

FBA Medical Limited

Regent Street Clinic - Leicester

Inspection report

108 Regent Road
Leicester
Leicestershire
LE1 7LT
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Website: www.regentstreetclinic.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 1 November 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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Regent Street Clinic Leicester is an independent provider of GP services. The service offers a range of specialist services and treatments such as facial aesthetics, travel vaccinations, sexual health screening, occupational health and offshore medical services. The service does not offer NHS treatment. It is an accredited yellow fever centre which is registered with NATHNaC (National Travel Health Network and Centre).

The provider told us the breakdown of the services they provided at Regent Street Clinic, Leicester in the last year were:

- Private general GP work 19%
- Travel vaccines and advice 48%
- Facial aesthetics 23%
- Sexual health 6%
- Occupational health 2%
- Medical examinations 2%

Summary of findings

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

Our key findings were:

- Fourteen people provided feedback about the service and all were positive about the service they received.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines. There was evidence of quality improvement through clinical audits which were relevant to the service.
- The service had good facilities and was well equipped to treat patients and meet their needs.

- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients told us they could access care and treatment from the service in a timely way.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The service used a number of policies and procedures to govern activity.
- There was a focus on continuous learning and improvement at all levels of the organisation.

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

- Review the arrangements relating to medicines held for use in an emergency and carry out a risk assessment where required.
- Review Patient Group Directions to ensure they are countersigned.
- Review the system for recording refrigerator temperatures to ensure rationale is recorded when temperature out of range and appropriate action taken.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Regent Street Clinic – Leicester

Detailed findings

Background to this inspection

- Regent Street Clinic is provided by FBA Medical Limited. The registered manager of the service is S Azam. 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.
- The address of the service is 108 Regent Road, Leicester, Leicestershire, LE1 7LT.
- The website address is www.regentstreetclinic.co.uk
- The service is registered with the CQC to provide the following regulated activities:
 - Treatment of disease, disorder or injury.
 - Diagnostic and screening procedures.
- FBA Medical Limited was first opened by the provider in Nottingham in 1998. Since then the provider has grown the business to provide services at five other locations in Leicester, Leeds, Sheffield, Derby and Watford.
- Regent Street Clinic Leicester was opened in February 2012 and is an independent provider of GP services. The service offers a range of specialist services and treatments such as facial aesthetics, travel vaccinations, sexual health screening, occupational health and offshore medical services to people on both a walk-in and pre-bookable appointment basis. Online appointment booking is available. The service does not offer NHS treatment. It is an accredited yellow fever centre which is registered with NATHNaC (National Travel Health Network and Centre).

The service provides a walk-in service which is available to all patients.

The service is open;

- Monday 3pm to 7pm
- Tuesday 9am to 6pm
- Wednesday 9am to 7pm
- Thursday 9am to 6pm
- Friday 9am to 5pm
- Saturday 9am to 12pm
- The provider as a whole employs approximately 40 staff members and has a call-centre based at their main office in Nottingham. The call centre is open from 8am to 7pm Monday to Saturday.
- The senior GP and group practice manager oversee the services provided across the six clinics. The team based at the Leicester clinic consists of one male GP, one practice nurse a clinic co-ordinator and a receptionist.

Our inspection was carried out on 1 November 2018.

Prior to the inspection we had asked for information from the provider regarding the service they provide.

During our visit we:

- Spoke with the medical director, regional registered practice manager, group practice manager, practice nurse and clinic co-ordinator.
- Reviewed the personal care or treatment records of patients.
- Spoke with one patient and reviewed 13 CQC comment cards where patients shared their views and experiences of the service.
- Reviewed patient feedback from patient surveys and online comments received.

Detailed findings

- Observed how patients were interacted with in the reception area.
- Reviewed documents and systems.

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

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed. Treatment was not given to children under 16 years of age without first gaining documented parental consent and seeing identification documents for the child.
- 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 for all staff in line with the service's policy. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Arrangements for safeguarding reflected relevant legislation and local requirements.

In order to safeguard children, the provider told us that when an appointment was made for a child at the clinic, staff asked parents to bring identification for the child and confirmation of parental responsibility.

- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The last infection control audit had taken place in October 2018 and no actions were required. The provider also displayed an annual Infection Control Statement.
- A legionella risk assessment had last been carried out in June 2018 and required actions had been completed in October 2018.

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.

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.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- The service did not hold all emergency medicines recommended in national guidance (UK Resuscitation Council) and a risk assessment had not been undertaken to provide a rationale for not holding all recommended emergency medicines.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

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 were able to refer directly to the private sector as well as emergency NHS hospitals.
- The service had a system in place to retain medical records in line with DHSC guidance.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. Referrals were made on the day of consultation.

Are services safe?

Safe and appropriate use of medicines

The service had systems for appropriate and safe handling of medicines but some required development.

