

# Lily House

## Inspection report

11 The Shrubberies  
George Lane  
South Woodford  
E18 1BD  
Tel: 02071751802

Date of inspection visit: 13 September and 23  
October 2023  
Date of publication: 15/03/2024

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 to people's needs?	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 Lily House on 13 September and 23 October 2023. This inspection was conducted as part of our ongoing inspection programme of registered independent health providers.

Advanced NPractitioners Consultancy (ANPC) & HealthCare Limited (also known as Lily House) is registered with CQC under the Health and Social Care Act 2008 in respect of the following regulated activities: treatment of disease, disorder or injury. ANPC Healthcare Limited provides a fee-paying service focusing on the provision of services relating to the delivery of travel vaccinations, childhood immunisations, ear wax removal, personal health screening and occupational health screening.

The registered manager of the service is the provider of services at Lily House. 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.

## **Our key findings were:**

- The provider had systems in place which kept clients safe. These systems included checks on staff working at the service, service policy reviews and assessment of systems used to deliver services to ensure they were fit for purpose. This included ensuring client information was stored appropriately.
- Clinicians at the service were aware of current evidence-based guidance and had the skills and knowledge to deliver effective care and treatment.
- The provider obtained consent to care and treatment in line with legislation and guidance.
- Audits were used by the provider to improve delivery of care.
- Provision of services considered client demand and included timely access appointments which included face-to-face and telephone consultations.
- Governance processes implemented by the provider allowed the service to run effectively.
- Learning and improvement were key components of the service. Learning was used to improve and build on existing services.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Health Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC nurse specialist adviser.

## Background to Lily House

Lily House is nurse-led (fee-paying) private health and travel clinical in South Woodford offering a range of services focusing on personal healthcare, occupational healthcare and travel needs. The provider used a consultation and waiting room at this location for the provision of services. The service has a satellite location based in Ilford.

The registered manager of the service is the owner of the service and the sole practitioner within the service. 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. The administrative and main branch address of the service is:-

11 The Shrubberies

George Lane

South Woodford

Essex

E18 1BD

The satellite location is based at:-

163a Longwood Gardens

Clayhall

Ilford

Essex

IG5 0ED

The service is open between:-

- 8am and 6pm on Monday, Wednesday and Saturday
- 8am and 7pm on Friday
- 8am and 8pm on Tuesday and Thursday

### How we inspected this service

During our inspection we:-

- Looked at the systems in place relating to safety, medicines management and governance of the service on the day and in advance of our site visit
- Viewed key policies and procedures
- Conducted interviews with staff in person and online
- Reviewed client records

To get to the heart of clients' 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:

We found the service to have systems and procedures in place to keep clients and staff safe and that there was evidence that the information to deliver safe care was available.

## 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. New staff received safety information from the provider as part of their induction and any ongoing training.
- The provider had not needed to raise any safeguarding concerns to the appropriate authorities (in the 12 months prior to our inspection) but the provider was fully aware of procedure of how to do so if required. The provider took steps to protect service users from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Staff files we checked showed staff had received up-to-date safeguarding training, and that the training received was appropriate to their role. The provider was the safeguarding lead for the service.
- 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). The service had recently employed a part-time member of staff and we found current a DBS check attached to their staff record.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The provider carried out appropriate risk assessments and liaised with the management company for Lily House, who had a comprehensive building risk assessment and undertook the relevant checks for the waterborne infection Legionella.
- There was an effective system to manage infection prevention and control. Consultation rooms were cleaned daily and single-use surgical equipment was used with clients. The provider had recently undertaken a handwashing audit of staff.
- The provider required signed parental consent of clients using the service who were aged 18 or under, before any clinical procedure was undertaken.
- Staff working at the service had been trained to undertake chaperoning duties. Clients attending the service were made aware they could request a chaperone, with notices in the waiting and consulting rooms.

## Risks to clients

### There were systems to assess, monitor and manage risks to client safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. The provider employed one part-time administrative member of staff.
- There was an effective induction system for new staff joining the service tailored to their role.
- The provider understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- Medicines kept at the service were kept in a secure locked room at the location. Medicines we checked were in date and the provider kept a log of expiry dates. The provider also had oxygen and a defibrillator on site which were checked regularly to ensure that they were fit for purpose.
- When there were changes to services or staff, the provider assessed and monitored the impact on client safety. For example, the provider would not book appointments with clients if there was no chaperone cover available.

