Smart Start Minds Ltd

Head Office

Inspection report

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Ratings

Overall rating for this service	**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

We carried out an announced comprehensive inspection at Head Office (Smart Start Minds Ltd). This inspection was undertaken as part of our programme of inspecting independent doctor services registered with the Commission. This inspection was the first rated inspection of this service.

We conducted an unrated inspection of this provider in May 2018. At this time, we found the service to have effective systems and processes to ensure good governance of the service, that clinical staff at the service had the skills and knowledge to be able to deliver care and treatment effectively and safely, and patients were provided with information, advice and guidance to support them to live healthier lives.

We received 13 'share your experience' comments as part of our inspection of the service. On the day of inspection, the service did not have any patients and as a result we did not speak with any patients.

Our key findings were:

Summary of findings

- Staff had been trained with the skills and knowledge to deliver care and treatment. Clinical staff were aware of current evidence-based guidance.
- Information about services and how to complain was available. Information about the range of services and fees were available.
- The service conducted quality improvement activity to improve patient outcomes.
- There was a system in place to receive safety alerts issued by relevant government departments.
- Clinical information with other relveant healthcare providers was shared in a timely manner (subject to patient consent).
- The service focused on outcome-based patient solutions.
- The service had an administrative governance structure in place, which was adhered to through a range of policies and procedures which were reviewed regularly.

The areas where the provider should make improvements are:

- To document the risk assessment for the need of emergency medicines currently held by the service.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Head Office

Detailed findings

Background to this inspection

Head Office (Smart Start Minds Ltd) is a provider of services which delivers bespoke educational concentration training and a holistic private healthcare service to patients and clients. The service aim is to provide educational training and exceptional, comprehensive, private healthcare to improve the health, wellbeing and lives of the clients/ patients registered with their service. The service provides two distinct services of educational concentration training/ neurofeedback programmes and a private doctor service. Our inspection focused on the regulated activities of the private doctor service offered by the provider.

The service is a mobile doctor (two doctors) service. One of the doctors specialises in private general private doctor services, whilst the second doctor is a consultant who specialises in conditions relating to mental health and neurocognitive disorders. The administrative base for the service is located at the address named on the report. Consultations and assessments are conducted either in the patient's home or in a clinical setting where the service has an agreement to hold clinics on a sessional basis. The service also employs a part-time medical secretary and a part-time accounts manager.

The service manager 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.

Head Office (Smart Start Minds Ltd) is registered to conduct the following regulated activities:-

- Treatment of disease,disorder and injury
- Diagnostic and screening procedures

How we inspected this service

During our visit we:

- Spoke with staff (two doctors, one of which is the service/registered manager)
- Received feedback from patients using Care Quality Commission web link 'share your experience'
- Reviewed personnel files, practice policies and procedures and other records concerned with running the service
- In addition, we reviewed information sent to us from the provider prior to the 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?
- Is it well-led?
- These questions therefore formed the framework for the areas we looked at during the inspection.

Good

Are services safe?

Our findings

We rated safe as Good because:

- The provider had systems and procedures which ensured that users of the service and information relating to service users were kept safe. Information needed to plan and deliver care was available to staff in a timely and accessible way.

Safety systems and processes

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

- The service conducted risk assessments. It had a number of safety policies which were regularly reviewed and viewed by the service manager. These policies were accessible to all staff. The service had systems to safeguard vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. Clinical staff at the service were trained to safeguarding level three.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service 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 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 professional indemnity insurance in place that protected the medical practitioners against claims such medical malpractice or negligence.

Risks to patients

- Staff understood their responsibilities to manage emergencies whist with patients and to recognise those in need of urgent medical attention. The service kept some medicines on site. We saw that these medicines were checked regularly to ensure they were safe to use.
- There was enough clinical staff to meet demand for the service. Patients would book appointments at a time suitable to both them and the appropriate clinical member of staff.