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw evidence of a three-cycle audit relating to antibiotic prescribing in respect of respiratory conditions.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. However, we found that not all Patient Group Directions were countersigned. We were told this would be actioned immediately. Processes were in place for checking medicines and staff kept accurate records of medicines. We saw evidence of three occasions where the maximum temperature of the vaccine refrigerator had been out of range between November 2017 and January 2018 with no rationale recorded on the log as to why this had occurred. There was a data logger which was used as a secondary thermometer. We were told the data was downloaded regularly and would have been checked on these occasions to ensure that the refrigerator temperature had remained within the required range. However, the downloaded data was not available on the day of our inspection.
- The service monitored the temperature of the room in which drugs were kept which were not required to be refrigerated and recorded daily checks.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

There was a system for recording and acting on significant events.

Staff understood their duty to raise concerns and report incidents and near misses. We were told no significant events had occurred at this location in the last twelve months. However, we saw evidence of incidents reported at the provider's other locations and that learning had been shared and communicated with other staff within the wider organisation at the weekly meeting.

- The provider was aware of the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team as appropriate and to take relevant action. Staff attended weekly meetings where there was discussion relating to incoming alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance relevant to their service.

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- 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. We saw that there was always a follow up appointment at no extra cost to discuss results and empower patients. This included health promotion.
- Staff assessed and managed patients' pain where appropriate.
- The practice provided travel vaccination patients with a full record of their vaccinations and any further vaccinations required as well as travel and health advice in a hand-held booklet.
- The provider offered an enhanced health screening assessment which was called a 'superscreen'. This involved carrying out detailed blood, urine and stool tests, in order to enable them to identify a higher number of conditions than would be found with basic tests. There was evidence that this assessment had led to early identification and positive outcomes for patients.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

The service used information about care and treatment to make improvements.

The service made improvements using completed audits and clinical audit had a positive impact on quality of care and outcomes for patients.

- The practice had completed a three-cycle antibiotic prescribing audit and the percentage of antibiotics prescribed reduced consistently over 3 years from 84% of patients presenting with respiratory conditions to 42 % in the second year and 11 % in the third year.
- Another audit had been undertaken in relation to the use of imaging in respect of lower back pain in primary care. This had been undertaken in response to NICE guidance. The audit found that 41% of patients presenting with lower back pain were referred on for imaging and the provider told us they planned to reduce this referral rate. To do this the issue had been discussed at the weekly meeting to ensure that all clinicians were aware.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) or Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. All staff completed comprehensive annual external training in mandatory areas. This included basic life support, safeguarding children and adults, complaints management, infection control, fire safety, health and safety, information governance and equality and diversity.
- Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- 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.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Their own GP was sent information on the same day as the consultation.
- 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 have 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.

- 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.
- Staff supported patients to make decisions.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. Some staff were multi-lingual and able to support patients. Information leaflets were available in easy read formats on request, to help patients be involved in decisions about their care.

- There was no time limit on consultations. Patients told us that they felt listened to and supported by staff and had plenty of time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available on request. Information was also available in braille. There was a hearing loop in the reception area.
- Blood test results were not given over the phone but always in person to enable patients to see a visual representation of their results and to give a full explanation of any findings.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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.
- 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.
- The premises were accessible by wheelchair from the side entrance of the building.
- When patients attended the clinic for travel vaccinations they were given a card with the details of their vaccinations and contact details for the clinic. Patients were able to contact the clinic when abroad for advice.

Timely access to the service

Patients told us they could access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. The provider had audited waiting times following patient feedback and reduced waiting times to an average of 11 to 20 minutes.

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients told us that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. Referrals were made at the time of consultation by the clinician and sent the same day.

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 informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns and complaints and from analysis of trends across the service.
- We saw that there had been nine verbal complaints recorded in the last 12 months and that all had been responded to appropriately. One of the complaints could have been recorded as a significant event and the provider told us they would action this.

Are services well-led?

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

Our findings

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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate high-quality care.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. There were plans to open clinics in other locations.
- The service displayed their mission statement and staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider planned the service to meet the needs of the local population and had a service development plan in place.
- The service monitored progress against delivery of the strategy and held regular governance meetings.

Culture

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

- Staff felt respected, supported and valued and were proud to work for the service.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and

career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- Service specific policies were implemented and were available to all staff on a shared electronic drive and in paper format.

Managing risks, issues and performance

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

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Are services well-led?

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

- 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 staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and there were plans to address any identified weaknesses.
- 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.
- The service told us they would submit 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 service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged heard and acted on to shape services and culture. It proactively sought patients' feedback. The service had gathered feedback from patients through online reviews, surveys, focus groups and complaints received. A suggestions box was available in the waiting area and learning was shared with other clinics managed by the provider to maximise learning.

- The service had held a focus group meeting with patients and had acted on feedback. For example, Saturday opening hours were reinstated and action was taken to reduce waiting times.
- The service also gathered feedback from staff through meetings, appraisals and discussions. Staff told us they felt their opinions were valued and were encouraged to give feedback and discuss concerns or issues with management.

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.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. The service provided free teaching and training to NHS medical staff on Travel Medicine.
- The service provided advice and risk assessments for local schools or colleges who were participating in World Challenges and other voluntary overseas missions.