# Are services safe?

- There were appropriate indemnity arrangements in place for clinical staff working at the service.
- If following a consultation (in person or remote) the provider could not assist with further client treatment, the provider would signpost clients to other appropriate services.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept clients 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 provider used a known software programme to manage and store client clinical records. Records could only be accessed through a secure individual log-in which the provider had access to.
- The provider had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The provider had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- The provider made appropriate and timely contact with clients in line with service protocols.
- The provider monitored and reviewed relevant safety alerts to ensure care and treatment was delivered in line with national guidelines.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues for clients, staff and technology.
- The provider monitored and reviewed activity. This helped the provider to understand risks and gave a clear, accurate and current picture which would contribute safety improvements (if required).
- The provider had no recorded safety incidents in the 12 months prior to our inspection.
- The provider kept vaccine stock and was able to order other vaccines on demand. All were stored appropriately and securely in vaccine fridges that were constantly and consistently monitored for temperature deviation. We saw evidence that the cold chain for all vaccines was adhered to at all times. In the event of a fridge malfunction or an issue with the cold chain, staff were aware of the policy and procedures about the safe storage of vaccines.
- Stock levels of vaccines were checked weekly and batch numbers of vaccines used were logged along with the date used. Batch numbers of vaccines administered were also entered on the client's clinical record (where a vaccine had been administered).

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. The provider understood their duty to raise concerns and report incidents and near misses to the relevant regulatory body.
- There were comprehensive systems for reviewing and investigating when things went wrong. The provider had procedures in place to learn and share lessons and take action to improve any identified gaps in safety within the service. The service had no recorded significant events in the 12 months prior to our inspection.
- 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.

# Are services safe?

When there were unexpected or unintended safety incidents:

- The provider told the inspection team that they would give affected people reasonable support, truthful information, and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence with clients.
- The provider told the inspection team they would act on and learn from external safety events as well as patient and medicine safety alerts. The provider had an effective mechanism in place to receive safety alerts and act upon these when required.

# Are services effective?

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

We found the provider had the knowledge and experience to allow effective care and treatment to be delivered. Clients attending the service received person-centered care. The provider had a programme of quality improvement (through audits) to drive improvement within the service.

### **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 (relevant to the service).**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards. The provider used current guidelines to deliver treatment and care dependant on client need. Clients' immediate and ongoing needs were fully assessed during each consultation.
- Clinicians had enough information to make an assessment. This information was obtained either by clients completing an online questionnaire prior to consultations and/or on the day of consultation. The provider used a software package to securely store clinical information relating to clients. Access to client records could only be accessed through individual password and secure connection.
- We saw no evidence of discrimination when making decisions regarding future care and treatment pathways.
- The provider is a nurse-led general health and travel clinic service. Appointments are available in-person or by telephone (dependant on whether treatment or discussion is required). When booking a treatment at the service, clients are required to provide details regarding what treatment they require alongside some details about their general health. This information is reviewed by the provider prior to appointments with clients, to ensure that the provider can follow-up with the client for any further information required to allow the provider to administer appropriate care and treatment.

### **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The provider was able to talk with the inspection team and provide evidence of quality improvement activity undertaken. The provider had evidence of audits since our last inspection. This included audits relating to hand hygiene and the effectiveness of consuming crushed Maladrone as a preventative measure against malaria in children.

### **Effective staffing**

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

- Staff who provided treatment were appropriately qualified to do so. The provider was the sole clinical member of staff at the service. The provider had recently employed a part time administrative member of staff.
- Alongside the clinical qualifications, the provider was able to show the inspection team recent courses, but they had attended to ensure that their clinical knowledge was up to date.
- The provider was registered with the Nursing and Midwifery Council and was up to date with revalidation.
- The provider understood their learning needs and that of the other member of staff employed at the service. Protected time for training was given when required. Up to date records of skills, qualifications and training were maintained. Staff were encouraged to further develop their skills and knowledge.

# Are services effective?

- Staff working at the service had their work reviewed and monitored by the provider to ensure quality work was being produced.

