

Southdowns Private Healthcare Limited

Southdowns Private Healthcare

Inspection report

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Ratings

Overall rating for this service

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

Overall summary

We carried out an announced comprehensive inspection on 3 July 2018 to ask the provider 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?

Summary of findings

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.

Southdowns Private Healthcare is a private GP service based in Emsworth, Hampshire. The practice offers a range of other services including advanced health screening, clinics for joint pain, mole assessment, and vaccinations.

The Nominated Individual is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered 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.

Seventeen people provided written feedback about the practice, by completing CQC comment cards, and we also spoke to one patient who contacted us prior to the inspection. They told us care was excellent, and that they felt involved in decision-making about the care and treatment they received. They 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 treatments available to them. All of the 17 CQC comment cards we received were highly positive and aligned with these views.

Our key findings were :

- Patients told us they found it easy to access appointments with a GP.
- The practice offered out-of-hours appointments if required.
- The practice offered a range of vaccinations for children, adults and travel purposes, as well as post vaccination advice regarding (for example) common side-effects.
- The practice offered a counselling service in sexual health to accompany sexual health testing.
- The practice offered access to computerised tomography (CT) scans, to detect cancers and cardiovascular disease. CT scans use X-rays and a computer to create detailed images of the inside of the body.
- The practice offered a range of health checks with a GP.
- Patient satisfaction with the standard and quality of services received was high.

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

- Review arrangements for recording vaccine fridge temperatures.
- Review arrangements for consent procedures for childhood immunisations.

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.

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 to people's needs?

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.

Southdowns Private Healthcare

Detailed findings

Background to this inspection

We carried out an announced visit to Southdowns Private Healthcare on 3 July 2018.

Southdowns Private Healthcare is a private GP service based in Emsworth, a small town near the border of East Sussex. It offers a range of other services including advanced health screening, clinics for joint pain and mole assessment, and vaccinations.

The provider rented rooms in a building owned and run by Hampshire Health (a private health clinic), since 2011. It shares this facility with a travel clinic, an ear clinic and an occupational health service. The practice has two GP consulting rooms on the ground floor, along with a store room containing a vaccine fridge. Registered patients are drawn from a wide geographical area, and their age distribution is broadly in line with the national average, with most patients being of working age or older. In the first six months of 2018, the practice registered 365 new patients for GP services (which includes vaccinations, medicals, and GP appointments), and also saw patients (both adults and children) who were not registered with the practice, for non-GP services. The practice has member patients who pay a monthly subscription that is inclusive of appointments, an annual health check and prescriptions.

The practice clinical team consists of three GPs (two male, one female. A male GP is also the prescribing lead, and Registered Manager). The clinical team is supported by a personal assistant who also covers reception duties.

Southdowns Private Healthcare is open from 12pm to 2pm, on Monday, Thursday and Friday; from 9.30am to 2pm on Tuesday; and from 10.30am to 2pm on Wednesday. The

practice will take calls from 9am to 4.30pm, Monday to Friday. Routine appointments are generally available between 12pm and 2pm, and can be booked as required. Details of fees are available on the practice website, on a leaflet available in the practice and when the patient completes a treatment form at the reception desk.

We reviewed a range of information we hold about the practice in advance of the inspection and asked other organisations to share what they knew. We informed Hampshire Healthwatch that we were inspecting the practice; we did not receive any information of concern from them. During our visit we:

- Spoke with the full complement of staff: two GPs, and one personal assistant;
- Reviewed an anonymised sample of the personal care or treatment records of patients;
- Reviewed 17 Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the practice.
- Reviewed a range of policies, procedures and management information held by the practice.

The provider delivers regulated activities from its location at 97 Havant Road, Emsworth, Hampshire PO10 7LF. It also delivers services from a branch site at The Boxgrove Clinic, The Street, Boxgrove, Chichester PO18 0ES. The Boxgrove Clinic was not visited as part of this inspection.

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?

Detailed findings

- 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

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. The practice obtained written consent to check that adults attending with children had parental responsibility. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. It is the practice policy to request a Disclosure and Barring Service (DBS) check for all staff, and we saw documentary evidence that these were undertaken where required. Staff who acted as chaperones were trained for their role and had received a 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). Chaperone notices were displayed at reception and in treatment rooms.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The practice conducted an

annual audit where issues were identified and actioned. We saw documentary evidence that there were no outstanding actions. Staff had received training in infection prevention and control.

