

The McCarthy Clinic at Litfield House Medical Centre

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 to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. This is the first inspection of this service since registration.

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 a comprehensive inspection at The McCarthy Clinic at Litfield House Medical Centre on 22 September 2022 as part of our planned inspection programme.

Our key findings were:

- The service had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The service had systems to safeguard children and vulnerable adults from abuse.
- The facilities and equipment were suitable for the operation of the clinic.
- The nominated individual had developed systems and processes to enable patients to book into the clinic and for dealing with unexpected absences of the clinicians.
- The nominated individual ensured that care and treatment was delivered according to evidence-based guidelines.
- The nominated individual and staff were trained and knowledgeable to deliver the service.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. Patients told us they were satisfied with the service provided and reported the staff were kind and caring.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider should make improvements are:

- Take steps to ensure medicines are always stored securely.
- Improve the recruitment process so that clinical staff who worked closely with patients had an enhanced level disclosure and barring service check.

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Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to The McCarthy Clinic at Litfield House Medical Centre

The McCarthy Clinic at Litfield House Medical Centre is a registered location, the provider of which is Dr KathMCC Ltd. There is one director for the service - the nominated individual who also manages the service and provides care and treatment for patients. We will refer to this person as the nominated individual throughout this report. There is one member of staff employed in the role of health care assistant and a secretary who manages the booking line.

The service is registered with CQC under the Health and Social Care Act 2008 to provide the following regulated activities: Diagnostic and screening procedures, treatment of disease, disorder or injury and surgical procedures.

The McCarthy Clinic at Litfield House Medical Centre is an independent health service which provides care and treatment for patients over the age of 18, who require minor surgery for anal and rectal conditions, some of which are not routinely funded by the NHS. Surgical procedures offered include treatment for anal sphincter injuries after childbirth, skin tag removal, anal fissures, incontinence, haemorrhoids (piles), anal fistula, polyps and pilonidal disease.

Patients can contact the service by telephone on 01179 731323. Appointments are available from 08.30 am to 2.30 pm each Thursday.

Parking for patients attending the clinic is available on site.

How we inspected this service

We reviewed information gathered prior to the inspection. For example, from the provider information request, and from stakeholders.

During the inspection we talked to people who used the service, interviewed the nominated individual and staff, made observations and reviewed documents.

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:

Safety systems and processes

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

- The nominated individual conducted safety risk assessments. The nominated individual and staff had access to and complied with the safety policies for the Litfield Medical Centre of which their clinic operated out of. For example, 'Control of Substances Hazardous to Health and Health & Safety' policies.
- There was an effective system to manage infection prevention and control. Cleaning materials were available in the room such as antiviral /antibacterial spray and chlorine wipes to clean equipment at the start and end of clinic and between patients. Arrangements were made for daily cleaning of the clinic room by an external company and waste management procedures were evidenced.
- Records were available to demonstrate the risk from legionella was minimised.
- The nominated individual had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The nominated individual was knowledgeable about safeguarding processes. The policy and procedure detailed other agencies they would contact to support patients and protect them from neglect and abuse if necessary. For example, the local authority.
- The nominated individual 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). However, the DBS checks carried out for the nominated individual and health care assistant (HCA) were at a basic and not enhanced level. Enhanced DBS checks had been conducted in a different health setting where the individuals continued to work. We raised this with the nominated individual who told us they would undertake enhanced level checks for clinical staff working at the service.
- All staff had received up-to-date safeguarding training at level 2. The nominated individual had made arrangements to complete level 3 safeguarding training. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control. The nominated individual used single use equipment during procedures. We reviewed the stock of such equipment during the inspection and found it was all in date and in sealed undamaged packaging. There were systems for safely managing healthcare waste.
- The premises were clinically suitable for the assessment and treatment of patients and met the demands of the service. Facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. We observed the diathermy machine had been tested on 31/05/22 by the manufacturer. (Diathermy is a surgical technique which uses heat from an electric current to cut tissue or seal bleeding vessels). Records showed portable electrical appliance testing had been carried out on equipment used in the clinical room.

Risks to patients

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

- There were arrangements for planning and monitoring the number of patients booked into the clinic. There was an effective system in place for dealing with unexpected absences of the nominated individual and/or the health care assistant. The nominated individual responded to staff and patients by telephone on non clinic days, should any concerns be identified.
- The nominated individual had not used temporary staff since the service had been registered. However, they had considered the action that would be taken should this be necessary. An induction would be provided to temporary staff regarding the environment and the running of the clinic.

Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. Emergency equipment including oxygen and a defibrillator was stored outside the clinic room.
- The clinic room was on the first floor of the building. An evacuation chair was located at the top of the main staircase for use in the event of a fire if necessary. Staff knew how to use the chair safely.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- There were appropriate indemnity arrangements in place

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 detailed assessment information and post procedure records.
- Following each procedure, a discharge summary provided information about the procedure undertaken and guidance and advice for the patient post procedure. For example, managing pain, diet and fluids, personal hygiene and restrictions to exercising.
- The discharge summary was shared with the patients GP to enable them to deliver any follow up 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. All records were stored electronically.
- The nominated individual made appropriate and timely referrals in line with protocols.

Safe and appropriate use of medicines

The systems for appropriate and safe handling of medicines were not consistently reliable.

- The systems and arrangements for managing medicines had not consistently minimised risks. Medicines were stored in an unlocked cupboard in the clinic. While the clinic was in operation staff were always in the room but outside of the clinic opening times the clinical room was used by other organisations. We discussed this during the inspection and the nominated individual assured us a lock would be fitted to the cupboard.
- The service kept prescription stationery securely and monitored its use. A log was kept to identify each prescription issued and to which patient.
- The nominated individual attended national and international conferences to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- 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.

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments in relation to safety issues.
- There was a system for receiving and acting on safety alerts.

Are services safe?

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 and incidents. There had been no significant events reported since the service registered.
- There were adequate systems for reviewing and investigating when things went wrong. Although no incidents had been recorded we saw evidence of a culture of improving safety. For example, the nominated individual had provided clear information on the website regarding procedures that could be safely carried out in the clinic.
- 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 effective?

We rated effective as Choose a rating because:

Effective needs assessment, care and treatment

The nominated individual had systems to keep themselves 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 supported by clear clinical pathways and protocols.

- The nominated individual had access to guidelines from the National Institute for Health and Care Excellence (NICE) and the Royal College of Surgeons (RCOS) and used this information to help ensure that people's needs were met.
- Telephone assessments were carried out using a structured assessment tool. Additional information was added to the assessment during face to face consultation which included a physical examination. Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Arrangements were in place to deal with repeat patients. Patients were provided with a follow up telephone call the day after the procedure to check their wellbeing and answer any questions or queries. Patients were able to access the clinic for further appointments should they choose to do so. On inspection, we observed a patient attended the clinic as an emergency to discuss their treatment plan following a consultation the week before.
- We saw no evidence of discrimination when making care and treatment decisions.
- When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place. For example, referring a patient back to their GP prior to ongoing referral for NHS care and treatment.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service made improvements using completed audits. Clinical audit had a positive impact on quality of care and patient outcomes. There was clear evidence of action to resolve concerns and improve quality. For example, in June 2022 an audit was conducted which looked at the detail recorded in patient records. Out of the 10 records sampled it was found two had not had the patient's NHS number recorded. All 10 records had appropriate consent recorded and summaries of care and treatment provided. A second audit was planned for December 2022 to ensure records were completed fully.
- An audit had been completed in April 2022 to evaluate the effectiveness of the discharge summary pack. Patients were asked to sign a log to demonstrate they had been provided with an information pack following their procedure. Assurances were received from all patients who participated in the audit that they had received the information pack. Therefore, the nominated individual made the decision to remove the need for patients to sign the log.

Effective staffing

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

- The nominated individual carried out all assessments and procedures supported by a health care assistant (HCA). The nominated individual and the HCA had many years of NHS experience in the specialism – proctology. (Proctology is the medical specialty that focuses on diseases of the colon, rectum and anus.)
- The nominated individual ensured that the HCA worked in their scope of practice and had access to support when required.

Are services effective?

- The nominated individual understood the learning needs of staff. Records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The nominated individual and HCA had training booked to ensure they kept up to date. For example, the HCA had level 2 resuscitation training booked for December 2022 and the nominated individual had arranged to complete level 3 safeguarding training following the inspection.
- The nominated individual worked during each clinic with the HCA and was able to provide them with ongoing support. An annual appraisal was carried out in November 2021 for the HCA.

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. This included when they were referred, or after they were discharged from the service. The nominated individual communicated promptly with patients' registered GP so that the GP was aware of the treatment which had been provided and/or the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were pathways for staff to follow to ensure callers were referred to other services for support as required. For example, to other local private health services if general anaesthetic was required, or to their GP for a NHS referral to be made.
- 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 provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- 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.

- Where appropriate, staff gave people advice so they could self-care. Patients were provided with leaflets and information to manage their conditions and to recover post procedure. For example, diet information.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. For example, wound dressings post procedure and potential complications.
- Where patients' needs could not be met by the service, staff directed them to the appropriate services.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The nominated individual monitored the process for seeking consent appropriately.

Are services effective?

