

# 21 Regent Street

## Inspection report

21 Regent Street  
Nottingham  
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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?

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 21 Regent Street, provided by Consult Healthcare Limited, as part of our inspection programme.

This service, which is registered with CQC under the Health and Social Care Act 2008, provides specialist private medical services for people with heart disease, with particular expertise in treating high risk, complex coronary artery disease, cardiac valve disorders and complex electrical cardiac disorders. Outpatient only consultation services are provided at this location together with relevant non-invasive diagnostic tests.

The consultant interventional cardiologist was 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

people'. 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.

Fourteen patients provided feedback about the service using CQC comment cards. Patients were highly positive regarding the quality and professionalism of the service provided.

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

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Patients commented that staff were kind and caring, treated them with respect and involved them in decisions about their care.
- Services were tailored to meet the needs of individual patients and were accessible.
- The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

**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 team also included two GP specialist advisors (one in observing capacity).

## Background to 21 Regent Street

Consult Healthcare Limited operates from 21 Regent Street, Nottingham, NG1 5BS and the premises are wholly owned by the provider. The service is located over four floors with on street car parking. There is a waiting room on the ground floor and treatment rooms are located on the ground, second and third floors. There are no facilities for disabled access; patients are informed of this when booking appointments and can be seen at another location where consultants already work.

The provider, Consult Healthcare Limited, is registered with the CQC to carry out the regulated activities of treatment of disease, disorder or injury and diagnostic and screening procedures from the location, to adults aged 18 and over. Any persons under 18 years old are referred to the local hospitals with the appropriate facilities.

The service provides specialist private medical services for heart disease, with particular expertise in treating high risk, complex coronary artery disease, cardiac valve disorders and complex electrical cardiac disorders. Outpatient only consultation services are provided at this location together with relevant non-invasive diagnostic tests.

In order to diagnose and detect heart and other disease/ conditions, medical tests carried out at this location include echocardiograms, electrocardiograms (ECGs), ECG exercise treadmill testing, ambulatory blood pressure (BP) monitor and ambulatory ECG monitor testing, spirometry, blood testing (analysis performed off-site), ultrasound scanning testing.

The service also offers health screening services – a service to provide primary prevention assessment of health by medical consultation, blood testing (analysis performed off-site), and other screening testing (spirometry, ultrasound testing and BP testing where appropriate) are provided to elective outpatients.

Services are delivered by a consultant interventional cardiologist, who is supported by a practice/business manager and two patient administrators. Health

screening services are provided by two doctors and a nurse, who are independent contractors not employed directly by Consult Healthcare Limited. Rooms in the premises are also hired out to other services such as a private GP service, consultant specialists and medico-legal services who are independent from the service and maintain their own private patient lists.

The service is open:

- Monday 9am to 6pm
- Tuesday 9am to 5pm
- Wednesday 9am to 5pm
- Thursday 9am to 5pm
- Friday 11am to 3pm

Cardiology clinics are held on Monday evenings at the location.

Before visiting we reviewed a range of information we hold about the service and information which was provided by the service pre-inspection.

During the inspection:

- we spoke with staff
- reviewed CQC comment cards where patients shared their views
- reviewed key documents which support the governance and delivery of the service
- made observations about the areas the service was delivered from

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 safe as Good because:

The practice provided care in a way that kept patients safe and protected them from avoidable harm.

### Safety systems and processes

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

- The service had systems to safeguard vulnerable adults from abuse. Safeguarding policies were in place and contact numbers for the local authority safeguarding team were easily accessible. Staff had completed up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. Patients commented that they felt safe when attending the service.
- The provider had systems in place to carry out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). Additionally, the provider ensured all independent contractors who used the premises for room hires had DBS checks. We viewed two recruitment files which showed all the appropriate employment checks had been undertaken.
- The provider kept a record of staff immunisation status of all diseases recommended by Public Health England.
- A chaperone policy was in place and a notice was displayed in the waiting room informing patients of the availability of chaperones. Staff had received appropriate training and information to carry out the role. All staff who acted as chaperones had an enhanced DBS check.
- There was a system to manage infection prevention and control. Consultation and treatment rooms and reception and waiting room areas were clean and hygienic. Staff followed infection control guidance and completed relevant training. The service undertook regular infection prevention and control monthly checklists. However, there were no overarching infection control audits in 2019 or a nominated lead since the previous lead's employment ended in the same year. The provider was aware of this and there were plans to have a new lead in place and resume overall audits. Infection control policies and procedures

were in place. The premises were cleaned by an external company who undertook monthly cleaning audits. Patients commented that the premises were clean and well maintained.

