

F&A Health Ltd

Park Private Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 23 March 2018 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.

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.

Park Private Clinic offers patients a range of private GP medical services including; travel vaccinations (in addition to being a registered NathNaC yellow fever centre), private GP consultations, sexual health tests, employment medicals as well as corporate and individual health screenings from a purposefully converted building in Nottingham City Centre. These are available on both a walk-in and pre-bookable appointment basis.

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 Park Private Clinic, the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. The provider, which is F&A Health Ltd, is registered with the Care Quality Commission to provide services at 16 Regent Street, The Park, Nottingham, NG1 5BQ. The period property has been used to provide services to patients since 2013.

The GP is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

We received 53 comment cards in the lead up to the inspection, the patients responses were entirely positive about their experiences at the practice. Feedback on their care and treatment described the care received as being extremely caring and professional, very respectful and the GP as very informative. A large proportion of patients commented on the relaxed atmosphere and never feeling rushed during appointments.

Our key findings were:

- The service took a proactive approach to updating systems and facilities as a result of incidents to reduce the likelihood they would happen again.
- The way in which care was delivered was reviewed to ensure it was delivered according to evidence- based guidelines.

- We saw patients were treated with compassion and kindness and patient feedback supported this.
- Services were provided to meet the needs of patients.
- Patient feedback for the services offered was consistently positive.
- Staff told us there was an open and inclusive culture of management and felt their views were listened to.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

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

Review the registration process to ensure that adults accompanying children for appointments had parental authority for the child before treatment was provided.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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.

- There was no system in place to ensure a parent or guardian would be asked for proof of their identity and their child's identity before treating them to assure they had parental authority.
- The practice had a 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.
- The lead GP administered all medicines and vaccinations.
- 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.
- 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.

Are services effective?

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

- The GP was aware of current evidence based guidance.
- Audits were completed to improve quality and review the care delivered to patients.
- Staff had the skills and knowledge to deliver effective care and treatment.
- All staff had appraisals with personal development plans and were supported to develop their skills and understanding.

Are services caring?

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

- Feedback from patients was positive and indicated that the service was caring and that patients were listened to and supported.
- The provider had systems in place to engage with patients and seek feedback using a survey handed to all patients after their appointment, and annual phone surveys.
- Systems were in place to ensure that patients' privacy and dignity were respected.

Are services responsive to people's needs?

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

- Patient feedback indicated they found it easy to make an appointment, with appointments available on the same day, in addition to flexibility as to when the appointments were offered to meet the needs of the patients.
- The service understood its patient profile and had used this understanding to meet the needs of service users.
- Treatment costs were clearly laid out and explained in detail before treatment commenced.

Summary of findings

- The service had good facilities and was well equipped to treat patients and meet their needs.
 - Patient feedback was encouraged and used to make improvements. Information about how to complain was available and complaints were acted upon, in line with the provider policy.
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Are services well-led?

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

- There was a clear vision and strategy and there was evidence of good leadership within the service.
 - There were systems and processes in place to govern activities. Some systems were in need of further development, such as verification of children's identity and parental authority.
 - Risks were assessed and managed.
 - There was an open culture, which fostered improvement.
 - The provider took steps to engage with their patient population and adapted the service in response to feedback.
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Park Private Clinic

Detailed findings

Background to this inspection

The following inspection was carried out on 23 March 2018. Our inspection team was led by a CQC Lead Inspector and was supported by a GP Specialist Advisor. Prior to the inspection, we had asked for information from the provider regarding the service they provide.

During our visit we:

- Spoke with the Registered Manager and GP, practice manager and reception staff.
- Reviewed the personal care or treatment records of patients.
- Reviewed 53 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

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

Safety systems and processes

- There were systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff had received training appropriate to their role (for example, safeguarding children level three for the GP) and all staff understood their responsibilities.
- Safeguarding procedures were documented, guidance was kept up to date with local contract numbers and staff were aware of the practice lead. Non-clinical staff had received level 1 safeguarding training.
- Notices advised patients that chaperones were available. Chaperones had received training for the role and had received a Disclosure and Barring Service (DBS) check in line with the provider's policy for all staff. 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.
- Recruitment procedures ensured checks were carried out on permanent and locum staff members' identity, past conduct (through references) and, for clinical staff, qualifications and registration with the appropriate professional body.
- We observed the practice to be clean and there were arrangements to prevent and control the spread of infections. The practice had a variety of other risk assessments and procedures in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Equipment was monitored and maintained to ensure it was safe and fit for use.

