

Health and Wellbeing Centre

Inspection report

Champneys Tring
Chesham Road, Wigginton
Tring
Hertfordshire
HP23 6HY
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<https://your-doctor.co.uk/>

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The previous inspection was conducted in October 2018 and was not rated.

We carried out an announced comprehensive inspection on 17 December 2019 at Health and Wellbeing Centre in Tring, Hertfordshire. This was part of our inspection programme, to rate independent health services throughout England.

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

The provider Your Doctor Limited provides private GP services to a wide range of patients from the location Health and Wellbeing Centre in Champneys, Tring in Hertfordshire. There are two branches which are located at Park Hall Clinic, Wexham Street, Wexham, Slough, SL3 6NB and Champneys Henlow, Coach Road, Henlow, SG16 6BT. During this inspection we did not visit the branches.

Your Doctor Limited 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. Therefore, we were only able to inspect the provision of GP services during this inspection.

The clinic manager 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.

Our key findings were :

- Services provided were organised and delivered to meet patients' needs.
- Systems were in place to provide care in a way that kept patients safe and protected them from avoidable harm.
- There were quality improvement activities to review the effectiveness and appropriateness of the care provided.
- Patient feedback highlighted a high level of satisfaction with the services received.

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

- Continue to review recruitment systems to ensure that they met the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 19 and the associated schedule 3.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Health and Wellbeing Centre

The provider Your Doctor Limited offers private GP services to a wide range of patients from the location at the Health and Wellbeing Centre in Champneys, Tring in Hertfordshire. The service website is: www.your-doctor.co.uk

There are two branches which are located at Park Hall Clinic, Wexham Street, Wexham, Slough, SL3 6NB and Champneys Henlow, Coach Road, Henlow, SG16 6BT. The services are offered through membership and a pay as you go scheme. Currently there are 230 enrolled members. In the past year the practice provided more than 2000 consultations across all its sites. During this inspection we did not visit the branches.

There are five GPs (three females and two males) who are supported by a practice manager and a team of administrative and reception staff.

The Health and Wellbeing Centre in Champneys Tring operates from a single storey premises. There is car parking outside with adequate disabled parking available.

The Health and Wellbeing Centre in Champneys Tring is open between 8am and 8pm Monday to Friday. Appointments are also available Saturday mornings between 9am and 1pm with telephone consultations available on Sunday mornings.

This service is not required to offer an out of hours service. Patients who need medical assistance out of core operating hours are requested to seek assistance from alternative services. This is detailed in patient literature supplied by the service.

How we inspected this service

Prior to the inspection, we reviewed all information available including the provider website, the previous report, information provided to us by the provider and intelligence we gathered from other sources, including stake holders.

The method we used to inspect included being open to talking to people using the service and their relatives, interviewing staff, observations and review of documents.

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

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

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

Are services safe?

We rated safe as Good because:

Systems were in place that ensured the safety of patients. We identified a gap in the records of staff recruitment, but this was rectified soon after our inspection. The likelihood of this happening again in the future was low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care were minor.

The provider should continue to review recruitment systems to ensure that they met the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 19 and the associated schedule 3.

Safety systems and processes

The service had 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.
- 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). However, the provider had not retained appropriate recruitment records as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 19 and the associated schedule 3. After our inspection the provider confirmed that these records had been restored and now retained within individual staff recruitment folders.
- The service had systems to safeguard children and vulnerable adults from abuse. All staff received safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- There was a system to manage infection prevention and control. A legionella risk assessment had been completed which included the recommended weekly checks. (Legionella is a term for a bacterium which can contaminate water systems in buildings).

- 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.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The defibrillator was accessed from the Champneys Health Spa, which was on the same grounds as the Health and Wellbeing Centre, Champneys. Tring.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed 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

Are services safe?

The service had systems for safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. Presently the service was undertaking an audit of treatment of urinary infections with antibiotics.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

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 and maintained safety records related to portable appliance testing, equipment calibration, control of substances hazardous to health, fire safety, infection control and

health and safety, and acted appropriately on any identified risk(s). This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example, emergency lighting had been installed following a fire risk assessment.

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
- There were adequate systems for reviewing and investigating when things went wrong. The service learned, and shared lessons identified themes and took action to improve safety in the service. There were four significant events recorded in 2019. Following one incident we saw that the provider had improved the way it reviewed test results and had introduced a secure online portal and a buddy system of GP reviewers in the absence of the regular GP.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

We rated effective as Good because:

Our inspection showed the provider had organised clinical services that was based on evidence based best practice guidelines and individualised to specific patient clinical needs.

