

FBA Medical Limited

Regent Street Clinic - Derby

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 2 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 services 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

Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

CQC inspected the service on 17/18 December 2013 and asked the provider to make improvements regarding;

- Care and welfare of people who use the service
- Management of medicines
- Requirements relating to workers
- Assessing and monitoring the quality of service provision

We visited again on 12 August 2014 to conduct a follow-up focused inspection and found that three out of the four areas identified had met the required standards. We carried out a further focused inspection on 31 March 2015 and found that all required standards had been met.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Regent Street Clinic Derby, services are provided to patients under arrangements made by their employer with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC

Summary of findings

regulation. Therefore, at Regent Street Clinic Derby, we were only able to inspect the services which are not arranged for patients by their employers with whom the patient holds a policy (other than a standard health insurance policy).

Regent Street Clinic Derby is an independent provider of GP services owned by FBA Medical Ltd. The provider also offers a range of specialist services and treatments such as facial aesthetics, travel vaccinations, sexual health screening, occupational health and offshore medical services to people on both a walk-in and pre-bookable appointment basis. The service does not offer NHS treatment. The clinic is based in the city centre of Derby. It is an accredited yellow fever centre which is registered with NATHNaC (National Travel Health Network and Centre). The practice is also registered with the British College of Aesthetics Medicine (BCAM).

The provider which is FBA Medical Limited is registered with the Care Quality Commission to provide services at Regent Street Clinic Derby, 1 Bridge Street, Derby, DE1 3HZ. The period property has been used to provide services to patients since 2009.

FBA Medical Limited was first opened by the provider in Nottingham in 1998 with the provider as the lead GP and one employed receptionist. Since then the provider has grown the business to provide services at other locations in Watford, Leicester, Leeds, Sheffield and Derby. Staff numbers have increased from one GP and one receptionist to six GPs, one practice nurse, two practice counsellors, one group practice manager, three clinic practice managers, twelve reception & administrative staff, plus book-keeping, accountancy and IT staff.

The Derby clinic property consists of a patient waiting room, reception area and consulting rooms which are located on the first floor of the property. There is not a lift in the property, however, patients can be seen on the ground floor for their appointment if stairs are a problem. There is also an accessible disabled toilet and baby changing facilities available on the round floor. A call centre is located in the Nottingham location which deals with incoming telephone calls for all six locations. There is secure car parking available at the practice via electric gates.

This practice is a member of the Independent Doctors Federation (IDF). The IDF is a designated body with its own Responsible Officer.

The practice does not hold a list of registered patients and offers services to patients who reside in Derby and the surrounding areas and patients who live in other areas of England who require their services. The city of Derby has a university student population who are also able to access private medical services if required.

The clinic offers a same day walk-in service during the opening hours;

- Monday 1pm until 3pm
- Tuesday 9am until 12 noon
- Thursday 3pm until 7pm

Investigations such as blood tests, X-rays, Ultrasound scans, MRI and CT scans and referrals to specialist consultants can be arranged on the same day either on-site or via the Nuffield Hospital, Derby.

The local pharmacy partner for the Derby clinic is Markeaton Pharmacy, 126 Kedleston Road, Derby DE22 1FX. The pharmacy provides a delivery service for patients attending the clinic.

The clinic provides one regular GP, a group practice manager, and one clinic administrator.

The group practice manager is the registered manager and works across all six locations. 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.

As part of our inspection we reviewed 15 CQC comment cards where people provided feedback about the service. All of the 15 comment cards we received were extremely positive about the care and treatment received. Patients described the GP as very respectful, knowledgeable and caring. People described the service they received as being 'first class' and that they always felt welcomed and listened to by staff. However, two people also said that they had waited longer than expected for their scheduled appointment.

Our key findings were:

Summary of findings

- There was a group-wide system in place for reporting and recording significant events.
- The practice used a number of policies and procedures to govern activity which were accessed centrally and aligned to the business.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. The provider followed NICE and SIGN guidelines to ensure clinical practice was up to date and to drive improvement.
- There was a process in place to act on safety and MHRA alerts and these were discussed at group meetings with the other clinicians, however, the provider did not keep a log of actions taken.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment.
- The practice 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 practice proactively sought feedback from staff and patients
- The provider actively encouraged patient feedback through a number of forums.