- Written consent was obtained prior to investigation or treatment.

Are services caring?

We rated caring as Choose a rating because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The nominated individual and staff demonstrated they understood patients' personal and cultural needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. The secretary who answered the telephone line gave patients clear information. At the initial consultation time was spent discussing the patients' needs and outcomes.
- The nominated individual encouraged patients to leave feedback using an online portal. We reviewed the feedback left by patients and found it to be positive.
- We spoke with two patients who attended the clinic on the day of the inspection. They made positive comments about their care and treatment and had found the nominated individual had provided them with detailed information about their procedures. They commented the staff were knowledgeable, kind and helpful.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Staff had access to interpretation and translation services for patients who did not have English as a first language. Information leaflets could be made available in easy read formats, to help patients be involved in decisions about their care.
- We spoke with two patients who told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Patients were able to attend the clinic with a family member or friend for additional support if this was their wish.
- Staff communicated with people in a way that they could understand, for example, medical terminology was explained when necessary.
- Staff helped patients find further information when necessary and encouraged them to ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make informed decisions by providing sufficient information.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The nominated individual understood the needs of the population and had tailored services in response to those needs. For example, the service offered procedures no longer available in the NHS.
- Staff were alerted to any specific safety or clinical needs of a person using the service. The secretary obtained the patient details and reason for requesting the service. Further information would be gathered at the initial consultation to ensure the service was appropriate for the patient.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service. The nominated individual had made arrangements with the manager of the premises to have access to a separate ground floor clinic room for patients who had mobility difficulties.

Timely access to the service

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

- The service operated every Thursday from 08:30 to 14:30. The last hour of the clinic time was reserved for emergency appointments. For example, for patients who required follow up treatment. The nominated individual scheduled additional clinics on a Saturday morning if this need had been identified by patients or by a waiting list forming. Consideration was being given to opening a clinic on a second weekday if required. Patients were able to access care and treatment on a date and time to suit them in line with clinic opening hours.
- Waiting times, delays and cancellations were minimal and managed appropriately. Patients were able to obtain an initial consultation in two weeks. The patients we spoke to during inspection told us their initial consultation had been booked for the next clinic. Their appointments for treatment had been booked on a date of their choosing.
- Referrals and transfers to other services were undertaken in a timely way. The nominated individual was able to share how they referred patients to their GP or to other private health services following discussion with the patient.

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.
- The complaint policy and procedures were in line with recognised guidance. There had been no formal complaints received in the last year. However, one patient had raised a query regarding their care and treatment and the nominated individual had responded to the patient and taken action to reduce the risk of a similar event being repeated.
- The service learned lessons from reviewing the systems and processes in operation. It acted as a result to improve the quality of care. For example, the system for patients to leave the clinic following a period of waiting, to ensure recovery, had been amended. This meant patients were able to self-discharge after a period of time, following information provided prior to leaving the consulting room. The nominated individual had reviewed the system following one patient who had remained waiting to be discharged for a period of time which had been longer than necessary.

Are services well-led?

Leadership capacity and capability;

The nominated individual had the capacity and skills to deliver high-quality, sustainable care.

- The nominated individual had the experience, capacity and skills to deliver the service strategy. They 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 nominated individual was reviewing the potential to increase the availability of the clinic should this be required.
- The nominated individual was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The nominated individual was accessible throughout the operational period and during the week when the clinic was not open.

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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The nominated individual planned the service to meet the needs of the local population.
- The nominated individual had developed a business continuity plan which detailed action to take should the clinic be unable to run or the alternative arrangements if a member of staff had to take unexpected leave of absence.

Culture

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

- Staff felt respected, supported and valued.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The nominated individual logged incidents together with action taken to address the incident and improvements made as a result. The nominated individual had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing the staff with the development they need. Training had been provided to staff in the clinic setting.
- There was a positive relationship between the nominated individual and the staff.

Governance arrangements

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The provider was registered as a data controller with the Information Commissioner's Office.

Managing risks, issues and performance

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

Are services well-led?

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The nominated individual had processes to manage current and future performance of the service.
- 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.

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.
- The service used information technology systems to monitor and improve the quality of care.
- There were appropriate arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patient and staff views and concerns were encouraged. Patients were encouraged to submit feedback regarding the service through an online service. We reviewed comments made and saw they were positive with regards to the care and treatment they had received.
- The nominated individual worked closely with the two members of staff employed in the service and was open to comments, suggestions and feedback.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels in the service. The nominated individual attended national and international conferences to remain up to date and introduce new clinical treatments to the service.
- Information about new improvement methods were shared with staff who were provided with the skills to use them.
- The service made use of feedback and comments received and learning was shared and used to make improvements.