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

### **Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Clients received coordinated and person-centred care. Staff referred to and communicated effectively with other services when appropriate.
- The provider ensured they had adequate knowledge of the client's health before advising on possible treatment. This was achieved through a health questionnaire which asked the client questions relating to their current health and lifestyle.
- All clients were asked for the name of their registered GP when registering with the service. The provider did not share details of their client's treatment with the client's registered GP, unless the client had consented for the service to do so. If abnormalities were found as a result of testing or concern relating to symptoms reported by the client, the client was advised to contact their GP. Clients would be provided with copies of test results if requested. The provider also conducted occupational health screening and copies of results would be provided to both the client requesting the tests as well as the individual screened.

## **Supporting clients to live healthier lives**

### **Staff were consistent and proactive in empowering clients, and supporting them to manage their own health and maximise their independence.**

- Where appropriate, the provider gave people advice so they could self-care. Clients were given information relating to care, in person, via telephone consultation or by email.
- Where clients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **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. Staff supported clients to make decisions about their health requirements. Clinical records we viewed showed consent had been given prior to commencement of treatment. When consent related to a child, the name of the consenting parent/guardian was recorded on the client's clinical record.

# Are services caring?

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

We found the provider respected client privacy and dignity. Clients were involved in decisions about their care and treatment and the service treated clients with kindness, respect and compassion.

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

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

- The provider was aware of and spoke with the inspection team about understanding client's cultural and personal needs, and how that was incorporated into the way any advice or treatment was delivered.
- In the 12 months prior to our inspection of the provider, we received 6 positive feedback forms from clients regarding service and care received at the service. Feedback received mentioned that staff at the service were friendly, effective and professional.

### **Involvement in decisions about care and treatment**

#### **Staff helped clients to be involved in decisions about care and treatment.**

- Information leaflets were available if requested and in easy read formats, to help clients be involved in decisions about their care.
- The provider tailored their communication with people in a way that was appropriate to the service. The provider's website gave information regarding treatments and the purpose of treatments offered. The provider told us that interpretation services were available for clients who did not have English as a first language.
- The provider ensured that clients were given all relevant information prior to consenting to treatment and encouraged clients to discuss any concerns they had before treatment was administered.

### **Privacy and Dignity**

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

- Staff recognised the importance of people's dignity and respect.
- Consultation rooms at the service allowed clients dignity to be respected. Rooms had privacy screens and were lockable to prevent any intrusion during a consultation.

# Are services responsive to people's needs?

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

We found the provider offered timely access to appointments, had systems in place to address client complaints and concerns and made reasonable adjustments to allow all clients access to services.

## **Responding to and meeting people's needs**

### **The provider organised and delivered services to meet client needs. It took account of client needs and preferences.**

- The provider understood the needs of their clients and tailored services in response to those needs. The provider spoke with the inspection team about providing timely and accessible travel vaccinations, preventing clients waiting to obtain them from local NHS GP services.
- Since our 2018 inspection of this provider, the provider had expanded the range of services that they were able to offer potential clients. In addition to travel vaccinations already offered, the service also offered vaccinations for preventable diseases, health screenings, ear wax removal, childhood vaccinations and occupational health checks.
- There was evidence that the provider gathered the views of clients when planning and delivering services. We saw a client survey (undertaken during 2023) which showed clients were happy with services provided.

## **Timely access to the service**

### **Clients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Clients had timely access diagnosis and treatment. Appointment times were scheduled to ensure clients' needs and preferences were met. The service made reasonable adjustments where required to enable clients to receive care and treatment.
- Referrals and transfers to other services were undertaken in a timely way (and with the consent of the client). As this is a fee-paying service, consent was sought from the client, if additional consultations were required.

## **Listening and learning from concerns and complaints**

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

- Information about how to make a complaint or raise concerns was available. Staff treated clients who made complaints compassionately.
- The provider informed clients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The provider had a complaint policy and procedures in place which detailed what action the service would undertake in the event of a complaint being received. The provider learned lessons from individual concerns and complaints, using analysis of these to identify any trends. It acted as a result to improve the quality of care. The provider had received two complaints in the 12 months prior to our inspection. We viewed both complaints and saw that the provider had given both clients a verbal apology (which were accepted), with no further action(s) required. The complaints log held by the provider, contained details of the complaint, the name of complainant, when the complaint was made and when the provider resolved the complaint.

