Ghosh Medical Group

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 well-led?	Good

Overall summary

The service is rated as good overall. (Previous inspection June 2021 rated good overall).

We carried out an announced focused inspection on 10 January 2023 and 6 February 2023 at Ghosh Medical Group due to concerns we had been made aware of. The key questions are rated as:

Safe - good

Effective - good

Well-led – good

The ratings for Caring and Responsive were carried over from the previous inspection in June 2021.

The full reports for previous inspections can be found by selecting the 'all reports' link for Ghosh Medical Group on our website at www.cqc.org.uk

Ghosh Medical Group 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. Ghosh Medical Group provides a range of services some of which are not within CQC scope of registration such as non-surgical cosmetic interventions and services provided to patients under arrangements made by their employer. Therefore, we did not inspect or report on these services.

The registered manager for the service is Dr Arun Ghosh. 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.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs. The service organised and delivered services to meet patients' needs.
- Staff reported that they felt well supported and that there was good communication about issues affecting the running of the service.

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

- Check emergency equipment and medication weekly as recommended by the Resuscitation Council UK guidelines.
- Maintain a record of on-going checks of healthcare professionals' registration.
- Review how recruitment records are retained so that they are accessible at all times.
- Continue to document the role specific induction for new staff employed.
- Advertise the chaperone policy on the website.
- Review the management of complaints to ensure there is consistency to the responses provided to patients and that they are fully investigated to enable learning to be identified.
- Document risk assessments in a timely manner.

Overall summary

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

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

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a second CQC Inspector and a GP Specialist Advisor. The inspection team also had access to advice from the CQC medicines management team.

Background to Ghosh Medical Group

Ghosh Medical Group is registered with CQC as an independent consulting doctors service also providing slimming clinic treatments. The service is owned and run by the provider Ghosh Medical Limited.

The service is located in Rodney Street, Liverpool, L1 9ED. The website address is: - www.ghoshmedicalgroup.com

The service is registered with CQC to provide the following regulated activities: Diagnostic and screening procedures, Services in slimming clinics, Treatment of disease, disorder or injury, Family Planning and Surgical Procedures.

Services to patients include consultation, investigation and treatment. Services are available to both adults and children.

The service also offers services which are outside the scope of CQC registration. This includes a range of aesthetic procedures and services provided to patients under arrangements made by their employer, such as medicals.

The provider has a number of clinical professionals who work at the service under practising privileges. This includes dermatology, cardiology, audiology, gynaecology and psychiatry. Practising privileges is the agreement between Ghosh Medical Services and the individual medical professionals to provide specified services.

The provider also referred patients to external services registered with CQC for investigations, care and treatment, for example, ultrasound scanning services and withdrawal from addictive medication.

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

How we inspected this service

Our inspection included:

- Conducting staff interviews
- Reviewing records
- Observations
- Requesting evidence from the provider.
- Site visits.

Good

Are services safe?

We rated safe as Good because:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.

Safety systems and processes

There were systems and processes to keep people safe and safeguarded from abuse.

- The provider had safety policies which had been communicated to staff. Staff were provided with information about safety as part of their induction and refresher training. Staff knew how to identify and report concerns.
- Policies and procedures were in place to safeguard children and vulnerable adults from abuse. These included details as to the types of abuse, procedures in place to prevent abuse and details of the local authorities to refer to in case of suspected abuse.
- Staff spoken with knew how to report safeguarding concerns. Two members of staff had not completed safeguarding children training relevant to their role. During the inspection process, this was completed.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The provider carried out staff checks at the time of recruitment. We looked at a sample of four recruitment records. We found a record of employment history was not in one record. Satisfactory information about the applicant's physical and mental health relevant to the applicant's capacity to perform their role, following reasonable adjustments was not recorded in one record. Evidence that this information was available was provided following the inspection.
- A record of on-going checks that clinical staff were appropriately registered with their professional organisation was not maintained.
- 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 a chaperone had received a DBS check and guidance and training in the role. The Chaperone Policy was advertised through notices displayed around the premises. This was not advertised on the website.
- There was an effective system to manage infection prevention and 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 took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- We noted that the emergency equipment and medication were tested monthly rather than weekly as recommended by the Resuscitation Council UK guidelines.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- A sample of records reviewed showed there were appropriate indemnity arrangements in place.

Good

Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff 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 in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out internal medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. They also had an annual audit completed by an external pharmacy service. This audit identified no issues with the appropriateness of prescribing based on the sample of patients reviewed. They made recommendations for changes to make specific medication easier to audit and for internal audits to be undertaken on a more frequent basis. The provider told us that they were putting these recommendations in place.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- Some of the medicines the service prescribed were unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines. Where patients had been prescribed a medicine that was unlicensed for its intended purpose, we saw that patients had signed consent to demonstrate that the medicine was unlicensed.
- The provider confirmed that there was a process for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- The service acted on and learned from external safety events, patient and medicine safety alerts.
- The service had a mechanism in place to disseminate alerts to all members of the team linked to their role. Alerts were discussed at regular staff meetings.

Lessons learned and improvements made

Good

Are services safe?

The service learned and made improvements when things went wrong. However, actions and learning were not always fully documented.