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)

- 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 with appropriate reference made to the patient's NHS GP when needed.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients to ensure continuity of care.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements using completed audits. We reviewed three clinical audits and found improvements had been made because of the findings. For example, we saw that the service had reviewed patients who were prescribed a medicine to treat their sleeplessness to ensure the treatment was in accordance with good practice guidelines.

Effective staffing

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

- All GPs were appropriately qualified. GPs were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider had a system to induct any newly appointed staff.

- Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, in-house training, online training and a dedicated discussion group on social media.
- All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

Staff 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, all patients were asked for consent to share details of their consultation, treatment and any medicines prescribed with their registered NHS GP.
- 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.

Supporting patients to live healthier lives

Staff were 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. For example, seasonal advice and health promotion such as staying healthy in winter.
- The service was proactive in engaging its population. For example, through articles in national and local magazines, through social media, through regular newsletters and by organising local events. Topics covered had included 'Boost your immunity', advice on healthy living, information on migraine and managing new year resolutions.
- 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

Are services effective?

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Patients were provided with information about the cost of consultations and treatments, including tests and follow up appointments to make an informed choice about treatment options. The fee structure was available on the website and as a leaflet.

Are services caring?

We rated caring as Good because:

Our observations showed staff were caring and provided a service that was respectful and understanding of patient needs. Internal satisfaction surveys showed that reception staff had been helpful, and that care received had been friendly, involved and relaxed.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. The service sought feedback on the quality of clinical care patients received. Results for the months of November and December 2019 showed all patients who completed a survey were satisfied with the quality of the medical treatment received (19 patients in November and 21 patients in December had completed a survey form).
- 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.

- Staff we spoke with knew how to access interpretation services for patients who did not have English as a first language.

- There was patient information available both on site and on the website. These covered a variety of subjects, for example on stress, travel health, pregnancy, heart health, health promotion and prevention.
- During our inspection we received 26 comment cards. Patient's comments were positive about the care provided. Comments made indicated that staff had been polite and supportive and had seen care and treatments through to a positive outcome by involving them throughout.
- Systems were in place to allow the provider to communicate with people in a way that they could understand, for example, communication aids and easy read materials could be obtained where necessary.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of maintaining patient'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. The receptionist told us that patients were offered a private room if they wanted to discuss sensitive issues. Chaperones were available, and the patients had the option of requesting a male or female GP for their consultation and treatment.
- The Health and Wellbeing Centre was located within the grounds of the Champneys Health Spa resort and in a designated private building away from resort guests which strengthened existing privacy and dignity arrangements.

Are services responsive to people's needs?

We rated responsive as Good because:

The provider offered a bespoke service to patients taking account of their individual needs and the limitations of the clinical services offered.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. There was a system to ensure that all requests for appointments were reviewed by a clinician to ensure they were within the scope of the services available.
- 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. There was a designated car park with disabled parking and ramp access available.

Timely access to the service

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

- The appointment system was bespoke, based on patient need and access was available seven days a week. The monthly in-house patient surveys showed high levels of patient satisfaction with ease of booking an appointment.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service had complaint policy and procedures in place. There was a responsible person who handled complaints. We reviewed the one recorded complaint since October 2018. We found that the service had responded appropriately and had offered an explanation and apology together with remedial actions to the complainant.
- 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

Are services well-led?

We rated well-led as Good  because:

Through the governance systems and processes we saw that the provider was committed to continuous improvement within a learning and caring environment.

Leadership capacity and capability

Leaders had 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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills.

Vision and strategy

The service had a vision and 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 plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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 positive relationships between staff and leaders. Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There was a strong emphasis on the safety and well-being of all staff.

Governance arrangements

There were 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. There were supporting policies, processes and operating systems.
- Staff we spoke with were clear on their roles and accountabilities.
- There were regular staff meetings to discuss governance issues.
- The outcome from the investigation of significant events and complaints were used proactively to improve care and service.

Managing risks, issues and performance

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

Are services well-led?

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, the practice regularly monitored its patient base and ensured the right amount of clinical and support staff had been recruited to meet any increased demand.
- The service had processes to manage current and future performance. There were systems to improve the performance of clinical staff. For example, the service had improved the quality of clinical record keeping through a clinical audit.
- Leaders had oversight of safety alerts, incidents, and complaints.
- 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.
- There were 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, 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. It had gathered feedback from patients through in-house patient surveys and responded to comments raised through their website and social media. We saw that all feedback and survey results were analysed, and appropriate actions implemented as needed.
- Staff told us that they were encouraged to give feedback and that the leaders operated an open-door policy.
- The service was transparent, collaborative and open about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and service improvement.
- The provider continued to analyse the market for private healthcare with a view to providing a service that made a difference to patient outcomes.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.