Risks to patients

- Staffing levels were monitored and there were procedures in place to source additional trained staff when required.
- There were effective systems in place to manage referrals and test results.
- Risks to patients (such as fire) had been assessed and actions taken to manage the risks identified.

- There were arrangements in place to respond to emergencies and major incidents:
- Staff records we checked (one clinical staff, two non-clinical) showed that these staff had completed annual basic life support (BLS) training, in line with guidance.
- There was oxygen, a defibrillator, and a supply of emergency medicines. A risk assessment had been carried out to determine which emergency medicines to stock. All were checked by the practice through regular monthly checks of expiry dates to make sure they would be effective when required.
- There was a business continuity plan for major incidents such as power failure or building damage. This contained emergency contact details for suppliers and staff.

Information to deliver safe care and treatment

- There was an electronic booking system, which had safeguards to ensure that patient information was held securely. Paper based records were held securely in locked and fire proof cabinets.
- Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included investigation and test results.
- There was no system in place to check the identity of patients, this included the identity of children, and those who accompanied them, to ensure they had parental authority.

Safe and appropriate use of medicines

- From the evidence seen, the GP prescribed and gave advice on medicines in line with legal requirements and current national guidance.
- A majority of patients attended only for travel vaccinations or the care of acute conditions, and were referred to consultants or their NHS GP for follow up as appropriate. The practice did not prescribe high risk medicines.
- The GP told us of actions taken to support good antimicrobial stewardship in line with local guidance.
- Prescriptions were printed on site and patients were able to take to their pharmacy of choice to be fulfilled.
- Medicines stocked on the premises were stored appropriately and monitored.

Track record on safety

Are services safe?

- There was a system in place to report, share, investigate and record incidents. Staff were encouraged to report any concerns and complaints as significant events and complete a form to initiate an investigation so all learning and changes could be applied.
- In the previous twelve months there had been three significant events logged. There was a low threshold within the practice to initiating a significant event, for example when a patient commented about the lack of baby changing facilities, a significant event was documented in addition to the complaint process and as a team a solution found and more appropriate facilities installed. The patient who made the comment was involved in the process and informed of the changes made.
- Staff were aware of how to raise a significant event and the GP was the designated lead who worked collaboratively with all staff and reviewed significant events at minuted team meetings.
- When an incident affected a patient, they received updates and responses in a timely manner and we saw evidence that during investigations duty of candour had been applied.
- There was a notice board in the waiting room where updates and changes could be communicated to patients.
- A system was in place for the GP to receive safety alerts from organisations, such as the Medicines and Healthcare Products Regulatory Agency (MHRA), to enable alerts to be received and we saw evidence that the necessary action had been taken.

Lessons learned and improvements made

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

When there were unexpected or unintended safety incidents:

- 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.

Are services effective?

(for example, treatment is effective)

Our findings

We found the practice was providing effective care in line with the regulations.

Effective needs assessment, care and treatment

The GP assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence based practice. When a patient needed referring for further examination, tests or treatments they were directed to an appropriate service.

Monitoring care and treatment

The provider had conducted audits in some areas, and we saw evidence of both first cycle audits and completed audit cycles. For example, an audit had been undertaken reviewing the number of yellow fever vaccinations given and the related age of the patients. The audits showed good compliance with guidance. There was analysis and agreed action for all of the audits and re-audits had been scheduled, to check that improvement had been made.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example; the GP, whose role included travel vaccinations, had received specific training and could demonstrate how they stayed up to date.

- The practice 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.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching, and mentoring.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

- Patients contacted the practice for travel vaccinations and medicals; however, patients also visited the practice for routine medical concerns. If this was the case, patients were asked if they were registered with an NHS GP and whether their GP could be contacted. If patients agreed, we were told that a letter was sent to their registered GP. The GP was aware of their responsibilities to share information under specific circumstances (where the patient or other people are at risk) and we were told of examples where the GP had succeeded in getting consent to share information, after explaining the risks, and the importance of a centralised care record, to the patients if they did not.
- Where patients required a referral (for diagnostic tests or review by a secondary care clinician) this was generally arranged directly through a private provider or the local NHS trust.
- We saw evidence the GP reviewed test results received within one working day. Referrals to secondary care could be made on the same day as a GP consultation.

Supporting patients to live healthier lives

- The service supported patients to live healthier lives by providing same day GP access for patients. These patients were able to access a GP, receive a diagnosis and medication where required.
- The practice also promoted travel health, including ways to prevent illness once they had returned to the UK by the use of leaflets and information in the waiting room and during consultations.

