

Blossoms Healthcare LLP

Blossoms Healthcare LLP - Upper Bank Street

Inspection report

2 Upper Bank Street
Canary Wharf
London
E14 5EE
Tel: 020 7511 7777
Website: www.blossomshealthcare.co.uk

Date of inspection visit: 20 February 2018
Date of publication: 30/04/2018

Overall summary

We carried out an announced comprehensive inspection on 20 February 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Blossoms Healthcare Upper Bank Street is an independent healthcare provider located in Canary Wharf in the London Borough of Tower Hamlets. The practice is part of HCA Healthcare UK, a large independent corporate provider of healthcare services in the UK. The practice offered services to adults only.

One of the lead doctors 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.

We received three completed Care Quality Commission comment cards. Feedback was positive about the service provided and the professionalism and friendliness of the staff.

Our key findings were:

Summary of findings

- There was a system in place for acting on significant events.
- Risks were generally well managed though mechanisms for ensuring urgent test results were actioned were insufficient.
- There were arrangements in place to protect children and vulnerable adults from abuse.
- Staff received essential training, and adequate recruitment and monitoring information was held for staff.
- Care and treatment was provided in accordance with current guidelines.
- Patient feedback indicated that staff were respectful and caring and appointments were easily accessible.

- The practice responded to patient complaints in line with their policy.
- There was a clear vision and strategy and staff spoke of an open and supportive culture. There was effective governance in most areas to ensure risks were addressed and patients were kept safe.

There were areas where the provider could make improvements and should:

- Implement systems to ensure urgent referrals are followed up and clinicians are alerted of safeguarding concerns when accessing clinical records.
- Clarify the identity of the infection control lead.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations. We also found areas where improvements should be made relating to the safe provision of treatment.

- The provider was taking action in response to and learning from significant events. The service had a policy regarding notifiable safety incidents under the duty of candour.
- There were systems to assess, monitor and manage risks to patient safety. Although the processes for following up urgent referrals were not sufficient.
- Risks associated with the premises were managed adequately. Though policy documents in respect of infection prevention and control were generic and did not include the name of the practice lead.
- Staff knew how to identify signs of abuse in children and young adults and we saw instances where concerns had been escalated to the appropriate authorities. Policies were in place for safeguarding and all staff had completed the appropriate level of safeguarding training.
- There were arrangements in place for responding to medical emergencies.
- Recruitment checks and monitoring checks had been completed for all staff.
- There were safe systems and processes in place for the prescribing medicines.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- The service provided care and treatment in line with evidence based guidelines.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided.
- There were systems in place to ensure that all staff had the skills and knowledge to deliver care and treatment.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Feedback from patients was positive and indicated that the service was caring and patients were listened to and supported.
- The provider had systems in place to engage with patients and collate feedback using a survey emailed to all patients after their appointment.
- Systems were in place to ensure patients' privacy and dignity were respected.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The facilities and premises were appropriate for the services being provided.
- Patients could book appointments over the phone and appointments were usually available the same day.
- The practice monitored complaints, compliments and suggestions to ensure that the services offered met the needs of their patients.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Summary of findings

We also found areas where improvements should be made.

- The provider had a clear vision and strategy and there was evidence of good leadership within the service. In most instances there were good systems and processes in place to govern activities. However the systems for monitoring referrals and test results were not sufficient.
 - Staff felt confident to carry out their role and described an open and supportive culture.
 - The provider took steps to engage with their patient population and adapted the service in response to feedback and evaluation of the needs of patients and their corporate client base.
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Blossoms Healthcare LLP - Upper Bank Street

Detailed findings

Background to this inspection

Blossoms Healthcare Upper Bank Street is located at 2 Upper Bank Street, Canary Wharf, London E14 5EE. The practice treats more than 500 patients per month. The practice is located on the ground floor of a commercial property which it shares with other healthcare providers. There are five consultation / treatment rooms, an administration office, a store room, and a shared waiting area. The practice did not consult with children.