We found an area of notable practice;

- The provider worked with a private laboratory testing service and had formulated a very thorough blood screening assessment for Regent Street Clinic which they called the 'superscreen'. The more detailed tests identified health issues that could not be picked up with basic NHS testing and had led to early intervention and some very positive outcomes for patients

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

- Consider keeping a centralised record of actions taken for all safety and MRHA alerts so that these can be reviewed by other clinicians within the group in the absence of the lead GP.
- Consider installing a hand wash basin in the consulting room and upgrading the floor covering around the examination area.

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.

- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had a group policy in place with clearly defined systems and processes in place to keep patients safe and safeguarded from abuse. However, they told us that they had not made any safeguarding referrals due to not having identified any safeguarding concerns at this practice. A parent or guardian was always asked for proof of their identity and their child's identity before treating them.
- The lead GP administered all medicines and vaccinations.
- There were effective recruitment processes in place and all members of staff had received a Disclosure and Barring Service check (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).
- All staff who acted as a chaperone were trained to carry out this role and had a DBS check in place.
- The practice held records of Hepatitis B status for clinical staff who had direct contact with patients' blood for example through use of sharps.

Are services effective?

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The Lead GP kept up to date with current vaccination guidelines and followed NICE / SIGN guidelines to inform any changes to clinical practice.
- Regular clinical audits were used to inform changes to practice. These were based on updates to NICE/SIGN guidelines, significant events and patient feedback.
- All members of staff were suitably trained to carry out their roles and received regular in-house educational sessions and external training courses where required.
- The provider was committed to a quality improvement strategy and utilised forums such as focus group meetings, patient satisfaction questionnaires, audits and PUNS/DENS (patient/sunmet needs and doctor's educational needs) to enable reflective practice and drive changes in clinical and operational practice.
- The provider had formulated a very thorough screening assessment for Regent Street Clinic which they called the 'superscreen'. The more detailed tests identified health issues that could not be picked up with basic MHS testing and had led to early intervention and some very positive outcomes for patients.
- There was evidence of appraisals, induction processes and personal development plans for staff.
- The practice shared information with NHS GP services and general NHS hospital services when necessary and with the consent of the patient.
- Patients receiving travel vaccinations were required to bring a copy of their travel vaccination records to the clinic and a 'shared care report' was used to enable the relevant information to be shared with patients' own GP.

Are services caring?

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

Summary of findings

- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available to them and fees was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were encouraged to complete feedback forms and surveys via a number of different forums.

Are services responsive to people's needs?

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

- Appointments were usually available on the same day and also available on a walk-in basis.
- Extended hours appointments were available on a Thursday evening until 8pm.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.
- Language Line telephone translation services were available for patients whose first language was not English. This ensured patients understood their treatment options.
- The practice offered pre-consultations to patients prior to receiving treatments such as travel medicine.
- The practice offered up to date general travel advice via their provider website
- A full price list was available for GP consultations, treatments and all travel vaccinations on their provider website.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations

- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held weekly governance meetings at their Nottingham clinic where all staff were required to attend.
- The provider used a specific detailed protocol to assist in complying with the requirements of the Duty of Candour.
- The lead GP delivered weekly in-house educational sessions to all staff.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Regent Street Clinic - Derby

Detailed findings

Background to this inspection

The following inspection was carried out on 2 November 2017. Our inspection team was led by a CQC Lead Inspector and was supported by a GP Specialist Advisor and an Inspection Manager.

Prior to the inspection we had asked for information from the provider regarding the service they provide.

During our visit we:

- Spoke with the lead GP, group practice manager and reception staff.
- Reviewed the personal care or treatment records of patients.
- Reviewed 15 CQC comment cards where patients and members of the public share their views and experiences of the service'.

- Reviewed patient feedback from patient surveys and online comments received.
- Observed how patients were greeted.
- Reviewed documents and systems.

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

Reporting, learning and improvement from incidents

The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents which were group-wide. However, we were told that there had not been any incidents at the Derby clinic in the preceding 12 months.

When there were unexpected or unintended safety incidents at any of the locations:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- There was an effective system in place for reporting and recording significant events.
- Staff told us significant events were discussed in weekly practice meetings where all staff were expected to attend.
- We saw evidence of a serious incident reporting policy.
- The provider held a record of significant events which included details of investigations and actions taken as a result of the significant event.