- The practice 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 practice provided staff with ongoing support. This included GP peer appraisal, an induction process, one-to-one meetings, coaching and mentoring. However, one staff member had not received a formal appraisal.
- There were comprehensive risk assessments in relation to safety issues including fire safety and Legionella (a term for a particular bacterium which can contaminate water systems in buildings). All actions from these were completed.

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.
- We reviewed one personnel file and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. There were appropriate arrangements in place for indemnity insurance for all clinical staff.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections (for example, sepsis).
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care

Are services safe?

and treatment was available to relevant staff in an accessible way. Patients attending for a one-off consultation would complete a new patient information document.

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results, and information sharing protocols for obtaining patient consent if attending for a one-off consultation.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines with the exception of monitoring cold chain vaccination storage.

- The systems for managing medicines, medical gases, emergency medicines and equipment, minimised risks. However, the practice had no documentary evidence that vaccine fridge temperatures were monitored. When we spoke to the practice about this, they told us they checked the minimum and maximum fridge temperatures twice weekly and recording this, and resetting the temperature. They also told us they would purchase an electronic data logger, which records fridge temperatures on an hourly basis.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. All assessments were completed and reviewed regularly.

- The practice 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 provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The practice 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.

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. There had been no significant events recorded in the last 12 months.
- There were adequate systems for reviewing and investigating when things went wrong. We saw that systems were in place to learn and share lessons, identify themes and take action to improve safety. For example, following an incident around communication with a family around a patient receiving end of life care, the practice reviewed and subsequently changed their home visiting template to include a fuller range of questions and checks (for instance, including questions about the power of attorney).

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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 received a full assessment of their needs. This included their clinical needs and their mental and physical wellbeing.
- When we spoke to patients, reviewed our CQC comment cards and reviewed processes and protocols, we saw no evidence of discrimination in supporting care and treatment decisions.
- The practice used their computer systems to undertake searches of suitable patients for clinical audits to improve their health outcomes and to monitor performance against, for example, NICE guidelines.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice offered child, adult and travel immunisations.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice undertook regular clinical audits to monitor the quality of care at the practice. We reviewed two cycles of a clinical audit where actions had been implemented and improvements monitored. The audit, undertaken in October 2017, aimed to identify patients whose diagnosis placed them at a higher risk of decreased bone mass density, and to proactively invite them for screening. A search of the practice list found 71 patients with a diagnosis of coeliac disease. Twenty of these patients had a scan recorded in their notes, and the remainder were invited for a scan. The audit was repeated in December 2017 and found one new diagnosis of coeliac disease and two scans undertaken for those patients at higher risk of loss of bone mass density. Changes included offering all patients with coeliac's disease a scan at diagnosis stage, along with health and lifestyle advice; and offering scans to all men with coeliac disease aged over 55

years, and all women when they show early signs of the menopause. The practice recognised that it was not scanning enough patients for decreased bone mass density and needed to consider this in all coeliac patients particularly upon diagnosis.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff had received specific training in basic life support, fire safety and information governance, 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 one-to-one meetings, coaching and mentoring, clinical supervision and support for revalidation. There was a clear approach for supporting and managing staff if their performance was poor or variable. However, there was no documentary evidence of a formal appraisal for non-clinical staff.
- The practice could demonstrate how they ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

Coordinating patient care and information sharing

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- Patients received coordinated and person-centred care. This included when they moved between services, and when they were referred for specialist care.
- Some patients also had an NHS GP, and the practice communicated with the NHS GP with the patient's consent. For example, if the patient requested follow-up treatment via the NHS.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

Are services effective?

