

Shakespeare Clinic

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good Are services effective? – Good Are services caring? – Good Are services responsive? – Good Are services well-led? – Good

We carried out an announced comprehensive inspection at Shakespeare Clinic to follow up on breaches of regulations.

CQC inspected the service on 16 January 2019 and asked the provider to make improvements regarding risk assessments, staff training and safety alert management. We checked these areas as part of this comprehensive inspection and found these issues had been resolved.

The service provides a specialist dermatology service to fee-paying patients.

We received feedback from 19 patients via CQC comment cards. These were positive about the quality of the service and care received from the consultant.

Our key findings were:

- People who used the service were protected from avoidable harm and abuse, and legal requirements were met.
- The systems for infection prevention and control were adequate and the premises were visibly clean and tidy.
- There was oversight of the risks associated with the service. For example, there had been risk assessments completed for the premises, health and safety, fire, security and legionella.
- At the time of inspection, there was no risk assessment for emergency medicines that were not held on site. Shortly following the inspection, we received evidence that a risk assessment had been carried out and appropriate medicines had been purchased.
- We saw evidence that staff had received training in basic life support, fire, infection control and safeguarding.
- A record of staff immunisations was held.
- At the time of inspection, the system to manage safety alerts was ineffective and the service could not assure us that relevant actions had been taken in response to these alerts. During the inspection, a protocol was devised to ensure that actions were logged however, the service is aware that this will need to embed into practice.
- Clinical records were detailed and held securely. The service did not keep paper records on site.
- There was some evidence of clinical quality improvement activity. We saw examples of single cycle audits however, the service was only able to provide evidence of one two cycle audit.
- Staff members were knowledgeable and had the experience and skills required to carry out their roles.
- There was evidence of meetings with all staff from the building, including other providers, and effective communication with staff.
- Staff told us they enjoyed working at the service.
- The provider had systems to record and learn from complaints and significant events however, none had occurred at the time of inspection.

The areas where the provider **should** make improvements are:

- Embed the system of monitoring and acting on medicines and safety alerts.
- Continue to develop clinical quality improvement activity, particularly around medicines management.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist advisor

Background to Shakespeare Clinic

The Shakespeare Clinic is a service provided by C D 4 U Limited. It is based at 17 Shakespeare Road, Bedford, MK40 2DZ. Several clinics run from the building, including dental and cosmetic services. These services were not looked at as part of this inspection however, all the services in the building have the same governance structure and use the same reception staff. The provider employs the services of self-employed nurses and chaperones to support the clinic.

The service provides a specialist dermatology service to private fee-paying clients. The clinics are open for consultation on a Thursday and Friday between 4pm and 8pm. The service has also developed a nurse-led liquid nitrogen clinic that runs monthly. The service offer flexibility with appointment times if this is not convenient for patients. The service consults with approximately 15 patients a week.

We carried out an announced comprehensive inspection at The Shakespeare Clinic on 23 October 2019 as part of our scheduled inspection plan and to follow up on breaches of regulation.

The service is registered with the CQC to provide the regulated activities of treatment of disease, disorder or injury, diagnostic and screening and surgical procedures.

Before inspecting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. During our inspection we:

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment used by the service.
- Reviewed CQC comment cards completed by service users.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

At the January 2019 inspection we found:

- **The provider had not conducted safety risk assessments including health and safety, fire, premises and security. There was no visible health and safety risks.**
- **Not all staff had received up-to-date safeguarding, basic life support or sepsis awareness training appropriate to their role.**
- **The service had a policy for controlling legionella however, mitigating actions to reduce the risk had not been implemented. A risk assessment had not been completed. The service had sent water samples for testing however, were not testing water temperatures or recording the use of water outlets that were not in regular use.**
- **There was no risk assessment in place in relation to which emergency medicines were held on site.**
- **The system for acting on patient and medicine safety alerts was ineffective.**

At the October 2019 inspection we found:

- **Comprehensive risk assessments had been completed for health and safety, fire, security and legionella. Identified actions had been acted on and remedial work had been undertaken.**
- **Staff had completed safeguarding and basic life support training. Sepsis had been discussed at relevant meetings and guidelines were available in reception.**
- **A further legionella risk assessment had been undertaken with mitigating actions, such as water temperature testing and outlet flushing were being completed.**
- **There was no risk assessment in place in relation to which emergency medicines were held on site. However, this was provided shortly following the inspection.**
- **The system for managing patient and medicine safety alerts remained ineffective however, a protocol to ensure actions were logged was devised during inspection. This will require embedding into practice. Our concerns for patients using the service, in terms of the quality and safety of clinical care, are minor in relation to this issue.**

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction training.
- The service had systems to safeguard children and vulnerable adults from abuse. Contact numbers for local safeguarding teams were held in reception and consultation rooms.
- 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. Staff we spoke to were able to recognise the signs of abuse however, due to the nature of the service, no safeguarding referrals had been required.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. 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 (IPC). There was an infection control policy in place with details of how to escalate concerns. IPC audits were completed quarterly and actions identified were acted upon.
- A legionella risk assessment had been completed and the service conducted regular outlet flushing and water temperature checks.
- The provider ensured that facilities and equipment were safe according to manufacturers' instructions. We saw evidence of regular electrical testing.
- There were systems for safely managing healthcare waste.

Are services safe?

- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

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.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. Sepsis guidelines were held in reception.
- There was suitable equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place. Self-employed staff were required to provide evidence of their own insurance arrangements.

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 service had systems for sharing information with staff, other agencies and NHS GPs to enable them to deliver safe care and treatment.
- 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 a reliable systems for appropriate and safe handling of medicines however, no prescribing audits had been completed.

- There was some systems and arrangements for managing emergency medicines and equipment to minimised risks. For example, the emergency medicines, oxygen and defibrillator were checked on a daily basis. However, at the time of inspection there was no risk assessment in place to support the decision not to hold some recommended emergency medicines. The service provided evidence of a completed risk assessment shortly following the inspection.
- The service did not use prescription stationary as any prescriptions issued were done on a private basis and not held on site.
- The service had not carried out a medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did not prescribe any controlled drugs due to the nature of the treatments provided. (Controlled drugs are medicines that have the highest level of control due to their risk of misuse and dependence).
- Staff prescribed, administered or supplied medicines to patients and 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children.

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 learn and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong. The service had protocols in place to learn from incidents. They had only had one significant incident reported in the past twelve months.
- 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 policies in place to give affected people reasonable support, truthful information and a verbal and written apology
- At the time of inspection, the service did not have an effective way of managing medicines and safety alerts. The alerts were sent to clinicians however, there was no review of actions needed or taken. During the inspection, a log was commenced and a new protocol to ensure that clinicians responded to alerts was devised. The service is aware this requires embedding into practice.

Are services effective?

We rated effective as Good because:

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 provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis. For patients that self-referred, their medical history was sought prior to treatment. Patients who refused to give their medical history were unable to be treated.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service showed evidence of some quality improvement activity, however this needed strengthening.

- The service had completed single cycle audits for clinical activity and documentation. However, only one two-cycle audit had been completed. This showed improvement in level of excision for skin cancers.
- Single cycle audits that had been completed had been presented at local and national conferences and published in specialist journals.

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.
- Staff had annual appraisals and regular supervision. Staff also told us that ad-hoc support was available.

- The service had commenced a cryotherapy nurse-led clinic that had been active for six months. This therapy is to treat benign growths on the skin. Shortly after the inspection, the service provided evidence of an audit that had been completed showing oversight of this clinic and patient outcomes.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC).
- 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 work 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. The lead clinician's secretary managed all correspondence and referrals.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. The service corresponded with the patient's NHS GP following each consultation once consent was gained.
- The provider had risk assessed the treatments they offered. Prescriptions for medicines outside the scope of dermatology were not given. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma.
- 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.

Are services effective?

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.

- Where appropriate, staff gave people advice so they could self-care. Self-care information was also available in reception.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, safe sun and skin care regimes were given to patients. Patients were also given post-operative instructions of how to care for any wounds.
- 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. However, due to the nature of the service, the need to do this was rare.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. This was done via a suggestion box in reception. The service had received five completed feedback forms in the previous twelve months and these were positive for both clinical care and customer service.
- Feedback from patients, via CQC comment cards was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected not respect patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was also a sign in reception to make patients aware of this option.

Are services responsive to people's needs?

Our findings

**We rated responsive as Good  because:
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. For example, the service had commenced a liquid nitrogen clinic in response to increased patient need for removal of certain skin lesions. The service also increased the availability of appointments by adding a further evening session.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, patient with mobility difficulties could be seen on the ground floor.

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. The service had a contract with a third-party laboratory to ensure timely pathology results.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients booked appointments through the consultant's secretary and reception staff based at the practice reported good communication regarding appointments. They explained that any patients who did not attend were referred back to this secretary for follow up.
- Referrals and transfers to other services were undertaken in a timely way by the consultant's medical secretary.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had plans to respond to them appropriately to improve the quality of care however, the service had not received any complaints.

- Information about how to make a complaint or raise concerns was available. However, the service had not received any complaints in the previous twelve months.
- 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 had protocols in place to learn from individual concerns. Complaints were a standing agenda item at weekly clinical governance meetings.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the service had identified that communication with staff could be lacking and therefore had introduced short morning meetings and lunchtime handover meetings.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills.

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 developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Policies were in place to ensure openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff 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. They were given protected time for professional development, training and administration. Staff told us they could raise concerns with the consultant or manager at any time.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- 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.

Managing risks, issues and performance

There were processes in place for managing risks, however the oversight of clinicians required strengthening.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- There was some oversight of the performance of clinical staff or audit of their consultations, however this needed strengthening.
- Leaders had oversight of safety alerts, incidents, and complaints.

Are services well-led?

- There was some evidence that clinical audit had a positive impact on quality of care and outcomes for patients, however this needed strengthening.
- 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.

- Operational information was used to ensure and improve performance. This information was combined with the views of patients.
- Quality and sustainability were discussed in weekly business development meetings where all staff had sufficient access to information. Minutes of these meetings were shared with the relevant people.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Patient records were held securely at a local hospital. Reception staff did not have access to patients medical records.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, written documentation was given to patients following operations.
- Staff could describe to us the systems in place to give feedback, for example at monthly staff meetings. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. Staff told us that the service was open to new ideas and improving practices.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. Staff told us that good practice was shared, and protocols were improved, for example around staff communication.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work for example, the introduction of a liquid nitrogen clinic.