The practice had signed up to the Medicines and Healthcare Products Regulatory Agency (MHRA) website to enable alerts to be received. These were reviewed by the Lead GP who took the necessary action.

Monitoring risks to patients

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Relevant contact details were easily available to staff in their work areas.
- The GP was responsible for safeguarding. The GP attended safeguarding meetings when possible and provided reports where necessary for other agencies.

- When treating children, parents were asked to bring relevant documents to confirm their identity and that of the child so that parental guardianship could be confirmed prior to treating the child.
- Staff we spoke with demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three. All non-clinical staff were trained to level one.
- We saw evidence that staff had received training in the Mental Capacity Act (MCA) 2005.
- We were informed that there had been no safeguarding referrals made by staff at the Derby clinic as there had been no concerns identified. The clinic did not hold a database of patients and therefore no safeguarding alert was visible on the patient record to alert staff. However, we were assured that staff knew what to do if they suspected a safeguarding concern.
- The practice had an effective system in place for the collection of pathology samples such as blood and urine. The practice used the services of an accredited laboratory which provided a daily collection service from the practice for all samples. Pathology results were provided to the practice within 24 to 48 hours. These were received directly into the patient's records and an alert sent to the Lead GP informing him that the result was ready to view. The GP told us that he usually informed patients of the results as soon as he received them where relevant. All patients knew to contact the practice to receive test results if they had not heard within a certain time period.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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).
- We saw evidence that the GP at this practice had completed relevant training and was qualified to administer immunisations and vaccinations including travel vaccinations, as well as training and qualifications relevant to other interventions offered at the clinic, for example; sexual health, occupational health and facial aesthetics.
- We reviewed the provider's central recording system and saw that all three members of staff who worked at the

Are services safe?

Derby clinic had received appropriate recruitment checks prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

- The GP was the owner and founder of the business and we saw evidence of qualifications, annual appraisals and revalidation appropriate for this role. We also saw evidence of additional training qualifications for occupational health, sexual health, travel health and fascial aesthetics. We saw evidence of induction training, competency checks and role-specific training for the receptionist, and additional training courses appropriate for the roles undertaken at the clinic.
- We saw evidence of medical indemnity insurance for GPs. GPs were registered with the General Medical Council (GMC). The group practice manager carried out regular checks of GPs GMC registration.
- There was a comprehensive health and safety policy in place and was accessible to all members of staff electronically. All members of staff had received up to date training by an external training provider in health and safety which included fire safety, basic life support, infection prevention and control, moving and handling, safeguarding adults and children, information governance, equality and diversity, complaints handling, and lone working.
- The practice had adequate fire safety equipment in place and all equipment had been serviced on a regular basis. A fire action notice was visible to patients and staff telling them what to do in the event of a fire. There was a designated fire marshall at the clinic and regular fire drills had been conducted.
- Records were held centrally that showed all electrical and clinical equipment had been checked by an accredited external contractor. Certificates were easily accessible for the Derby clinic via a web portal.
- The provider used a secure system for storing patients records that was an online hosted system that was specifically designed for use in private practice. This system was backed up every night.
- The practice used an e-mail system and all electronic mail was encrypted for maximum security.
- The Lead GP was the infection control lead. All staff including the infection control lead had received infection control training as part of their induction and

attended an annual update. Regular infection control audits were undertaken with an external provider and we saw evidence that action was taken to address any improvements identified as a result. It was noted that there was carpet flooring in the consulting room, including the area around the examination couch. It had not been identified as an issue in a recent infection control audit and the provider told us that they did not perform surgical procedures at the clinic. They had a spillage kit in case of any blood spillage during blood testing. However, they informed us that they were planning to replace the carpet around the examination couch area with clinical standard flooring.

