

Ghosh Medical Limited Rodney Street

Inspection report

88 Rodney Street,
Liverpool,
L1 9AR

Tel: 0151 709 7066

Website: www.ghoshmedicalgroup.com/locations.

Date of inspection visit: 4 July 2019

Date of publication: 09/09/2019

Overall summary

This service is rated as Good overall. Good

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 Rodney Street as part of our inspection programme. This was the registered providers first CQC comprehensive inspection.

The service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Rodney Street provides a range of non-surgical cosmetic interventions which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The provider 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.

On the day of inspection there were no patients attending the service, however, prior to the visit we received 39 completed CQC comments cards providing patient feedback about the service. Patients told us they were satisfied with the services that were provided, the staff were kind and caring and always discussed treatment options with them.

Our key findings were:

- The service had clear systems to keep people safe and safeguarded from abuse. There were adequate systems to assess, monitor and manage risks to patient safety.
- There were comprehensive risk assessments in relation to safety issues. The service reviewed safety using information from a range of sources. Systems enabled them to learn from mistakes and make improvements when things went wrong.
- Systems were in place for the management and prescribing of medicines. However, some aspects of the prescribing of slimming clinic medicines required improvements.
- Systems were in place to keep clinicians up to date with current evidence-based practice.

Summary of findings

- The practice had a programme of quality improvement activity and some activities had begun to review the effectiveness and appropriateness of the care provided. This programme however, required further development.
- Staff had the skills, knowledge and experience to carry out their roles.
- Patients told us that staff treated patients with kindness, respect and compassion. The practice respected patients' privacy and dignity.
- Patients could access care and treatment from the practice within an acceptable timescale for their needs.
- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- The service had a small management team, they were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Staff told us they were very approachable.
- There was a clear vision and set of values.
- Staff stated they felt respected, supported and valued.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

- Quality and operational information was used to ensure and improve performance.
- There was evidence of systems and processes for learning and continuous improvement.

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

- Review their programme of quality improvement activity to ensure it includes all aspects of how effective and appropriate the services provided are.
- Improve the arrangements for the appraisal of nurses.
- Have clear, accurate and contemporaneous patient records, showing evidence of the advice given to patients and the rationale for the clinical decisions made.
- Undertake a risk assessment of the administration of the medicines for slimming purposes to consider that the first dose should be administered at the service. They should review the patient assessment carried out for the prescribing of slimming clinic medicines. Before treatment patients should have a comprehensive assessment for suitability including health screening, blood pressure, lipid checks, age, Body Mass Index (BMI) and body measurements.

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

Rodney Street

Detailed findings

Background to this inspection

Our inspection team was led by a CQC lead inspector. The team included a specialist adviser and a member of the CQC medicines team.

Rodney Street is registered with CQC as an independent consulting doctors service also providing slimming clinic treatments and services. The service is located at 88 Rodney Street, Liverpool, L1 9AR. The providers website is:

www.drarunghosh.co.uk/about-us/clinics/rodney-street-clinic.

The service is owned and run by the provider Dr Arun Ghosh. Services to patients include consultation, investigation and appropriate agreed treatment. The consultation includes a patient assessment, relevant physical examinations, requesting relevant clinical investigations followed by an agreed treatment plan and prescription. Consultations are carried out by doctors and other registered health care professionals. The service also offers intravenous nutrient supplement therapy which was mainly used for patients for non-medical purposes, and in such cases this activity is outside the scope of CQC registration. However, on occasion this was used for patients with a medical condition.

The service operates Monday to Saturday from 9am to 7pm if requested. All appointments are pre bookable.

The clinic is registered with CQC to provide the following regulated activities:

Diagnostic and screening procedures

Services in slimming clinics

Treatment of disease, disorder or injury

How we inspected this service

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.

We spoke with staff working at the clinic and gathered the views of patients with a CQC patient comments card.

Are services safe?

Our findings

We rated safe as Good.

We identified a small number of safety concerns that were rectified on the day of inspection or soon after our visit. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor.

We have asked the provider to improve in the following areas:

- The system in place for managing patient safety alerts.
- Monitoring the shared agreement in place for the checks of the service automated patient defibrillator. To complete risk assessment for access to oxygen equipment and the availability of a pulse oximeter for children.
- The services and treatments provided licensed medicines for slimming purposes.

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 and when a policy or procedures had been updated.
- The service had systems to safeguard children and vulnerable adults from abuse. They had policies in place covering adult and child safeguarding that were accessible, updated and reviewed. All clinical staff had received level 3 training and administration staff had completed level 2 training. At the time of inspection, the administration staff had not completed safeguarding training for children, but dates were in place for this to take place soon after our visit.
- 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 practice had a system to highlight vulnerable patients on records e.g. children on child protection plans, female genital mutilation (FGM) victims, patients diagnosed with a mental health condition or patients with mobility issues. Staff had recently completed training to help them identify these patients.

- 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).
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- The service maintained appropriate standards of cleanliness and hygiene in each of the consultation rooms. There were infection prevention and control policies and protocols and staff had received training in infection control.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered 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
- 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.
- The service had the use of a communal defibrillator which was owned by the landlord. On the day we found that the defibrillator did not have regular checks to

Are services safe?

ensure it was always in a good working order. A shared agreement was in place for the use of oxygen in an emergency. Following inspection, the provider submitted information to show that appropriate actions were taken, and checks were now in place.

- On the day of the inspection, there was no evidence to show that a pulse oximeter was available for children. Following inspection the provider sent information to show that a pulse oximeter was in place and this could be used for small children. However, the equipment in place may not be used for smaller infants.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. Professional indemnity arrangements were in place for all clinical staff.
- The service had systems in place to ensure that they were receiving, disseminating and acting upon all patient safety alerts and information relevant to practice. However, this was a new system which had been set up in April 2019. The provider agreed to review the patient safety alerts prior to this date to establish if they could have an impact on the treatments and care provided to patients.