The practice delivers GP services, health assessments and occupational health advice. Patients can be referred to other services for diagnostic imaging and specialist care. The practice team work across the provider's three sites and include 16 private doctors; five nurse prescribers; a practice nurse; four healthcare assistants; five exercise physiologists; a superintendent pharmacist; a pharmacy assistant; a practice manager; and a team of administrators, secretaries and receptionists.

The provider is registered with the Care Quality Commission (CQC) for the regulated activities of Treatment of Disease Disorder or Injury, and Diagnostic & Screening Procedures.

We carried out this inspection on 20 February 2018. The inspection was led by two CQC inspectors who were accompanied by two GP specialist advisors in order to inspect another one of the provider's locations on the same day.

Before visiting, we looked at a range of information that we hold about the practice. We reviewed the last inspection report from January 2014 and information submitted by the service in response to our provider information request. During our visit we interviewed staff (three doctors; two nurse prescribers; the practice manager; a healthcare assistant, and a non-clinical staff member), observed practice 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?

Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse.

- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice had a chaperone policy in place and patients were notified of this service via the television in the waiting room. The new patient registration form also asked patients if they required a chaperone to be present during physical examinations. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice offered services to adults only. All staff had completed safeguarding vulnerable adults training and the appropriate level of child safeguarding training relevant to their role. The practice had safeguarding policies. These were accessible to all staff and contained the names of the appointed safeguarding leads within the service and the process for reporting and taking action in response to concerns. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. The safeguarding lead attended quarterly safeguarding meetings representing Blossoms Healthcare and participated in a domestic violence working group.
- The practice had systems in place to ensure action was taken in response to safeguarding incidents and we were shown an example where the practice had responded to a safeguarding concern. We reviewed three patient records and found details of safeguarding concerns within the notes. The doctor is able to note any patient safeguarding concern in the 'critical' box in patient details and this would show in the red in the doctor's diary. However we were told by a clinician we spoke with on the inspection that the current clinical system did not have the capacity to alert clinicians of

safeguarding concerns. The practice were due to upgrade their clinical system in April 2018. The new system would have mechanisms for alerting staff to safeguarding cases.

- The premises were clean and tidy. There was an infection prevention and control policy in place but this was not site specific and did not refer to the person who led on infection control for the practice. The provider undertook quarterly infection prevention and control audits and schedules were in place which specified the frequency of cleaning items and areas of the practice. However, we found the section on the schedule for clinicians to check and confirm equipment was in good order and fully stocked was not consistently completed. The premises had undergone a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

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.
- New staff underwent an induction as outlined in the practice's induction schedule. The files we reviewed showed staff received the required training including basic life support, infection prevention and control, fire safety, safeguarding and information governance.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. We were told that the provider simulated an unannounced anaphylaxis incident in order to test staff response times.
- The service held a supply of oxygen and a defibrillator and this equipment was regularly checked. Emergency medicines were easily accessible to staff and these medicines were checked on a regular basis. Notices which detailed the location of emergency equipment were placed around the service.
- A business continuity plan was in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services safe?

- The practice kept a log of patients referred externally for diagnostic tests and screening. However we were told there was no centralised system to ensure urgent test results were received and actioned appropriately. Blood test results went directly into patients' notes on the clinical record system without alerting a clinician. We were told that it was the responsibility of individual clinicians to keep records of the tests requested and to chase outstanding results. If the member of staff was planning to be absent they were required to notify another clinician of any urgent results pending. Following our inspection we were told that the diagnostic laboratories contacted the practice manager to make them aware of any abnormal results.

Information to deliver safe care and treatment

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

- Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the clinical record system and the practice's intranet. The same clinical record system was used across all three sites and clinicians could access the records of patients at any of these locations or remotely.
- The practice told us that there was no policy which required patients to provide identification upon registering with the service but that identification would be requested if patients were referred for health screening.

Safe and appropriate use of medicines

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

- The service had systems, policies and processes in place to ensure that medicines were prescribed and dispensed safely.
- Private prescriptions were generated from the patient record system and each prescription had a unique prescription number which could not be amended or duplicated. This enabled the service to keep track of prescriptions.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

requirements and current national guidance. The practice had audited antimicrobial prescribing. Staff told us of actions taken to support good antimicrobial stewardship.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues such as fire safety and infection prevention and control. The practice had policies in respect of fire safety and infection control. However the policy for infection control was generic and did not include the name of the practice lead.
- The practice 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 practice learned and made improvements when things went wrong.

