients following consultations and data shared from the provider showed this was positive and patients valued the service they received.
- The provider understood the needs of their patients and improved services in response to those needs. The service was developed to meet the demand for specific male and female health needs.
- There was a clear vision and governance structures in place that supported the leadership of the service.
- The GPs who led and worked for the service were prominent in the media and professional journals where they shared information and guidance on the conditions they treated and promoted national awareness regarding testosterone and menopause effects and treatments.

Overall summary

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

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to Nuffield Health Warwickshire Hospital

The provider Hatton3 Limited, provides private general practice services from the following location,

Nuffield Health Warwickshire Hospital,

The Chase,

Blackdown,

Leamington Spa,

CV32 6RW

They also used the following site to see patients,

Balsall Common and Meriden Group Practice,

1 Ashley Drive,

Balsall Common,

CV7 7RW

The Balsall Common and Meriden Group Practice site was not visited as part of the inspection.

The service provides private GP services predominantly for health checks, health optimisation, and specific male, and female-related midlife conditions. Patients are seen either face to face or via an online platform by appointment only. The service rents rooms as required from host organisations who are also providers registered with CQC.

The service is led by a medical director who is the male health lead and a women's health and menopause lead. They employ 5 sessional doctors who all specialise in male or female health. The clinical team is supported by a business manager and 2 administrative staff.

The service is provided for adults only, no children under the age of 18 are seen.

The service operates on Tuesdays, Wednesdays and Thursdays from 8am to 3pm. Appointments can be booked either online, via email or telephone.

Details of the service can be found on the website www.h3health.co.uk

How we inspected this service

- Requested evidence from the provider prior to the inspection.
- Carried out a site visit of Nuffield Health Warwickshire.
- We spoke with the GPs who lead the service and administrative staff.
- Looked at information the service used to deliver care and treatment plans.
- Reviewed policies and procedures.

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 the service as Good for providing safe services.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. There were safeguarding policies and a safeguarding algorithm that had clear steps to follow in the event of a safeguarding concern. The document contained contact information for organisations to contact and refer patients to. There was an identified safeguarding lead.
- All staff received up-to-date safeguarding and safety training appropriate to their role. All clinicians were trained to safeguarding level 3. They knew how to identify and report concerns.
- The service did not consult or treat any children under the age of 18 years.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken for all staff including sessional GPs. (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 service had an agreement in place to use staff from the host organisations they rented rooms from as chaperones, if required. Staff who acted as chaperones were trained for the role and had received a DBS check. There were notices on the wall of the consultation room that advised a chaperone could be requested.
- The host organisations took responsibility for infection prevention and control (IPC) measures, the management and safety of the premises and were responsible for risk assessments carried out. The provider had an oversight of all risk assessments and the policies and procedures used by these organisations. We observed,
 - the premises to be visibly clean and tidy with appropriate IPC measures in place that included the use of pedal bins, elbow taps and wipeable floors and surfaces. Rooms were cleaned prior to use and a notice was placed on the door when completed so the provider was aware before they started consultation with patients.
 - facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
 - there were a variety of risk assessments in place to monitor safety of the premises such as fire risk assessment, control of substances hazardous to health (COSHH), infection prevention and control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Risks to patients

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

- There was an effective induction system for all staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. There were emergency protocols and policies on the service's internal computer system that guided staff to identify and manage patients with severe infections, for example sepsis.
- All of the clinical staff who worked for the service were members of a professional indemnity scheme.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly by the host organisations. There was an emergency call bell in the consultation room that when used would summon an emergency resuscitation team who attended with emergency equipment and medicines.

Information to deliver safe care and treatment

Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

- The service used an electronic patient record system to record consultations and treatments.
- We reviewed a sample of records and found 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.
- Prior to any consultation, consent was sought to share information with the patients usual NHS GP. The consultation did not go ahead if consent was not given.
- The service had 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. The electronic patient record system the service used stored patient records permanently and could be accessed as required if the service closed.
- There was a documented approach to the management of test results and this was managed in a timely manner.

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 minimised risks. The service used The Electronic Prescription Service that sent prescriptions to the patient's pharmacy of choice electronically. The service did not hold any prescription stationery.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs or high-risk medicines.
- 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. We were informed that the service did not take a different approach from using national guidance.
- There were effective protocols for verifying the identity of patients. Photographic ID was requested of all patients prior to their use of the service.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service 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

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. There was an electronic form that was available to all staff on the service's computer system. This was completed if a significant event occurred and the lead GP was responsible for investigating events.

Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. There were clinical meetings held once a month. Significant events and their learning was a standing agenda item at these meetings.
- 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.
- The service kept a significant event log to help identify trends and had recorded 3 events in the past 12 months. For example,
 - A patient had requested a prescription for a medicine of a pain relief medicine not usually prescribed by the service due to the addictive properties of the medicine. Good practice was identified from the event as the request was flagged promptly to the lead GP and the prescription denied. Information was placed on the services website to educate patients on types of medicines not prescribed.
 - A patient was commenced on treatment without all appropriate blood tests. The error was identified at a follow up appointment and rectified. On investigating the event it was recognised that there was a template in place to ensure adequate checking but had not been followed. This was discussed with the individual clinician and all clinicians were reminded of the process to follow.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional staff.