(for example, treatment is effective)

- Staff encouraged and supported patients to be involved in monitoring and managing their health. For example, the practice offered sexual health counselling to accompany sexual health testing.
- The practice offered a range of medical assessments which included pathology tests and patients could be referred for diagnostic screening such as X-ray, ultrasound, CT scanning and MRI.
- Health screening packages were available to all patients and included an assessment of lifestyle factors.
- Patients were encouraged to undergo regular health screening such as mammograms and smear tests. The practice would refer the patient to other providers for these services.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

The practice monitored the process for seeking consent appropriately. We spoke to staff and saw documentary evidence of processes for checking parental responsibility for adults presenting with children, and for obtaining child consent during the consultation. The practice had processes to ensure that implied (not explicitly stated) consent was also recorded, and we saw minutes of meetings where issues around parental responsibility or capacity were discussed. However, in two instances we did not see parental consent recorded, or a record of who brought the child to the clinic. When we spoke to the practice about this, they acknowledged this oversight, and informed us that parental consent would be recorded for all patients in future.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance. However, this was not always the case with regards to childhood immunisations.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 17 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. This is in line with the results of the practice's own surveys and other feedback received. For example, three patients submitted online feedback to the practice, all of whom awarded a five-star rating for quality of service.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- We were told that any treatment including fees was fully explained to the patient prior to their appointment and that people then made informed decisions about their care. Standard information about fees was available in a patient leaflet at reception, and on the website.
- Staff told us interpreting and translation services could be made available for patients who did not have English as a first language, and for patients who were either deaf or had a hearing impairment. Practice leaflets could also be made available in large print and Easy Read format, which makes information easier to access for patients with learning disabilities or visual impairments. When we spoke to the practice, they told us they would provide information about this availability on their new website, which is currently being developed.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

The practice complied with the Data Protection Act 1998, and the General Data Protection Regulations 2018.

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 practice understood the needs of its population and tailored services in response to those needs. For example, the practice offered:
 - A range of vaccinations for children, adults and travel purposes, as well as post-vaccination advice.
 - Advanced health screens for prostate and lung cancer.
 - A range of health checks with a GP.
- The practice held a register of its most vulnerable patients which was updated and monitored daily. Appointments were prioritised as appropriate.
- The practice offered advanced booking by phone or online, and text reminders for appointments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, there was an external ramp to facilitate access.
- Care and treatment for patients with multiple long-term conditions was coordinated with other services.
- Telephone consultations were available which supported known patients who were unable to attend the practice during normal hours.
- Patients with no previous consultation history at the practice were able to register their interest for an online appointment. They were then contacted by the practice.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

The practice was open from 12pm to 2pm, on Monday, Thursday and Friday; from 9.30am to 2pm on Tuesday; and from 10.30am to 2pm on Wednesday. The practice was able

to offer appointments outside of their core opening hours, for those patients unable to attend during standard opening times. This information was conveyed to patients on the practice website and during consultations.

Timely access to the service

Patients were able to access care and treatment from the practice 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 told us the appointment system was easy to use.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and when we spoke to patients, they told us it was easy to do. Two complaints were received by the practice in the last year. We examined both complaints, and found that each was handled in an appropriate and satisfactory way.
- The complaints policy and procedures were in line with recognised guidance.

The practice acted to improve the quality of care and learn lessons to prevent any significant events from occurring again. For example, following a complaint about the way a patient's test results were handled and the distress it caused the patient, the practice reviewed its process around categorising results and the threshold for sending samples for further testing. The patient received an appropriate response from the practice as well as a refund on their test and consultation fees.

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 well-led care in accordance with the relevant regulations.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services, and were addressing them. They understood the priorities, such as responding to patient need by developing more evidence based screening. The practice is also seeking to secure a lease for its own premises (the practice currently rents its premises).
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The GPs had the experience, capacity and skills to deliver the practice 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.
- Staff were aware of and understood the vision and strategy for the practice and their role in achieving them.

Culture

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

- Staff felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to complaints and significant events.
- 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 able to 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 regular meetings and career development conversations. However, one staff member had not received a formal appraisal. When we spoke to the practice about this, they told us they would arrange a formal appraisal immediately, and that these would be scheduled annually.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, although the practice told us it monitored its fridge temperatures, noting minimum and maximum values and resetting, there was no documentary evidence that this was being done. Therefore, we could not be assured of the safe storage of vaccines and medicines.

Managing risks, issues and performance

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

Are services well-led?

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance, for example through audits of patient consultation notes.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any weaknesses.

- 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 practice provided opportunities for patients and staff to support high-quality sustainable services. For instance, through staff meetings, and patient feedback forms available online and in the practice facility.

The practice was transparent, collaborative and open with stakeholders about performance.

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 practice. For example:
 - The practice devotes a part of its weekly clinical governance meetings to review evidence-based training and practice.
 - The practice GPs suggest courses for staff development and learning which are communicated to staff, and staff are supported to attend.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.