- A policy was in place which outlined the procedure for reporting significant events. The service used a significant incident reporting system to document and record incidents. Staff we spoke with knew how to access this system and we saw examples of incidents that had been recorded using the system, subsequent discussions noted and learning outcomes implemented. For example we reviewed an incident where clinical samples had not been labelled. The incident was investigated and the patient contacted to retake the samples. Staff were notified of the incident by email and reminded to ensure all samples were labelled appropriately to reduce the risk of reoccurrence.
- We were told that safety alerts were received by the practice manager. Clinical alerts that did not relate to medicines were then sent to one of the partners who took appropriate action in response. Medicines alerts were sent to the superintendent pharmacist, located at one of the provider's other sites, who would take action where required and stop further affected medicines being issued.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

Are services safe?

- When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and/or written apology.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.

- We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, through clinical audit and peer review.

- The practice was involved in quality improvement activity. We were shown two completed clinical audits where the improvements made were implemented and monitored. For example, an audit to assess the quality and interpretation of spirometry tracings was carried out in 2016. Following the audit results were shared with all clinicians, and a spirometry training manual was developed for staff. The re-audit in 2017 showed improvements in the number of blows recorded (gold standard three blows increased from 88% to 97%) and the quality of the tracing (two or three consistent tracings increased from 84% to 93%).
- The practice carried out audits of record keeping. This involved doctors peer reviewing consultation notes of a colleague and the lead doctors consolidating this data. We were told areas for improvement were discussed with individual staff members.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice 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.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The doctors underwent annual external appraisals with independent organisations. Other staff had internal appraisals and the practice was in the process of implementing this for the doctors.
- The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- Patients received coordinated and person-centred care. This included when they moved between services, and when they were referred for specialist care.
- Some patients also had an NHS GP, and the practice communicated with the NHS GP with the patient's consent. For example, when a change of medication had been prescribed or if the patient requested follow-up treatment via the NHS.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice offered a range of medical assessments which included pathology tests and patients could be referred for diagnostic screening such as X-ray, ultrasound, CT scanning and MRI.
- Health screening packages were available to all patients and included an assessment of lifestyle factors.

Are services effective?

(for example, treatment is effective)

- Patients were encouraged to undergo regular health screening such as mammograms and smear tests.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

Consent to care and treatment

The practice 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.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received three completed Care Quality Commission comment cards. The patient feedback we received was positive about the staff and service offered by the practice.

The practice requested patient feedback via email after every consultation. Patients could feedback anonymously. The majority of patient feedback from February 2017 to January 2018 was positive. These results have been rounded to the nearest decimal point:

- When asked if the clinician had been polite 99% of respondents said this exceeded or met their expectations.
- When asked if the clinician listened 98% of respondents said this exceeded or met their expectations.
- When asked if the clinician made them feel at ease 98% of respondents said this exceeded or met their expectations.
- When asked how they found the doctor they visited 98% of respondents said professional and / or friendly.

- When asked how they found the nurse they visited 99% of respondents said professional and / or friendly.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- Interpretation services were available for patients who did not have English as a first language. This service was advertised on the television screen in the patient waiting area.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff told us that if families had experienced bereavement and depending on the relationship between the patient and their usual doctor, the doctor offered their support to the family.

Patient feedback from February 2017 to January 2018 showed the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment.

- When asked if the clinician was good at explaining treatment 95% of respondents said this exceeded or met their expectations.
- When asked if the clinician involved them in decisions about their care 96% of respondents said this exceeded or met their expectations.

Privacy and Dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, bespoke health screening packages had been created for female health and bowel cancer screening.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, hearing loops had been ordered to assist patients with hearing aids.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Patient feedback from February 2017 to January 2018 showed the majority of patients responded positively to questions about accessing care and treatment. For example:

- When asked if they found staff helpful when arranging their appointment 95% of respondents strongly agreed or agreed.
- When asked if their appointment started on time 77% of respondents said they were seen early or on time.