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an induction programme for all new staff joining the organisation.
- When there were changes to services or staff the service 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 and treatment was available to relevant staff in an accessible way. The electronic system the service used required each user to have an individual user log-on which allowed audit trail of who within the service had accessed individual patient records.
- New patients to the service were required to complete a registration form before the first appointment with a clinician. The form was generally sent to the prospective patient by email.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. This was subject to patient consent.
- The service 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and

monitored its use. The service did not keep any medicines on site with exception of some emergency medicines. These were held in a secure area of the building. We noted of the medicines that we checked that they were all stored according to the manufacturer's guidance and were within date. The practice told us that it had decided not to continue with keeping emergency medicines as the need for using them was minimal. Appointments for patients were at various locations and the nature of the business meant that patients coming to see a clinician were not likely to be in need of emergency medicines. The service informed us that they would conduct a formal risk assessment regarding not keeping emergency and oxygen on site.

- The service carried out medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff who prescribed and administered medicines to patients, gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of patients including children. New users of the service were asked to bring proof of ID (birth certificate and photo ID for guardian/parent for registering children) when attending the service for their first appointment.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service 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. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. The service had one incident which they classed as a significant event over the past 12 months. The event related to following up on blood tests of patients within a reasonable timeframe. The service was able to describe how procedure has changed so that requested blood test results are viewed within a week of seeing the patient. In addition, the service now codes patients with existing medical diagnoses on their clinical database.
- 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.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

- The provider had systems and procedures which ensured clinical care provided was in relation to the needs of service users. Staff at the service had the knowledge and experience to be able to carry out their roles.

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 their service).

- The service had systems to keep clinical staff up to date with current evidence-based practice. We saw (through patient notes that we viewed) that the clinicians assessed needs and delivered care and treatment in accordance with current evidence-based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information based on conversations held with patient(s) to make or confirm a diagnosis and to follow through with relevant and patient-specific treatment.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. If a patient required a follow-up appointment, this was made and agreed with the patient whilst on site following a consultation. Alternatively, a follow-up appointment could be made with the service medical secretary at a suitable time with both the patient and clinician.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. We viewed an audit which focused on the use of the medicine Sodium Valporate with pregnant women. Recent advice issued by the Medicines and Healthcare Products Regulatory Agency (MHRA) states that this medicine should not be prescribed to women of childbearing potential or pregnant women, as studies have identified that children in the womb of women who have been prescribed this medicine are at a high risk of serious developmental disorders. The audit conducted by the service showed that following search of the service records, no patients of childbearing age had been identified as being prescribed Valporate. As a result of this audit, the service contacted the software provider of its clinical system to ask them to update the functionality of the system to allow the service to conduct searches by diagnosis and medicines prescribed as this search was conducted on the system manually.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. We were told that if a patient consented, their regular GP would be informed of treatment received. All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Consent given (or not) was recorded on the service clinical records system.

Good

Are services effective?

(for example, treatment is effective)

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Patients would be signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- The provider had risk assessed the treatments they offered. They had identified medicines which could have the potential to be open to abuse and prescribed them in accordance with being able to monitor the patient on such medicine(s) accordingly.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

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

- Through the process of patient consultation, clinicians could give people advice, so they could self-care after consultation.
- Where patients 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 patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. We saw evidence of this through a set of patient notes we looked at which documented the process clinical staff conducted to ascertain the mental capacity of a patient with mild dementia.
- The service monitored the process for seeking consent appropriately. Clinical records were periodically checked to ensure that consent was noted on patient records.

Good

Are services caring?

