

# Aurora At The Gatehouse

## Inspection report

82 Billing Road  
Northampton  
NN1 5DF  
Tel: 01604875040  
[www.theprivateclinic.co.uk](http://www.theprivateclinic.co.uk)

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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

We carried out an announced comprehensive inspection at Aurora At The Gatehouse on 15 November 2021.

This was the clinic's first inspection since it registered with the CQC under the current provider in February 2017.

We based our judgement of the quality of care at this service on a combination of:

- What we found when we inspected.
- Information from our ongoing monitoring of data about services.
- Information from the provider, patients, the public and other organisations.

How we carried out the inspection:

During the inspection, we visited all areas of the service. We spoke with three staff, the manager, nurse and receptionist. We also reviewed comment cards patients had filled in as part of the inspection. We reviewed five sets of patient records.

We have rated this service as Good overall.

We found that:

- The service had good systems to ensure patients received safe and effective care and treatment.
- There was an effective system to identify and safeguard people from abuse.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect. Patient feedback received through CQC comment cards supported this.
- Patients could access care and treatment within their preferred timescales.
- Leaders were visible and approachable. Staff expressed positive views on their working relationships with managers.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider should make improvements are:

- The provider should ensure the defibrillator has pads for use that are in date.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC inspector. The inspection team included a GP specialist advisor.

## Background to Aurora At The Gatehouse

Aurora At The Gatehouse is operated by The Private Clinic of Harley Street Limited. The clinic is based in Northampton and is one of six locations within the group. Facilities included two clinic rooms, a reception and a main office.

The clinic provides consultations for surgery, including cosmetic surgery for adults only. It does not provide services for children. Surgical procedures are carried out at a local hospital. The clinic offers consultations and pre and post-operative assessments and care. Consultations for varicose vein treatment included diagnostic ultrasound if appropriate. Blood tests and other screening tests are carried out at the clinic if relevant to a client's pre-operative or post-operative care.

The clinic offers other cosmetic procedures such as Botox, fillers and electrolysis which are outside the scope of the providers registration with CQC.

Six consultants worked at the clinic under practising privileges. There was a clinic manager, nurse, patient coordinator, receptionist and housekeeper.

The clinic is registered to provide the following regulated activities:

- Surgical procedures.
- Treatment of disease, disorder or injury.
- Diagnostic and screening procedures.

Clinic opening hours:

Monday to Friday 9am - 5pm

Tuesdays open 9am - 7pm

Open one Saturday a month

# Are services safe?

## Safety systems and processes

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

- The service had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Staff chaperoned all patients during consultations with the doctor.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate, including Disclosure and Barring Service (DBS) checks.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The service had completed a COVID-19 audit in October 2021 to review infection prevention and control measures. The audit found there were satisfactory measures in place.
- Legionella risk assessment were in place and we saw that this was scheduled for renewal in January 2022.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- Records viewed showed that an external company had carried out an environmental risk assessment in September 2021.

## Risks to patients

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

- There were arrangements for planning the number and mix of staff needed.
- Staff understood their responsibilities regarding managing emergencies as well as recognising those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- The provider was equipped to respond to medical emergencies. However, defibrillator pads were out of date. The service was aware of this due to a recent service of the equipment and had ordered replacements.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

## 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. We reviewed five sets of patient records which showed 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.

## Safe and appropriate use of medicines

# Are services safe?

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

- The systems and arrangements for managing medicines minimised risks.
- The service did not prescribe controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- Consultants prescribed, administered or supplied medicines such as antibiotics 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 medicine stocks.

## **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. Leaders and managers supported them when they did so.
- 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.
- We saw the service kept a log of clinical incidents and action taken. For example; we saw examples of post-operative wound complications which were addressed.
- Learning was shared across all services under the provider. This included a bulletin where learning and actions taken following incidents were shared with staff.
- 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 receiving notifiable safety incidents
- 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 for disseminating safety alerts to all members of the team including sessional and agency staff.

# Are services effective?

## 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.**

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental wellbeing.
- Clinicians had enough information to make decisions about a course of treatment.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' post-operative pain where appropriate.

## Monitoring care and treatment

**The service was involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. For example, we saw nursing staff recorded clinical incidents such as post-operative wound care. Staff provided information to the consultants to share concerns, seek advice and promote improvement in the service.
- The service made improvements using audit cycles. For example, the provider produced a quarterly doctor's dashboard used to review clinical practice across all the services. We saw actions had either been completed or were planned with completion dates.

## 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 (medical and nursing) were registered with the General Medical Council (GMC) or the Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop their skills.

## Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to and communicated effectively with other services when appropriate. For example, staff signposted patients to a local service for mental health assessments when mental health needs were indicated.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information did not support certain procedures to ensure safe care and treatment.
- All patients were advised to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.

# Are services effective?

- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

## 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 informed decisions.

# Are services caring?

## Kindness, respect and compassion

### Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- 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 their first language.
- Patients told us through several comment cards collected as part of the inspection, that they felt listened to and supported by staff. Patients had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

## Privacy and Dignity

### The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff chaperoned patients during consultations with the doctor to provide support.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.



# Are services responsive to people's needs?

## 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. For example, providing a range of available appointment times, including a Saturday clinic.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, having a ground floor consultancy room if needed.

## 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, treatment and post-operative care.
- Waiting times were short and managed appropriately.

## 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 support available to them should they not be satisfied with the outcome of their complaint or how the complaint was handled.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. Staff provided examples of actions taken to improve the quality of care. Complaints logs we viewed showed that most complaints related to financial matters and we saw that staff considered these on an individual basis.

# Are services well-led?

## 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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## 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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them

## 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. Staff told us how they had chosen to work at the service over other employers.
- The service focused on the needs of patients.
- 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 told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. For example, we saw staff had raised when a treatment bed had failed, and staff were confident in raising this concern. This was clearly documented as a near miss and action was taken to resolve the risk.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

## 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 clearly set out, understood and effective.

# Are services well-led?

- Staff were clear on their roles and accountabilities
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Most policies were held by the largescale provider and used by the services they manage. Managers explained policies were reviewed centrally and updated on the shared online systems.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## 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. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.

## 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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

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

### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback.

## Continuous improvement and innovation

### **There were systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.