- It was also noted that there was no handbasin in the consulting room. This had not been identified as an issue in their recent infection control audit as there was a supply of hand gel to use prior to taking blood, giving injections and conducting examinations. However, the provider informed us that they would be happy to install a wash basin within the room.
- Staff were routinely offered influenza and Hepatitis B vaccinations throughout their employment. We saw evidence of Hepatitis B status for clinical staff members who had direct contact with patients.
- Suitable processes were in place for the storage, handling and collection of clinical waste.
- A legionella risk assessment had been undertaken.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be very clean and tidy. There was a process in place to ensure a cleaning and monitoring checklist was completed and signed on a weekly basis for each area of the premises

Appropriate and safe use of medicines

There were systems in place for managing medicines. Medicines were stored appropriately in the practice and there was a clear audit trail for the ordering, receipt and disposal of medicines.

- All prescriptions were issued on a private basis and were printed individually by the GP during consultation.
- The practice carried out audits of medicines and vaccinations.
- We saw evidence that a monthly stock check was carried out on all vaccinations to ensure they were in date.

Are services safe?

- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- GPs administered all medicines and vaccinations to patients and did not issue repeat prescriptions.
- We saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis and that vaccinations and immunisations were stored appropriately. We saw evidence of a cold chain policy in place (cold chain is the maintenance of refrigerated temperatures for vaccines).
- The practice did not treat patients who were taking high risk medicines for a chronic illness and therefore did not prescribe them.
- The practice had equipment on site to manage medical emergencies, including oxygen and a defibrillator. We checked this and found all equipment to be in date. There was a limited supply of emergency medicines available including medicines to deal with anaphylaxis. (anaphylaxis is a severe and potentially life threatening reaction to a trigger such as an allergy) The practice did not keep a stock of emergency antibiotics suitable for patients with suspected meningitis. They informed us that this was because the Lead GP triaged all patients who called for a GP consultation and would refer patients who described possible symptoms of meningitis directly to hospital and therefore did not see or treat these patients.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment needs

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, and The Scottish Intercollegiate Guidelines Network (SIGN) (Both of these organisations are responsible for providing national guidance in the UK on the promotion of good health and the prevention and treatment of ill-health.)

The provider was committed to ensuring patients received the most up to date care, and had conducted five clinical audits over a two-cycle period to enable this, and to provide assurance about clinical performance.

All five audits demonstrated clinical compliance and some improvement in quality of care for patients. For example;

- An audit was conducted to check compliance with a NICE guideline regarding the prescribing of antibiotics to treat uncomplicated upper respiratory tract infections. NICE guidelines recommended delayed prescribing and self help advice for uncomplicated cases. The audit showed that, after a change of practice to support patients with advice (where appropriate) instead of prescribing antibiotics, the number of antibiotics prescribed in year two had reduced from 82% to 45% and self help advice, literature and patient education had increased from 15% to 32%.
- An audit was conducted to check compliance with SIGN guidelines for prescribing a particular antibiotic for urinary tract infections in women as a first line treatment rather than opting for a stronger antibiotic. The outcome of the audit demonstrated 93% compliance with the guidelines in the second cycle.

The provider found there were no obvious dissatisfaction rates from patients and instead noted that patients valued the discussion regarding the possible harm associated with prescribing antibiotics.

Detailed risk assessments were carried out prior to administering travel vaccinations which were held within the patient record. The record was shared with the patient's own GP with their consent.

Staff training and experience

The provider had a comprehensive induction and training programme in place for all newly appointed staff.

They told us that new staff received a comprehensive two week induction which included

in-house training, observational training and competency assessments. Training covered such topics as safeguarding, infection prevention and control, information governance, chaperone, health and safety hand washing techniques, fire safety, basic life support, complaints handling and confidentiality.

After this, all staff attended external training each year to update their knowledge on health and safety, information governance, fire safety, equality and diversity, infection control, basic life support, moving and handling,, safeguarding children and adults, complaints handling and lone working. We saw that all three staff who worked at the Derby clinic were up to date with their annual update training.

All members of staff had received training to carry out their roles and received regular in-house educational sessions at the weekly meetings. External training sessions were also arranged where required.

Training records showed that all three staff at the Derby clinic had received all mandatory training and annual updates.

The learning needs of staff were identified through a system of appraisals, we saw evidence that staff had received an appraisal within the last 12 months. The GP received an appraisal carried out by the Independent Doctors Federation (IDF). The GP had also been successfully revalidated until January 2020.

Working with other services

We saw evidence of thorough and detailed assessments recorded in patients' electronic records which was available to relevant staff. This included care assessments, consultation records, investigation and test results.

