

DR G Health Clinic

Inspection report

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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 DR G Clinic on 8 January 2020 as part of our inspection programme.

DR G Clinic offers intravenous lignocaine infusions for the treatment of chronic pain. The service is registered with the Commission to provide treatment of disease, disorder or injury from 9 Priory Place, Doncaster, DN1 1BL. At the time of the inspection less than 10 patients had received this treatment.

DR G Clinic provides a range of treatments for chronic pain, for example joint injections which are not within CQC scope of registration and fall under medical practitioners working in independent practice. Therefore, we did not inspect or report on these services.

Six patients provided feedback about the service using CQC comment cards. Patients were very positive about the care and treatment they received.

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

The areas where the provider should make improvements are:

- Continue with the programme of planned clinical audit.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Our inspection team

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

Background to DR G Health Clinic

DR G Clinic is located at 9 Priory Place, Doncaster, DN1 1BL in converted commercial premises. The service is located on the ground floor. There is a disabled parking bay directly outside the building.

The provider, Dr Sameer Gupta, is registered with the CQC to carry out the regulated activity of treatment of disease, disorder or injury from the location. DR G Clinic provides treatments for the condition of chronic pain. Treatments include lignocaine injections.

Patients can book appointments directly with the service by telephone or in person at the clinic. The service is open for consultations on Monday 10am to 2pm, Tuesday to Friday 10am to 4pm and on Saturdays and in the evening by prior arrangement.

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 clinic 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 provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The clinic provided a service to those over the age of 18. There were systems in place to ensure the safety of children accompanying an adult to the service for a consultation.
- Staff were aware of and could describe the role of other agencies to support patients and protect them from neglect and abuse.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. The safeguarding lead was overdue update training. Evidence this was completed was submitted to the Commission the day after inspection. 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 consultation rooms and reception and waiting room areas were clean and hygienic. Staff followed infection control guidance and attended relevant training. Staff knew what to do if they sustained a needlestick injury. The service undertook regular infection prevention and control checks. An infection control policy was in place.

- 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 provider was in the process of completing a premises and a security risk assessment of the premises at the time of inspection. Part of the premises were being refurbished and access restricted. We saw that the provider had taken action to address issues as they arose during the refurbishment of the premises. For example, to extend the height of the external security gate and install appropriate signage for oxygen and x-rays. Following the inspection the provider submitted a completed health and safety and security of the premises risk assessment and associated procedures to monitor safety of the premises such as control of substances hazardous to health.

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.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff telephoned patients the day before treatment to check they were well enough to attend.
- The clinic had equipment and some suitable medicines to deal with medical emergencies which were stored appropriately and checked regularly. A risk assessment had not been completed for those emergency medicines not kept. The provider submitted the risk assessment completed after inspection.
- There were appropriate indemnity arrangements in place.
- The clinic had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The provider carried out radiography audits every year following current guidance and legislation. Clinical staff completed continuing professional development in respect of radiography.

Information to deliver safe care and treatment

Are services safe?

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information 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.
- 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 and equipment minimised risks. The service used private prescriptions which were securely kept and monitored its use.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They did prescribe and administer a schedule 4 controlled drug, occasionally, as part of the procedure. However, a stock of this was not kept at the time of inspection and appropriate storage and record keeping was in place should it be stocked in the future.
- Staff prescribed and administered medicines as part of the procedure performed. Patients were given advice on those medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service had systems in place to record safety and incidents.

- There were comprehensive risk assessments in relation to safety issues. Half of the premises had been renovated and renovation was underway for the other half. This area was not used for patients and access adequately controlled.
- 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 had procedures to learn 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. Staff told us they felt supported to do 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. For example, following feedback from staff relating to the information technology equipment in use appropriate desks, seating and computers were installed.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

The provider had processes in place for when there were unexpected or unintended safety incidents. At the time of inspection less than ten patients had received the treatment in scope of registration at the clinic. Staff told patients would be given reasonable support, truthful information and a verbal and written apology and that records of verbal interactions as well as written correspondence would be kept.

The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

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 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.

- 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.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical well-being.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate. Advice was given to patients on what to do if their pain got worse and when to request further help and support.

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.
- An audit was currently being conducted at the time of inspection. The clinician reviewed the performance and effectiveness of treatments. Initial findings from the clinical audit found positive outcomes for patients for the treatment provided.

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) were registered with the General Medical Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together 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, offering referral to a psychologist if deemed clinically appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Consent was documented within the patient record.
- The provider had risk assessed the treatments they offered. They had identified treatments that were not appropriate for certain medical conditions. Patients were advised of this and alternative treatments offered. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with General Medical Council (GMC) guidance.

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 well-being, which included advice on exercise and healthy lifestyles.

Are services effective?

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. A consent policy and a mental capacity act policy were in place.
- Staff had completed mental capacity training.
- Costs were clearly explained before assessments and treatment commenced. Consent forms were used where appropriate. The initial consultation and treatment were carried out on separate days to allow the patient time to think about the treatment.

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.

- 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 a first language. Patients were

also told about multi-lingual staff who might be able to support them. The provider was developing specific information leaflets in easy read formats, to help patients be involved in decisions about their care.

- Patients told us through CQC comment cards, that 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.
- Patients carers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- The provider's initial patient survey findings were very positive regarding the clinician listening, explaining a condition and involving the patient in decisions.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Consultations were conducted behind closed doors, where conversations were difficult to overhear. 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:

- Services were tailored to meet the needs of individual patients and were accessible.

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. Patients told us through CQC comment cards, that they received excellent care that fully met their needs. A number of patients commented that they had been using the service for several years, received a consistently high level of care and would recommend the service. The provider's most recent patient survey results were overwhelmingly positive and individual comments referred to excellent care being provided by the clinician.
- The facilities and premises were appropriate for the services delivered. Consultation rooms and reception and waiting room areas were on the ground floor and accessible.
- 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 were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available.
- Staff could describe information they would provide to patients should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service had not yet received any complaints.

Are services well-led?

We rated well-led as Good because:

- The culture of the clinic 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. 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
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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.
- 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 radiographers, were considered valued members of the team.

- 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.
- There were positive relationships between staff and teams.

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 proper 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. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit was underway.
- The service had a business continuity plan in place for major incidents such as power failure or building damage

Appropriate and accurate information

The service acted on and accurate information.

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

Are services well-led?

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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.

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. Patients were encouraged to feedback and clear processes were in place for them to do so.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement. Staff linked in to professional forums to improve the service.