Are services effective?

We rated the service as Good for providing effective services.

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.
- Current guidance was available for clinicians on the computer record system used by the service. This contained treatment templates for clinicians to follow that was reflective of current evidence based guidance.
- All GPs who worked for the service also worked for NHS providers.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. A holistic approach was taken with health checks and consultations.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service used technology to improve treatment and to support patients' independence. For example, where appropriate, telephone and video consultations were offered to registered patients and test results could be emailed to patients.

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 audits. All prescribing was audited every 3 months and it was identified that all prescribing followed the service's policy.
- A two-cycle audit had been completed to ensure patients identity was confirmed. The first cycle showed that 93% of patients had a record of photo identification prior to their consultation. The second cycle demonstrated an improvement with 100% of patients photo identification recorded.
- There had been 2 single-cycle audits undertaken to review the treatments offered by the service. They both had identified good practice and some recommendations. There were plans in place to re-audit these annually.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided training including access to online training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff completed the mandatory training of the host organisations who the service rented rooms from.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. Measures were taken to ensure patients were in a safe environment when undertaking video or telephone consultations.
- 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.

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, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Holistic health checks were offered to patients. If required patients were referred to appropriate prevention services. For example, for smoking cessation and weight management.

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.
- We saw evidence that staff had received consent training.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated the service as Good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Anonymous feedback was requested from patients after each consultation. Unverified data shared by the service showed that out of 79 responses,
 - 100% of patients would recommend the service to a friend.
 - 97% of patients described the overall experience as very good or good.
- There were no patients or relatives available to speak with on the day of our inspection but through discussions with the staff we concluded that they were aware of the need to treat people with kindness, dignity and respect.
- 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.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Feedback by patients to the service showed that they felt listened to, supported by staff, and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. For example, out of 79 patients,
 - 97% said the GP clearly explained their recommended next steps.
 - 97% said they felt they had enough time to ask questions.
 - 99% said they felt the GP answered questions fully.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand. There were facilities on the website for patients to contact the service by online chat, email or telephone.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

Are services responsive to people's needs?

We rated the service as Good for providing responsive services.

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 service was developed to meet the demand for specific male and female health needs.
- Only GPs who already worked in the NHS were used to deliver the service. GPs were selected with specific experience and expertise in male and female health.
- The facilities and premises were appropriate for the services delivered. There was level access to the building and consultation room. Access enabled toilets were available and there designated disabled parking bays close to the entrance of the building.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, patients were offered a face to face consultation or a virtual consultation via the online platform used by the service.
- External providers were used if the patient required blood testing or a prescription and could be accessed across the country.

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. An online link was sent to patients for them to register with the service following initial contact either online, by telephone or email.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way.
- The GPs were supported by 2 administrative staff members who managed appointment bookings and patient communications.

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.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, following a complaint regarding the external company used to take blood tests the service agreed to review the provider used and alternatives available.
- The service had received 3 complaints in the previous 12 months. We reviewed the complaints and found they had been handled appropriately. Complaints were reviewed and shared in the clinical meetings.

Are services well-led?

We rated the service as Good for providing well-led services.

Leadership capacity and capability.

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. They were aware that as demand from patients increased the service could grow and they explained they wanted to do this in a managed way to maintain the ethos of the service.
- The GPs who worked for the service also worked within the NHS and were able to apply this experience to all aspects of their private work.
- The GPs who led the service were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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 provider had submitted a statement of purpose to CQC that outlined the services they provided as an independent private GP service.
- The vision of the service was displayed on the website.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

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. The demographic of their patient population was used to develop the service to meet their needs. There was a clear focus on the types of conditions they would treat.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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 could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- All staff received an annual appraisal and opportunities to learn and develop. Staff were supported to meet the requirements of professional revalidation where necessary.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff and GPs.

Governance arrangements

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

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The provider had service level agreements in place with the host organisations and had established good working relationships with these providers.
- Staff were clear on their roles and accountabilities.
- The service had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There was an online platform used, that all staff who worked for the service had access to, where policies and procedures were kept.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. The provider had oversight of safety alerts, incidents, and complaints.
- Clinical audit and quality improvement processes were in place and had a positive impact on quality of care and outcomes for patients. As a new provider some audits were limited to single cycles. Plans were in place to complete 2nd cycle audits.
- There was a business continuity plan in place.

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.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service were aware of the need to submit 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. The service did not hold any paper records or communications. An online platform was used for all patient records.

Engagement with patients, the public, staff and external partners

The service involved patients and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients, and acted on them to shape services and culture. For example, all patients were asked for anonymised feedback following consultations. The service had started to encourage patients to use an online website to leave reviews. They had received one 5 star review to date.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

Are services well-led?

- There was a focus on continuous learning and improvement. The GPs who led and worked for the service were prominent in the media and professional journals where they shared information and guidance on the conditions they treated and promoted national awareness regarding testosterone and menopause effects and treatments. They also presented at conferences for male and female health.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

There were systems to support improvement and innovation work. The GPs were proactive in their own development to keep up to date with current guidelines and treatments.