The practice ensured sharing of information with NHS GP services and general NHS hospital services when necessary and with the consent of the patient. If an NHS service required any information, the practice would print a list of medicines and diseases/disorders for the patient to take with them. The practice made referrals to other independent or private sector services and could refer to

Are services effective?

(for example, treatment is effective)

NHS services. For example, the practice had close links with other private hospitals and referred patients for services such as for private total body screening assessments such as magnetic resonance imaging scans (MRI). Some diagnostic scans could be provided on the same day due to a direct referral agreement with a local hospital in Derby.

The practice always recommended information exchange with the patient's NHS GP in keeping with the guidelines in Good Medical Practice highlighted by the GMC.

At our inspection, we saw a number of examples of how information was shared with NHS GPs and other health professionals, both directly and through the use of patient record books and information documents.

The practice encouraged patients to share information with their own GP. However, in situations where a patient did not wish to do this, a meeting would be arranged with the patient to discuss the importance of sharing the information.

The practice were clear that if a patient refused to share relevant information with their own GP, after being made aware of the importance of this, then the GP would follow GMC guidance regarding breaching confidentiality in order to ensure patients' safety. This may involve considering seeking advice from the Medical Defence Union.

The provider worked with a private laboratory testing service and had formulated a very thorough blood screening assessment for Regent Street Clinic which they called the 'superscreen'. The more detailed tests identified health issues that could not be picked up with basic NHS testing and had led to early intervention and some very positive outcomes for patients. For example; one patient was found to have a cancer diagnosis following superscreening which had not been picked up using the usual screening tests available. This resulted in early treatment and a positive prognosis for the patient. Another patient received a definitive diagnosis after a year of searching for a reason for their symptoms. This has also resulted in treatment which has had a positive outcome for the patient on their quality of life.

Patients requiring travel vaccinations were asked to bring a copy of their vaccination record to the clinic and this was updated at each visit. Patients were encouraged to share this record with other providers, including NHS providers where required.

There were clear arrangements for making referrals to other services.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. The practice had a comprehensive consent policy in place;

- Written consent was obtained for travel vaccinations which was stored at the Nottingham clinic.
- Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.
- The practice manager told us that any treatment was fully explained prior to the procedure and that people then made informed decisions about their care.
- Pre-consultations were offered to patients prior to treatment to ensure patients were fully informed and gave consent. For example, a pre-travel risk assessment and consultation was carried out for all patients requiring pre-travel advice and vaccinations. We saw evidence that all staff who delivered these consultations had been trained appropriately.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Identity of a child was always checked prior to treating.
- The practice offered Language Line interpreter services as an additional method to ensure that patients understood the information provided to them prior to treatment.
- The provider offered full, clear and detailed information about the cost of consultations and treatments, including tests and further appointments. We saw evidence of fees displayed in the patient waiting room, in patient leaflets and also on the practice website. The practice manager told us that fees were explained to patients prior to consent for procedures and was discussed as part of the pre-consultation process.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- We noted that consultation room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All staff had received training in confidentiality. Staff we spoke with understood the importance of confidentiality and the need for speaking with patients in private when discussing services they required. In particular, walk-in HIV testing and sexual health testing.

Involvement in decisions about care and treatment

Patient feedback on the 15 comment cards we received told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

We reviewed comments left on the provider's website and found these to be equally positive about the care they had received.

The provider showed us a patient survey they had conducted this year and this also demonstrated that patients were extremely happy with the care and treatment they received at the clinic and had felt involved in decisions about their care.

The provider was committed to a quality improvement strategy and utilised forums such as focus group meetings, patient satisfaction questionnaires, audits and PUNS/DENS (patient's unmet needs and doctor's educational needs) to enable reflective practice and drive changes in clinical and operational practice. We reviewed a recent PUNS/DENS reflection document and found a detailed account of why the GP felt some patient's needs had not been met. We

noted that for every patient, the GP had gone that extra mile to provide further information or refer the patient to appropriate secondary care provider, and to follow up on the outcome.

We reviewed two patients records and saw that a comprehensive pre-consultation assessment had been made that included a detailed risk assessment, explanation of treatment and confirmation of patient consent. This included consent to share the record with the patient's own GP. The records also detailed follow-up information was provided.