Consent to care and treatment

- Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. All clinical staff had received training on the Mental Capacity Act 2005.
- For patients whose costs were not being paid by their employer, treatment costs were clearly laid out and explained in detail before treatment commenced.

Are services caring?

Our findings

Kindness, respect and compassion

- We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.
- All feedback we saw about patient experience of the service was positive. We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received 53 completed comment cards all of which were positive and indicated that patients were treated with kindness and respect. Comments included that patients felt the service offered was excellent and in a very clean environment. Cards also stated that staff were caring, professional, never rushed them during consultations and treated them with dignity and respect.
- During May to July 2017 patients were given a short survey asking for their feedback. Out of the 420 Patients that responded 84% indicated they would recommend a family or friend to the service.
- There had been overall improvement to the patients satisfaction of the questions asked, in comparison to the 2016 survey and additional changes had been implemented to improve in future years, for example:
- Additional meetings for all staff and include training within these meetings

- Specific roles for each member of staff
- Improvements in the booking system
- Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results.

Involvement in decisions about care and treatment

- Feedback from the service's own post consultation survey indicated that staff listened to patients concerns and involved them in decisions made about their care and treatment.
- The service used a number of means to communicate with patients who did not speak English as their first language, which included access to a telephone translation service and face-to-face translators when required.
- There was a hearing loop and reception staff could support patients in its use.

Privacy and Dignity

The provider respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The service had systems in place to facilitate compliance with data protection legislation and best practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

- The service was designed to offer quick, easy and efficient access to primary care and travel vaccinations, located in Nottingham, to avoid patients having to wait or have undue time off work for an appointment.
- Staff members had received training in equality and diversity. Consultations were available to anyone in the area
- How visits were available and allocated depending on availability.
- Discussions with staff indicated the service was person centred and flexible to accommodate people's needs.
- The facilities and premises were appropriate for the services delivered. A majority of GP appointments were provided on the first floor, however if required consultations could be conducted on the ground floor where there was adequate disabled access with no detriment to the service and care provided.

Timely access to the service

- Consulting hours were 9am to 7pm Monday to Saturday. However, there was a degree of flexibility to suit patients' lives and consultations would be scheduled on a case-by-case basis.
- Same day appointments were available depending on demand.
- Patients could book by telephone or e-mail or by walking in to the practice.
- Longer appointments were available when patients needed them.

Listening and learning from concerns and complaints

- The provider encouraged and sought patient feedback. Annual patient surveys were conducted and results compared to previous years. The practice collated the results to look for trends.
- Information on how to complain was available in the waiting room and on the provider's website. There had been one complaint in the past 12 months. We saw evidence it was handled in accordance with the published process, and the final responses included details of the procedure if the complainant was dissatisfied with the outcome.
- There was evidence of improvement in response to complaints and feedback, including training for staff, and updated policies. Staff received information about complaints at practice meetings.

Are services well-led?

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

Our findings

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

Leadership capacity and capability

The registered manager (who was also the GP) had the capacity and skills to deliver high quality, sustainable care.

- The team had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The registered manager was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. They were involved in all areas of the service and assisted in cleaning and reception duties as part of staff development, and to ensure high standards were maintained.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership.

Vision and strategy

The service had a clear vision and credible strategy to provide high quality care to all patients and ensure quality and excellence are standard in the delivery of both treatment and patient care.

- There was a clear vision and set of values in place. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision and values 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 we spoke to said they felt respected, supported and valued.
- The service focused on the needs of patients.
- The registered manager acted on behaviour and performance inconsistent with the vision and values, and developed and supported staff to deliver them appropriately.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were encouraged to raise concerns and were confident these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received annual appraisals in the last year.
- All staff were considered valued members of the practice team. They were given protected time for professional development.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between the staff. There were regular staff meetings and minutes showed evidence that actions identified at meetings were followed up.

Governance arrangements

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

- There were processes and systems to support the governance of the practice.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. This was driven by the registered manager who made changes based on best practice guidance with the support of staff
- The practice had processes to manage current and future performance. The practice management had oversight of incidents, and complaints.
- The service had plans in place and had trained staff for major incidents.

Appropriate and accurate information

Are services well-led?

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

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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 sought and used the views of patients and staff and used feedback to improve the quality of services.

- Patient feedback was used to improve services. For example, following comments from a patient on the routine survey, the registration form was amended to improve the format it was presented in and make it easier to complete.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service. Staff told us that they were encouraged to consider and implement improvements.
- Incidents and feedback, including complaints, were used to make improvements. There was evidence of learning being shared from the service.