Information to deliver safe care and treatment

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

- In general records were kept in line with GMC guidance, they were contemporaneous and individual to each patient. There was a mix of online records managed by a new IT records management system and several patient's records hand written. All these records were accessible for staff to use. We observed several patient records, and most were written to a good standard. However, a small number of these required more information to demonstrate the decisions made by doctors and patients, and the clinical rationale for some treatments.
- The service had systems for sharing information with staff and other agencies 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 if they cease trading.

- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. All referrals to specialist services were documented and systems were in place to monitor delays.

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. We found the clinic room to be clean and uncluttered and medicines were securely stored. Fridge temperatures were recorded on the days that the clinic was open. The service transferred all the fridge medicines to another location on the days that the clinic was closed to reduce the risk of a break in the cold chain. Medicine was transferred in an appropriate bag that was temperature monitored.
- 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. There were effective protocols for verifying the identity of patients including children.
- The service provided licensed medicines for slimming purposes. We looked at six patient records. Before treatment patients should have a comprehensive assessment for suitability including health screening, blood pressure, lipid checks, age, Body Mass Index (BMI) and body measurements. However, for the six patient records we looked at none had lipid checks and only one patient had their body measurements recorded.
- The first dose of medicines for slimming purposes was not administered at the clinic, national guidance recommends that this should take place. The service had not completed a risk assessment to cover this deviation from good practice.
- We looked at how patients were managed when a repeat supply of medicines were requested. We found that the service checked the patient's weight and BMI.

Are services safe?

- There was a process in place for treating medical emergencies, however, the service did not check to see if the defibrillator and oxygen were in working order. On the day of our visit the service did not have the recommended quantities of adrenaline and did not have an antihistamine injection to administer in the case of anaphylaxis. Information was sent following inspection that action had been taken for these gaps and that a new system had been put into place to ensure they would be stocked appropriately in the future.

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. 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 acted to improve safety in the service. For example, when errors were noted for services provided to patients during laboratory testing.
- 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
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good.

We identified a small number of concerns around the effectiveness of the service that were rectified on the day of inspection or soon after our visit. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor.

We have asked the provider to improve in the following areas:

- Their programme of quality improvement activity.
- Monitoring the new systems in place for sharing patient information with other agencies including a patient's own GP.
- Ensuring clear, accurate and contemporaneous patient records are made.

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. Improvements were identified for the patient assessments undertaken for patients prescribed slimming medicines.
- Clinicians had enough information to make or confirm a diagnosis.
- 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 was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, after every patient consultation patients were sent an online patient satisfaction survey to provide comments about their experiences. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. For example, the provider had undertaken a full cycle joint injection audit and an external review of governance arrangements at the service. Actions plans were in place and being monitored to improve patient care. However, a formal programme of quality improvement activity that included all aspects of services provided was not in place.

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 (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council (NMC) 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 and qualifications were kept however, training records and certificates required updating on some staff files. This was sent to us following inspection. 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. For example, secondary care referrals that were made for patients.
- 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.

Are services effective?

(for example, treatment is effective)

- 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. Patients were asked for consent to this as part of the initial assessment consultation. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance. However, we found that in a number of cases, this information had not been shared with the patients NHS GP. Following the inspection, the provider submitted a revised Shared Information Policy to include when and how to share information with NHS partners and clarity of when and when not to treat if consent is not given.
- 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.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- 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.
- 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 decide.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated caring as Good.

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.

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. If required we were told that information was available in languages other than English, informing patients this service was available.

- 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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- 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.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. All consultations took place in a private consultation room, so conversations were not over heard.

Are services responsive to people's needs?

(for example, to feedback?)

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 importance of flexibility, informed choice and continuity of care was reflected in the services provided.
- 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.

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 core hours for the service were between 9am and 5pm. Appointments for the doctor and nurses were made during these hours. In addition patients could book appointments outside of these hours and on a Saturday morning to enable greater access and flexibility.
- Patients called a central appointment telephone line and an administrator booked an appointment with the requested clinician. Patients were given a choice of appointments and the length of time depended on the reason for the assessment, consultation or treatment.
- Home visits were not routinely carried out, but they would be if required. Plans were in place for patients to be able to access online appointments.

- 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. They were closely monitored by the provider to ensure timely referrals were achieved.

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.

- The service had a system in place to process complaints. Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- 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 was a member of the Independent Sector Complaints Association Service so if patients were not satisfied with the response made by the provider they could refer their complaint to this independent service for investigation.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- Plans were in place to review complaints on an annual basis for trends and opportunities for learning.

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.

Leadership capacity and capability;

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

- The service was very small and the leadership team in general was the provider who was the lead director and doctor, assisted at times by the second company director.
- The lead doctor was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The lead doctor was 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, including planning for the future leadership 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.
- Plans were in place to ensure that as the service developed its vision, values and strategy this would jointly include staff and external partners (where relevant).
- 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 who we spoke with told us they felt respected, supported and valued. They were proud to work for the service.

- The service focused on the needs of patients.
- Systems were in place to ensure leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Staff told us 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.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Systems were in place to an annual appraisal for all staff. However, this was not completed for the nurse at the time of inspection. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The 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 clear and effective processes for managing risks, issues and performance.

Are services well-led?

Good 

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The 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 service used performance information which was reported and monitored, and management and staff were held to account
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. This was on a daily basis when working off site and alone or during regular staff meetings. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff if they could not attend the meeting.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. This was a relatively new service and many of the new systems and processes were being embedded.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders encouraged staff to take time out to review individual and team objectives, processes and performance. Staff told us there was good support for personal development.