The provider encouraged patients to provide feedback and participate in patient surveys. The national patient survey Trust Pilot, conducted in October 2017 showed that 66 patients had provided a review that month and that the ratings showed a nine out of a possible score of 10.

A survey conducted by the practice for 24 patients showed;

- 100% of patients gave an overall rating of excellent.
- 50% of patients had used the service more than three times.
- 84% felt that the receptionist service was excellent or very good. The remainder felt the receptionist service was good.
- 33% were very satisfied with opening hours, whilst 66% would like to see the clinic opening for additional sessions.
- 79% of patients were able to see the GP on the same day, the remaining patients were seen next day.
- 75% of patients were happy with the time they waited for their appointment
- 100% of patients rated their experience of getting through to the clinic by phone as very good or excellent.
- 100% of patients rated the service as very good or excellent regarding being able to speak with the GP by phone when they needed to.
- 92% of patients felt that the GP's listening skills were excellent or very good. The remaining patients rated this as good.
- 100% of patients rated their experience as excellent or very good with regards to being involved in decisions about their care
- 100% of patients rated the GP as excellent or very good for showing care and concern.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

- Access to the clinic on foot was via a main street and patients were required to ring the doorbell to gain access. Car parking was at the rear of the building which could be accessed through automatic security gates. The provider had consulted with the landlord who owned the car park facility to allow patients to park there instead of on the main road. Staff were able to use a fob to control the electric gates to allow patients to access the car park.
- There was access to a consulting room and disabled toilet and baby changing facilities on the ground floor.
- The reception area was located in a separate area to the patient waiting room to ensure confidentiality when speaking to patients at the reception desk or over the telephone.
- Language Line telephone translation services were available for patients whose first language was not English. This also ensured patients understood their treatment options.
- There was a comprehensive practice information guide and written information was available to patients in other languages. Information for patients was available in Braille and large print for patients who were blind or suffered with poor vision.
- Health promotion information was available for patients in the waiting room.
- The practice offered pre-consultations to patients prior to receiving treatments such as travel medicine, HIV testing, and facial aesthetics.
- Breast feeding and baby changing facilities were available.
- A water dispenser was available for patients in the reception area.
- The practice offered on the day appointments for patients as well as walk in appointments. Appointment bookings were taken via a call centre in the Nottingham clinic.
- Pathology test results were provided within two days and in some cases on the same day the sample was obtained. Where some tests took longer due to being reviewed and reported on by a clinician, these results were provided to patients by the GP with 24 hours of receiving them.

- Patients were able to attend a local hospital in Derby for some diagnostic tests within a few days, sometimes on the same day.
- The provider responded to patients requests for faster referrals for MRI scans, and set up a direct referral service at a Nottingham hospital. Patients from Derby clinic are able to access this concierge service where their care pathway is handled by a dedicated administrator from booking the scan to obtaining the result.
- The practice offered general travel health and disease prevention advice for patients travelling abroad.
- Information was available in the waiting room and also on the practice website.
- All patients who attended for HIV testing were offered pre-counselling by the GP prior to this procedure. Where a patient received a positive test result, patients were referred to other services for further counselling and support.

Tackling inequity and promoting equality

The practice offered appointments to anyone who requested one and did not discriminate against any client group. This included students from the local university, migrants, and the travelling population. Fees for appointments were charged in the usual way. However, the practice told us that there had been occasions where they had not charged fees for a minority of patients who did not have the means to pay. There were disabled facilities and translation services available.

Access to the service

The practice was open from 1pm until 3pm on Monday, 9am until 12 noon on Tuesday and 3pm until 7pm on Thursday.

Appointments were available daily either by pre-bookable appointments or on a walk-in basis. The practice offered on the day appointments for travel health and vaccinations.

Concerns & complaints

The practice had an effective system in place for handling complaints and concerns.

Its complaints policy and procedures were in line with recognised guidance for GPs in England.

Are services responsive to people's needs?

(for example, to feedback?)

The group practice manager was the designated responsible person who handled all complaints in the practice.

The complaints procedure was available to help patients understand the complaints system. There was information on how to complain in the patient waiting area and on the practice website. The complaints policy for patients gave details of the Health Service Ombudsmen and also the Independent Doctors Federation (IDF) should they be unhappy with the outcome of their complaint and wish to have their complaint reviewed.

