Cranley Clinic Limited

Cranley Clinic

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	Inspected but not rated
Are services safe?	Inspected but not rated
Are services effective?	Inspected but not rated
Are services well-led?	Inspected but not rated

Summary of findings

Overall summary

As this was a follow up inspection, we did not rate the service:

- The service had implemented new infection prevention and control audit and monitoring tools and practices.
- The service had secured more emergency equipment and improved signage and access.
- Fire safety practices in the building had improved.
- The service was in the process of restructuring its leadership team to ensure the right people were in place to lead safe care.
- Governance processes, including the use of appropriate policies and standard operating procedures, were subject to a new system of review and implementation.

However:

- While monitoring of infection prevention and control processes had improved, not all areas of the building were visibly clean.
- Pain relief medicine in the emergency kit had expired.
- Antimicrobial prescribing guidance was generic and did not reflect national best practice.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Inspected but not rated	This was a focused inspection to check improvements the provider had made since our last comprehensive inspection in March 2022. Please see the main summary.

Summary of findings

Contents

Summary of this inspection

Background to Cranley Clinic

We previously inspected this service using our comprehensive inspection methodology on 21 March 2022 and 22 March 2022. During the inspection, we identified numerous concerns. As a result, on 31 March 2022, we served an Urgent Notice to Suspend the provider's registration to deliver regulated activities. The notice was issued for an initial period of three months to give the provider the opportunity to make improvements.

We re-inspected the service on 13 June 2022 to review the improvements made by the provider in specific areas of concern identified in the suspension notice only. We used our focussed inspection methodology to review actions taken in response to previous areas of concerns. We did not rate the service or cover all of the key questions.

At the time of the inspection, the service was not operational. This meant we were unable to assess the impact of the improvements made by the provider on patients and practical service delivery.

Cranley Clinic is operated by Cranley Clinic Limited. The service registered with CQC at this location in January 2018. Until we issued our suspension notice, it was primarily an independent surgery service but also offered outpatients (OPD), children and young people (CYP) services and dentistry.

At this follow-up inspection, we found the provider had permanently removed some areas of regulated care from its service. This included services to children and young people and any type of surgery that required sedation. Our report is therefore focused on dermatology outpatients and dentistry, which are the two regulated services the provider planned to restart. The service planned to offer dermatology consultations and minor cyst removal.

The bulk of the provider's work is unregulated aesthetics and skin care, such as dermabrasion and laser treatment. We do not inspect these services.

How we carried out this inspection

We carried out an announced focussed inspection on 13 June 2022. The inspection team consisted of a CQC inspection manager, a lead CQC inspector, and a specialist advisor.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should continue to establish new infection prevention and control policies and audits so that they are effective throughout the building.

Summary of this inspection

- The service should improve emergency equipment stock control to ensure all contents are within their useful shelf life.
- The service should consider adapting the antimicrobial prescribing policy to reflect national guidance and best practice.
- The service should ensure policies and guidance reflect the most up to date national standards available.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Inspected but not rated	Inspected but not rated	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Inspected but not rated	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated

Inspected but not rated

Outpatients

Safe	Inspected but not rated
Effective	Inspected but not rated
Well-led	Inspected but not rated

Are Outpatients safe?

Inspected but not rated

As it was a focused follow-up inspection, we did not rate this domain.

Safeguarding

The service had improved safeguarding processes.

During our previous inspection, there were gaps in records and policies for children and young people (CYP) treated in the service. At this inspection, the provider told us they had removed all CYP services and would no longer provide care or treatment to this group. The senior team had updated the statement of purpose to reflect this.

The service had implanted a chaperone policy that reflected good practice. For example, the registered manager would allocate a named chaperone to each clinician working in the clinic on a given day. This meant the chaperone system would facilitate consistent patient safety where multiple clinical staff provided care.

Cleanliness, infection control and hygiene

The service had implemented steps to improve the control of infection risk.

During our previous inspection, infection prevention and control (IPC) practices were not fit for purpose. Some clinical areas were visibly dirty, and some equipment was dirty and in a poor state of repair. At this inspection, the provider had introduced new cleaning systems that included improved standards of working for cleaning contractors and improved checklists for the senior team. While clinical areas were clean and in good condition, the improved standards needed more time to be embedded in all areas. For example, the manual gate used to open and close the lift was caked in thick dust and dirt. The new IPC processes had not identified this as an area for improvement.

The service remained suspended at the time of our inspection, which meant we were unable to observe practices with patients. Staff told us new cleaning processes had been implemented for clinical areas between patients. This involved use of a digital tracking device for staff to track cleaning processes, such as for the cleaning of chairs and examination beds.

Environment and equipment

The service had implemented new systems to better manage hazardous waste streaming.

Inspected but not rated

Outpatients

During our last inspection, we found hazardous waste management and streaming was not in line with Department of Health and Social Care guidance. Staff did not always store and dispose of waste securely. At this inspection, the provider had introduced new processes including daily waste collection, safe storage, and a labelling system for bins compliant with best practice.

During our last inspection, we found significant unmet fire risks in the building. This included a lack of training and a failure to implement safety measures identified during a fire risk assessment. At this inspection, staff had undertaken training and two fire wardens were in place. The service had secured a new fire risk assessment and made improvements to practice such as daily checks of fire doors and escape routes.