Listening and learning from concerns and complaints

The practice 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 and it was easy to do. Staff treated patients who made complaints compassionately.
- There was a policy and procedures in place for handling complaints and concerns.
- Complaints were discussed at the monthly clinical governance meeting. Six complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way. However complaint responses did not include further information for the complainant on how to pursue the complaint if they were not satisfied with the practice's response, although this information was available in the service's patient information leaflet.
- The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, a monthly newsletter was now sent to staff to update them of important practice information, patient feedback and policy changes.

Are services well-led?

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

Our findings

We found that this service was providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability;

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- Leaders were easily contactable and approachable. They worked with staff and others to make sure they prioritised compassionate and inclusive leadership.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

The provider 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 practice had a realistic strategy and plans for future development.
- The provider's strategy was focused on satisfying the needs of their corporate clientele working in Central London. The practice catered to a number of individual private patients and there were plans in place to expand their services to a broader market in the future.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- The service had an open and transparent culture. Staff told us they felt confident to report concerns or incidents and felt they would be supported through the process.
- Leaders and managers told us that they would act on behaviour and performance inconsistent with the vision and values.
- Staff were supported to meet the requirements of professional revalidation through the provision of seven continuing professional development days per year.

- There was evidence of internal evaluation of the work undertaken by clinical staff.
- The practice actively promoted equality and diversity.
- There were positive relationships between staff.

Governance arrangements

There was evidence of systems in place and lines of accountability and leadership in most areas. However, some policies were generic and not site specific and the system for monitoring urgent referrals and results was not sufficient.

- There were effective governance arrangements in most areas. For example staff were clear on their roles and accountabilities including in respect of safeguarding, significant event reporting and complaints. However the policy for infection control was generic and did not include the name of the practice lead.
- On the inspection we found that there was no consistent approach to monitoring results from diagnostic tests. The service had identified this as an issue and were in the process of changing their clinical system. Once the change had been completed referrals would be monitored centrally on a weekly basis by an on call doctor. After the inspection we were informed that the laboratories would alert the practice manager to any abnormal results.

Managing risks, issues and performance

Most risks were managed effectively.

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audits of their consultations, prescribing and referral decisions. Practice leaders had oversight of incidents and complaints.
- Clinical audit was used to monitor care and outcomes for patients. We were told by staff that feedback would be given to individual clinicians as a result of audits.
- The practice had plans in place for major incidents.
- The systems used to identify, understand, monitor and address current and future risks were effective in most areas. The practice had plans to upgrade the clinical system to address concerns regarding the lack of oversight of referrals, however the interim measures did not always ensure oversight and follow up where required.

Are services well-led?

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Accurate quality and operational information was used to ensure and improve performance, for example through audits of patient consultation notes.
- Quality and sustainability of care were priorities for the provider.
- The practice were in the process of upgrading their existing patient record system which would enable them to better use information technology to monitor and improve the quality of care provided.
- The practice 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.

Engagement with patients, the public, staff and external partners

The practice took on board the views of patients and staff and used feedback to improve the quality of services.

- Patients could feedback about the service and we saw the provider had taken action in response to patient feedback. For example the provider had developed an internal newsletter in order to ensure feedback from patients was cascaded to staff on a monthly basis.

Patients could feedback by completing an online survey which was issued after each appointment. The provider also had a primary care newsletter which was sent to patients and corporate clients who could forward this information to their staff. The newsletter encouraged patients to submit questions which a clinician would answer in the subsequent instalment.

- Staff told us that the provider was receptive to their 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 within the service. For example, the practice had achieved accreditation from an independent occupational health accreditation scheme.
- The provider also worked with one of their corporate clients to improve their cardiac screening service. CT angiograms (an imaging test that looks at the arteries that supply blood to your heart) were offered to senior executives of the client company in addition to their existing medicals. The client had informed the practice that this resulted in a reduction of cardiac insurance claims and that there had not been any serious cardiac incidents amongst this group since the introduction of the test. The provider's client planned to extend this screening test to other staff within their organisation.