Our findings

We rated caring as Good because:

- The service sought to treat service users with kindness, respect and dignity. The service involved service users in decisions about their treatment and care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- We received 13 'share your experience' feedback comments about the service, 11 of which were positive about the care provided by the service. The two comments which gave mixed feedback about the service told us the quality of care provided was good, however some correspondence from the service was not received in a timely manner and secretarial staff were not professional at times.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. This could be arranged in advance of a consultation. We were told that generally patients using the service (whose first language was not English) would be seen along with a relative, who would be able to talk on their behalf, if consent was given by the patient.
- Patients told us through their share your experience feedback, that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. The service had arrangements in place to provide a chaperone to patients who needed one during consultations.
- All confidential patient records were stored securely on computers. The information stored on the computers at the service was regularly saved to a remote location.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

- The provider was able to provide all service users with timely access to the service. The service had a complaints procedure in place and it used service users' feedback to tailor services to meet user needs and improve the service provided.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. Initial consultation appointments for patients were booked for up to 60 minutes as a minimum.
- Patients could contact the service in person, by telephone or by the service website.
- The service provided consultations to children and adults on a fee-paying basis. We were told that the service did not discriminate against any person wishing to register with the service.
- The service had a website which displayed information on the neurofeedback programmes the service also provided.

Timely access to the service

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

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

The service was open between 9am and 6pm, Monday-Friday and 9am-2pm on Saturdays. The service told us that patients came first and would try to accommodate requests outside of the stated times.

From the 'share your experience' feedback we received, feedback revealed that patients were satisfied by how quickly they were seen by the service and how they were able to get appointments when they required one.

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. We were told that if any complaints were to be made to the service, the complainant would be treated compassionately and the complaint in confidence. There was a lead member of staff who was responsible for dealing with complaints.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

The service had complaint policy and procedures in place. The service told us they would learn lessons from individual concerns and complaints to improve the quality of care provided. The service told us they had not received any written complaints over the past 12 months, however they were able to tell us about an interaction with a patient who contacted them wishing to provide online feedback to the Commission about the care they had received at the service. The patient told the service that the original guidance they had received to leave feedback was not clear and therefore they had not been able to. The service manager looked at the guidance, followed this guidance and found that it was confusing. As a result of this feedback, the service produced a step-by-step guidance for users of the service who wish to provide feedback on the service.

Are services well-led?

Good

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

Our findings

We rated well-led as Good because:

- The service leaders were able to articulate the vision and strategy for the service. Staff worked together to ensure that service users would receive the best care that the service could provide. The provider was able to provide all service users with timely access to the service. The service had a complaints procedure in place and it used service users' feedback to tailor services to meet user needs and improve the service provided.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- Leaders at all levels were visible and approachable. They worked closely with staff to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. The service primary aim was to ensure that care provided was high-quality and that service users were satisfied with the care and treatment they received. The service manager told us there were plans to expand the service in the future with the recruitment of another clinician.
- The service developed its vision, values and strategy jointly with staff. We saw evidence by way of meeting minutes that formal meetings to discuss the operational and clinical running of the service occurred.
- Staff we spoke with were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Although the service had no examples of incidents which had occurred to show us, they were able to discuss what the service would do should either a clinical or non-clinical incident occur. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff had an evaluation of their clinical work from both internal and external colleagues.
- There was a strong emphasis on the safety and well-being of all staff.
- 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 all 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, understood and effective.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies and procedures were reviewed on average annually by the service manager. We were told that if a change to procedure occurred before the stated review of policy,

Are services well-led?

Good

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

the policy in question would be updated to reflect the change and staff would be informed of the change to policy. The service had a business continuity plan which would be put into action in the event if the practice not being able to operate as normal.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. 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 services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. This was evidence through the clinical audits undertaken by the service.
- 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. The service had a bespoke, encrypted online system to store patient records. The system was regularly backed-up to an external server. The service worked closely with the software company who provided their clinical system to ensure that the system was tailored to meet the needs of the service.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The service had a comments and complaints leaflet and email address for patients to leave feedback.
- Staff could describe to us the systems in place to for staff to give feedback. Feedback from staff usually occurred at one-to-ones or at staff meetings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. Both the service manager GP and the consultant GP have undertaken relevant training for their roles which ensure that they have up-to- date knowledge and expertise in their clinical areas
- Clinical staff took time out to review individual and service objectives, processes and performance.