- There were systems for reviewing and investigating when things went wrong.
- Staff understood their duty to raise concerns and report incidents and near misses. Staff told us they felt confident to raise issues and felt that they would be supported if they did so.
- We reviewed a sample of incident reports. This showed the service took action to improve safety in the service. For example, following a patient not being contacted in a timely way with test results, a system had been introduced to ensure all such tasks had been completed daily. The business manager was monitoring this.
- A complaint received had not been managed as a safety incident. This meant that a fully documented investigation had not taken place that identified if there was any learning from the incident that could be used to improve future practice. The provider told us about the actions taken and improvements made.
- The provider had responded to a further potential safety issue. The provider and management team told us what was in place however this was not fully recorded. During the inspection this was completed. The provider had also commissioned an external consultant to review how the incident had been managed and to look at what could be improved upon. An action plan had been developed following this review.
- The provider was aware of the requirements of the duty of candour. Staff told us they felt the provider encouraged a culture of openness and honesty. We noted that the significant event reporting form did not allow a record to be made as to whether the incident met the requirements for Duty of Candour.

Good

Are services effective?

We rated effective as Good because:

- Patients had an appropriate assessment and received care and treatment that met their needs.

Effective needs assessment, care and treatment

Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. For example, their medical history was updated prior to a further appointment.
- Regular clinical meetings were held where new guidelines were shared and discussed.
- We looked at the care and treatment provided to a sample of patients and this was in line with current guidance.

Monitoring care and treatment

The provider carried out quality improvement activity.

- The service used information about care and treatment to make improvements. For example, following feedback from patients the provider had reviewed how patient results were monitored and communicated to patients. The provider had also put in place a means for patients to contact them over a 24-hour period should they experience any issues following treatment.
- The service made improvements through the use of audits. Recent audits included; an audit of the prescribing of controlled drugs, emergency medicines, infection prevention and control, patient records and patients receiving specific medication for slimming purposes.

Effective staffing

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

- We reviewed a sample of staff training files and found staff were appropriately qualified.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- The provider had an induction programme for all newly appointed staff. The provider told us how new staff received an induction specific to their role. This was not documented, however, a template to record this had been developed to use when employing staff in the future.
- The provider understood the learning needs of staff and provided protected time and training to meet them.
- Staff were encouraged and given opportunities to develop.
- Staff received an annual appraisal. The annual appraisal for staff working under practicing privileges were reviewed and retained by the provider.

Good

Are services effective?

Coordinating patient care and information sharing

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

- Staff referred to, and communicated with, other services when appropriate.
- Before providing treatment, patients were required to provide details of their medical history to ensure care and treatment was provided appropriately.
- Patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- The provider 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, for medicines liable to abuse or misuse. 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 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.
- Risk factors were identified and highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- 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.
- The service monitored the process for seeking consent.

Good

Are services well-led?

We rated well-led as Good because:

- Staff reported that they felt well supported and that there was good communication about issues affecting the running of the service.

Leadership capacity and capability.

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Staff told us that leaders were visible and approachable. They worked closely with staff and provided regular opportunities for meetings, discussion and development.
- A new business director had been employed to have oversight of risk and governance.

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 for the development of the service. The service had a realistic strategy to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The provider was introducing a Medical Advisory Board made up of representatives from the service. One of the responsibilities of this board would be ensuring that progress against delivery of the strategy was monitored.

Culture

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

- The processes to manage staff performance were not clear and did not cover all potential situations that may arise. However, the provider identified this, and procedures were updated whilst the inspection was in progress.
- There was a Whistle-Blowing policy for staff to refer to. This was amended during the inspection process to provide further guidance.
- Staff told us they felt respected, supported and valued.
- The service focused on the needs of patients.
- We reviewed a sample of three complaints. The responses included an apology and explanation. One response answered specific questions raised by the complainant but did not detail all the issues raised within the complaint. The provider was reviewing the management of complaints to ensure their approach was consistent.
- Patients were informed of further action they could take if they were dissatisfied with the response to their complaint. This included referring to an independent adjudicator.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The provider had identified a member of staff, other staff could approach if they wished to raise any concerns. Plans were in place to meet with a Freedom to Speak Up Guardian from an NHS service to see how that role could be implemented at Ghosh Medical Group.

Good

Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and regular support conversations.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- The service promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- Staff told us there were positive relationships between staff and the management team.

Governance arrangements

There were systems in place to support good governance and management.

- Policies and procedures did not always provide clear guidance for staff to ensure they took appropriate action, for example, reporting safety incidents to external agencies. This was addressed during the inspection.
- Staff were clear on their roles and accountabilities
- There was a schedule of quality assurance audits including: infection prevention and control, patient reviews, medication, environmental safety checks.

Managing risks, issues and performance

Overall, there were processes for managing risks, issues and performance.

- There was a process to identify and address current and future risks including risks to patient safety. The provider told us about the improvements made following a safety incident and complaint. We found that improved oversight of safety incidents was needed to ensure a risk assessment was fully recorded and the investigation and action taken following a further safety event was sufficiently documented.
- The provider had mitigated risks to patients and staff by having risk assessments of the environment and effective systems such as the management of waste and infection prevention and control.
- The provider had plans in place and had trained staff for major incidents.
- The provider had a business continuity plan in place.

Appropriate and accurate information

The service had systems in place to act 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.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The provider had a Serious Incident Management and Reporting Policy. This referred to their legal obligation to report certain incidents to CQC. During this inspection process a notification was submitted to CQC after an internal incident had been reported.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Good

Are services well-led?

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- The provider requested patient feedback after each consultation. They monitored feedback via social media daily. They completed an annual audit of patient reviews from social media and following consultations. They have used this information to make or consider changes to the service such as treatment costs.
- Staff could describe to us the systems in place to give feedback. Staff were invited to complete a staff survey, and they could do this anonymously. Staff told us they attended regular service meetings and one to one meetings with the provider.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The provider had identified that oversight of processes such as complaints and safety incidents could be improved and had a plan to establish a Medical Advisory Board consisting of representatives from the service. This board would meet on a regular basis and review governance processes such as risk assessments, policies and procedures, complaints, safety incidents and business plans.