Assessing and responding to patient risk

During our previous inspection, surgeons did not consistently use the World Health Organisation surgical safety checklist, or equivalent, to ensure patient safety during surgical procedures. Staff did not monitor post-sedation care and there was inconsistent understanding of patient safety management after a procedure. At this inspection, the provider told us they would no longer provide invasive surgical procedures. None of the clinical services offered would require sedation or a surgical safety checklist.

During our last inspection, we found emergency equipment was not always readily accessible. This presented a risk of delayed treatment to patients in the event of a cardiac arrest. At this inspection, the provider had procured additional emergency equipment, including a second automatic external defibrillator (AED) and an emergency grab bag with airway equipment. New signage in the building clearly directed people to the location of equipment and the senior team implemented a new policy on accessibility. While this reflected improved practice, the service had not yet fully implemented new standards. For example, pain relief medicine in one grab bag had expired two months previously. Staff changed this immediately, but it demonstrated monitoring processes needed to be improved.

Medicines

The service had implemented new systems to improve medicines management.

During our previous inspection, medicines management was inconsistent and not always safe. At this inspection, the provider had improved systems to reduce risk. They implemented a new antimicrobial prescribing policy that included audits to check practices. The new system included prescribers working under practising privileges and had a tracing component to ensure staff followed up patient infections with their GP. While this reflected improved practice, the policy was generic and did not reference national standards on antimicrobials.

During our previous inspection, there was no system in place to receive, monitor and disseminate alerts from the national patient safety alert system. At this inspection, the provider showed us evidence of a new monitoring system. This involved communication of alerts to staff through meetings and a new system to ensure clinical staff working under practising privileges were aware of alerts.

During our previous inspection, medicines management policies and standard operating procedures did not reflect how staff handled medicines on site. At this inspection, the provider had introduced a medicines management policy that reflected the medicines stored on site and the temporary nature of the clinical workforce.

Incidents

There was evidence of improvements in the system used to manage safety incidents.

Inspected but not rated

Outpatients

During our previous inspection, we saw that the service had an incident reporting policy, although there was limited evidence staff used this. Staff had not reported any incidents or near misses and the policy did not assure us that staff, working under practising privileges, knew how to report incidents. At this inspection, staff showed a good understanding of the need to report and learn from incidents. The provider had introduced a new incident and adverse event reporting system with clearer report forms. As the service was not operational at the time of our inspection, we could not assess this in practice.

Are Outpatients effective?

Inspected but not rated

As it was a focused follow-up inspection, we did not rate this domain.

Evidence-based care and treatment

The service had a range of policies which reflected national guidance.

During our last inspection, the service did not have up to date policies that reflected the care provided. These did not always reflect national or best practice guidance. At this inspection, a new governance lead was in post and was in the process of implementing a system of updates and rolling reviews for policies. The governance lead was checking each policy against current guidance to ensure it was up to date.

The provider had improved communication between staff by introducing regular meetings. They used this system to help the team understand new policies and apply them effectively to their work. While there were demonstrable improvements, some areas needed further attention. For example, emergency flowcharts for life support issued by the Resuscitation Council UK were displayed in key areas but were substantially out of date and related to 2008 guidance. The provider said they would update these to current guidance immediately.

Are Outpatients well-led?

Inspected but not rated

As it was a focused follow-up inspection, we did not rate this domain.

Governance

Leaders demonstrated improving governance processes.

During our previous inspection, we found significant gaps in governance processes. These led to safety risks and we found a number of regulatory breaches. At this inspection, we saw evidence the provider was using a programme of improvement to address these problems.

The service had implemented a new statement of purpose that detailed the change in service provision, such as the removal of services for children and young people. This reflected a broader improvement in the management of policies and procedures, which were stored electronically with an up to date tracking system.

Inspected but not rated

Outpatients

The registered manager had introduced a rolling programme of team meetings to ensure staff were up to date with changes in the service. The new structure provided an opportunity for staff to discuss and learn from incidents, complaints, and feedback. Two meetings had taken place so far and staff had minuted these with clear actions.

Management of risk, issues and performance

There were developing systems to manage performance risk more effectively.

During our previous inspection, we found there was a lack of oversight about who was in the building and the nature of clinical services taking place. This meant the provider did not know if services were delivered by qualified staff using safe methods. While there was a risk register in place, this had not identified all risks and was not fit for purpose. At this inspection, the provider had carried out a risk assessment of its whole operation, including non-clinical aspects of the building. The new system included risk registers for each clinical area and reflected improved risk management.

During our previous inspection, we found the registered manager did not have a good understanding of what activities were taking place under his responsibility. This included a lack of oversight of who was in the building at any given time. At this inspection, the senior team planned a new tracking system. The receptionist would print out a clinic list at the start of each day and provide this for the manager. The list would include the names of clinicians and anyone accompanying them, along with the details of their patients and the named staff from the clinic responsible for chaperoning and cleaning clinical areas between patients. The service was suspended at the time of our inspection and we were unable to see this in practice. However, the planned approach reflected improvement.