- 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. The service had procedures in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).

### 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. Appointments were pre-booked and spaced appropriately to ensure patient safety.
- There was an effective induction system for staff tailored to their role.
- The service kept medicines to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The clinic did not see acutely ill patients, reducing the risk of seeing people in need of emergency care. Staff knew how to identify and manage patients with severe infections including sepsis.
- A fire procedure and risk assessment was in place with regular alarm testing and the appropriate equipment checks. All staff were trained in fire safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.
- The service did not use locums; cover arrangements were in place with other specialist professionals for continuity of care.

### Information to deliver safe care and treatment

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

## Are services safe?

- 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.
- Systems were in place to check the identity of patients and to verify their age.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The clinician shared information with the patient's GP following consultations where appropriate.
- Clinicians made appropriate and timely referrals in line with protocols and up-to-date evidence-based guidance.

### 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, including vaccines, emergency medicines and equipment, minimised risks. This included oxygen and a defibrillator.
- Staff administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking the expiry dates and stock levels of medicines and staff kept accurate records of medicines.

### Track record on safety and incidents

#### The service had a good safety record.

- There were risk assessments in relation to safety issues, for example, premises risk assessments.
- 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. Reporting processes were accessible to all staff. All complaints were considered significant events. There had been three significant events since 2019; we saw evidence of shared learning from the events which was shared with staff.
- Staff were aware of the requirements of the Duty of Candour. Staff demonstrated a culture of openness and honesty. For example, when a nurse recorded some blood results incorrectly, all patients who had the incorrect results recorded were informed and their GPs were advised of the error, even though no harm had occurred to them.
- The provider had an effective mechanism in place to disseminate all patient and medicine safety alerts to all members of the team as appropriate. Alerts were received by three different members of the team to ensure they were acted on in case of staff absence.

# Are services effective?

## **We rated effective as Good because:**

Patients received effective care and treatment that met their needs.

### **Effective needs assessment, care and treatment**

#### **The provider had systems to keep up-to-date with current evidence-based practice.**

- Clinicians 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.
- Patients' needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinical records viewed showed a high level of detail and clear evidence of patients being managed in line with best practice.
- We saw no evidence of discrimination when making care and treatment decisions.

### **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 provider reviewed the care given to each patient and encouraged feedback after each consultation.
- The provider reviewed the performance and effectiveness of treatments. They kept a register of all prescriptions issued to patients and discussed treatments with NHS GPs where appropriate.
- Clinical audits were limited as there was no defined patient list. However, the service carried out reviews on clinical record keeping to ensure all information was relevant and complete. Additionally, they undertook patient satisfaction audits yearly since 2017 and acted on any suggestions to improve care.

### **Effective staffing**

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

- Staff were appropriately qualified, and clinicians were registered with the Nursing and Midwifery Council (NMC) and General Medical Council (GMC) as required.

- 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. Training was delivered to staff via an online platform called Bluestream, as well as face to face training for courses such as first aid.
- The learning needs of staff were identified through a system of peer reviews and appraisals. We saw evidence that staff had received an appraisal within the last 12 months. All clinicians worked in the NHS and had annual appraisals undertaken as required by the NHS.

### **Coordinating patient care and information sharing**

#### **The provider worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. The provider referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, staff ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. A number of patients commented that they felt consultations were very thorough and they were given sufficient time to discuss symptoms and treatment options.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered NHS GP when they used the service. We saw evidence of detailed letters which had been shared with NHS GPs.

### **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.**

- Patients were assessed and given individually tailored advice, to support them to improve their own health and wellbeing.
- Consultations were provided to patients prior to treatment to ensure patients were fully informed and gave consent.

### **Consent to care and treatment**

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

## Are services effective?

- Staff understood the requirements of legislation and guidance when considering consent and decision making. A consent policy and a mental capacity act policy were in place.
- Costs were clearly explained before assessments and treatment commenced. Consent forms were used where appropriate.