# Are services well-led?

## **We rated well-led as Good because:**

The provider of the service ensured the delivery of high-quality and person-centred care.

### **Leadership capacity and capability;**

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

- The provider was knowledgeable and had the experience to deliver treatments that were offered and to manage any risks relating to the delivery of treatments.
- The provider was aware of issues and priorities relating to the quality and future of services. The provider understood the challenges to the service and had developed plans to address these. The provider was able to talk with the inspection team regarding challenges the service faced which included identifying ways in which to promote the service beyond the local geographical area.

### **Vision and strategy**

#### **The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for clients.**

- There was a clear vision and set of values at the service. The provider spoke with us in relation to delivering their vision of provision of private health care to cover a selection of primary health care services to prevent ill health.
- The provider developed its vision, values and strategy with clients and potential external partners in mind. The provider encouraged a holistic care approach where appropriate care and treatment was delivered according to national guidance. This holistic approach also considered the physical, psychological and social aspects of care for each client.
- The provider monitored progress against delivery of their strategy. The provider spoke to us about future engagement with local primary care services, to assist with the delivery of primary care treatment for local residents.

### **Culture**

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

- The provider ensured that staff felt respected, supported and valued. The provider encouraged a culture where staff were proud to work for the service, felt supported to do their job and felt able to raise concerns if they arose.
- The service focused on the needs of clients. The service offered clients appointments either by telephone or face-to-face, allowing for client choice when to access and use the service. Follow-up appointments requested by clients or recommended by the provider, were scheduled at a time convenient to the client.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw this in the responses the provider gave to complaints raised by clients. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The provider told us that staff could raise concerns and were encouraged to do so. There was an open culture at the service.

# Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. The provider told us that the new member of staff was able to talk with them about their role and responsibilities. The provider was able to evidence that they were meeting the requirements of professional revalidation where necessary. The provider told us that they undertook professional development to ensure that their knowledge was current or if a development need linked to their knowledge on a particular area of work was needed.
- There was a strong emphasis on the safety and well-being of all staff. The provider told the inspection team that they only operated the service when there were other occupants of Lily House in the building. There were safety measures in place which allowed the provider to communicate with the reception desk of Lily House in the event of an emergency.
- The service actively promoted equality and diversity. Equality and diversity training was part of the induction training for staff.

## 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 and effective.
- The provider had established proper policies, procedures and activities to ensure the service was operating as intended. Policies and procedures were reviewed annually and were updated when necessary if there had been change in procedure at the service. Policies and procedures were stored electronically with access by individual passwords.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of client data.

## 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 client safety.
- Clinical audits had a positive impact on quality of care and outcomes for clients. There was clear evidence of action to change services to improve quality. The inspection team saw evidence of this through copies of audits undertaken at the service.
- The provider had plans in place and had trained staff for major incidents. The provider had been trained and was aware of what to do – for example for spillages or a client being unwell. This was in addition to training in fire evacuation and life support.

## Appropriate and accurate information

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

- Quality and operational information was used to ensure and improve performance.
- The provider used information to monitor performance and the delivery of quality care.
- The provider monitored safety alerts regularly and acted upon those which were relevant to the service.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of client records and data management systems.

# Are services well-led?

## **Engagement with clients, the public, staff and external partners**

### **The service involved clients, the public, staff and external partners to support high-quality sustainable services.**

- The provider encouraged and heard views and concerns from the clients and staff. The provider told us that customer feedback was beneficial for them to know where the service was getting it right and where some improvements could be made. The provider welcomed feedback (both internal and external) and saw it as a learning tool to be used to improve on the existing service.
- The provider attended local NHS learning events, ensuring that their knowledge remained relevant and up-to-date.
- The provider had embarked on engagement with local GP services to identify areas of over-subscribed nursing provision, where the service would be able to help and minimise the wait for this type of clinical provision.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement. The provider told us that continued learning and revalidation was important to providing a service that was able to continually improve. The provider used feedback and complaints from clients to contribute to their continuous learning and improvement of services provided.