We were informed that six complaints had been received verbally in the last 12 months but none of these were made in writing. A record had been kept of verbal complaints

which were acknowledged in writing and we found they were satisfactorily handled and dealt with in a timely way. For example; where a patient complained about a long wait for a travel vaccination, a full explanation was given regarding the importance of conducting a thorough risk assessment prior to administering any vaccination. The provider informed us that complaints were usually resolved quickly and rarely escalated to serious patient dissatisfaction.

The practice demonstrated an open and transparent approach in dealing with complaints. Lessons were learnt from concerns and complaints which were discussed and shared during weekly meetings at the Nottingham clinic where all staff attended.

Are services well-led?

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

Our findings

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- During our inspection we looked at a number of policies which included consent, health and safety, chaperone, safeguarding children, vulnerable adults and private GP services policy. All policies and procedures were available in an electronic file which all members of staff had access to.
- A comprehensive understanding of the performance of the practice was maintained.
- The provider followed NICE and SIGN guidelines and used these to appraise the performance of the practice, and to drive improvement. Four out of five clinical audits that had been completed over two cycles had been conducted to establish whether clinical performance was in line with recent changes to NICE and SIGN guidelines.

Leadership, openness and transparency

There was a clear leadership structure which was central to managing all of the clinics, including the Derby clinic. The provider had developed a management model that was consistent across all clinics.

- The GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care.
- The GP prioritised safe, high quality and compassionate care and was visible in the practice. Staff told us that the GP and the group practice manager were approachable and always took the time to listen to all members of staff.
- Staff told us there was an open culture within the practice 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, valued and supported, particularly by the GP in the practice. All staff were

involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the services delivered by the practice.

- Staff were encouraged to participate in training and had received in-depth training in travel medicine to enable staff to deliver pre-travel vaccination consultations and to provide advice for patients calling to enquire about travel vaccination needs. Consultations ensured patients were fully informed of their travel vaccination requirements prior to their appointment with a GP.

Learning and improvement

The GP and group practice manager were extremely committed to providing high quality, timely care for patients. They were proud of the business model they had created and the services they had developed across the country. They had a strong vision for the future development of the business and its values were clearly embedded within the whole practice team.

There was a strong focus on continuous learning and improvement at all levels within the practice. The GP encouraged staff to participate in training and encouraged staff to develop their skills. The GP delivered regular in-house educational sessions in various forms which included role play and case studies for all members of staff on various topics such as travel medicine updates and

chaperone training. The GP had completed a Diploma in Occupational Medicine and also a Diploma in Travel Medicine with the Royal College of Physicians & Surgeons of Glasgow and

delivered regular in-house training to all practice staff regarding travel medicine and also delivered training externally.

The provider was committed to a quality improvement strategy and utilised forums such as focus group meetings, patient satisfaction questionnaires, audits and PUNS/DENS (patient/sunmet needs and doctor's educational needs) to enable reflective practice and drive changes and improvements in clinical practice.

The practice held weekly meetings at their Nottingham clinic for staff based at the Derby clinic to attend which

Are services well-led?

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

included in-house educational sessions for all members of staff. The provider was an experienced trainer and utilised those skills for the benefit of staff and the business to drive improvement.

The practice encouraged feedback and offered patients the opportunity to reflect on their experiences in a number of media, including paper questionnaires and a number of online feedback forums. The provider encouraged learning from complaints and significant events by discussing these at weekly meetings where staff attended from each clinic. This meant that even though the Derby clinic had not experienced any significant events, and minimal complaints, staff were still able to learn from events that happened at other clinics.

All policies and procedures were held centrally and all staff could access these from a computer system from their desk.

Provider seeks and acts on feedback from its patients, the public and staff.

The practice encouraged and valued feedback from patients and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through surveys and complaints received. This was discussed and learning shared with other clinics managed by the provider to maximise learning.

We saw patient feedback forms in the waiting room which encouraged patients to give feedback about the service they had received which included their views on the premises, consultation with a GP, customer service and an opportunity to give any other feedback. Patients were encouraged to give the practice a rating on each of these areas. The practice collated this information and acted upon it to improve its services to patients.

The practice had also gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.