# Are services caring?

## **We rated caring as Good because:**

Patients were treated with respect and commented that staff were kind and caring and involved them in decisions about their care.

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

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

- Feedback from patients was very positive about the way staff treated them. In comment cards completed as a part of our inspection process, patients commented that staff were kind, considerate and treated them with utmost respect.
- Policies were in place to support equality, diversity, respect and fair access.
- 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. The consultant was also multilingual.
- Patients told us through comment cards, that they felt listened to by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- The provider encouraged patients to provide feedback after consultations on how the service could be improved.

### **Privacy and Dignity**

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

- Staff recognised the importance of people's dignity and respect.
- Consultations were conducted behind closed doors, where conversations were difficult to overhear. There were measures in place to ensure patient privacy and dignity when receiving treatment in the treatment room.
- Staff understood the importance of keeping information confidential. Patient records were stored securely.



# Are services responsive to people's needs?

## We rated responsive as Good because:

The provider organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

### 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 clinic was located in the city centre with several car parks nearby in addition to on street parking, making it easily accessible for patients.
- There was access to a consulting room on the ground floor. Whilst there was no wheelchair access at the location, patients were made aware when booking appointments and offered to be seen at another site.
- The reception area was located in a separate area to the patient waiting room to ensure confidentiality when speaking to patients over the telephone.
- Interpreting and translation services were available for patients who needed them. This ensured patients understood their treatment options.
- The provider understood the needs of their patients and improved services in response to those needs. Patients told us through comment cards, that they received excellent care that fully met their needs.
- The facilities and premises were appropriate for the services delivered.
- Equipment and materials needed for consultation, assessment and treatment were available at the time of patients attending for their appointment.

### Timely access to the service

#### Patients could access care and treatment from the service within an appropriate timescale for their needs.

- The service was open five days a week and cardiology clinics were held on Monday evenings at the premises. At the time of our inspection visit, there was a two week wait for these appointments. Staff also told us that additional consultations took place as required to meet patient demand.
- Patients could make an appointment by telephoning the service's office number or request appointments via the service's website.
- Patients commented that they found it easy to access the service.

### 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 for patients and clearly displayed in the waiting room.
- 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 a complaint policy and procedure in place. The practice manager was the designated responsible person who handled all complaints in the service.
- The service had received a small number of complaints and appropriate action had been taken to respond to them. There were three non-clinical complaints received since 2019 and no clinical complaints received. We viewed records of one written complaint which showed the provider responded promptly to address a patient's concerns and offered them an apology.

# Are services well-led?

## We rated well-led as Good because:

The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

### 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. The service was led by a highly experienced local cardiologist who was also a trainer and educator locally and abroad, with published research in the field.
- They had a high level of oversight of all the contractors who used the building and liaison with regulatory bodies where appropriate. Health screening was undertaken in line with hospital protocols.
- Informal discussions about succession planning had taken place although the provider had no intentions to retire in the very near future.

### 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 which focussed on providing patient-centred care. Best practice advice was given to patients irrespective of NHS or private treatment status.
- 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.
- The service focused on the needs of patients. Staff told us they felt they were part of the patient journey.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. A duty of candour policy was in place and emphasised the importance of an open culture.
- Staff told us they could raise concerns and they had confidence that these would be addressed.

- There were processes for providing all staff with the development they needed. Staff received regular appraisal and training.

### 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.
- Staff were clear on their roles and accountabilities.
- Staff had established detailed policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### 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.
- The service had a business continuity plan in place for major incidents such as power failure, flooding or building damage. All staff could work from home and patients could be seen at hospital sites.

### Appropriate and accurate information

#### The service acted on appropriate and accurate information.

- The information used to monitor performance and the delivery of quality care was accurate and useful.
- 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. An Information Governance policy was in place and staff were aware of their responsibilities in this area.

### 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.

## Are services well-led?

- 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.
- Patients were encouraged to feedback, and clear processes were in place for them to do so. We saw evidence of patient feedback reviews carried out annually.

### **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 provider demonstrated excellent integration with the knowledge of local, regional and national cardiology services. The lead consultant was a trainer and educator locally and abroad. There was detailed and consistent liaison with other health professionals involved in patient care.