

Breakspear Medical Group Limited

Breakspear Medical Group

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 05 April 2016 to ask the Breakspear Medical Group 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.

Background

Breakspear Medical Group provides a private medical service to adults and children in a day patient unit. The majority of the providers work involves the treatment of allergies including child immunisations and environmental illnesses.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the following regulated activities: diagnoses, and screening, and treatment of disease disorder or injury. All doctors at the service have state registered qualifications, and are registered with the GMC.

The service team consists of over 50 staff members including; qualified doctors, nurses, accountants, laboratory technicians, nutritional therapists, a psychological counsellor, a patient liaison team management, quality management, receptionists and administrative team members.

The service 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Summary of findings

The service is open and offers appointments Monday to Saturdays from 9am to 5pm excluding public bank holidays. Consultations with physicians are conducted Monday to Friday and allergy treatments and immunisations are performed Monday to Saturday. We were told by the registered manager that 50% of their patients came from other patients' recommendations. Referrals were also received from GPs and/or other specialists. People also contacted the service directly to access advice and consultations.

We reviewed comment cards where patients and members of the public had shared their views and experiences of the service. There were 11 completed CQC comment cards received which were all positive regarding the care and treatment provided by the service.

Our key findings were:

- There was an open, transparent and effective system to report and record safety events.
- Risk management was well administered and supervised for patients and staff.
- Patients' needs were established and monitored for their patient specific treatment.

- We saw all patients' understood and had agreed to their treatment before it was provided.
- Staff had been trained with the skills, knowledge and experience to deliver the specialist care and treatment.
- Patients told us they were treated with compassion, dignity and respect and were fully involved in their care and all decisions about their treatment.
- There was easy to understand information about the service including how to complain. Patients told us they found communication with the service provider easy to understand.
- This was available in the various languages necessary to enable patients to understand the treatment and care.
- The services had adequate facilities and were well equipped to treat and meet their patient's specific needs.

There was a clear leadership structure and staff told us they felt supported by management and the lead clinician.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system in place for recording, reporting and managing safety events and incidents. Lessons were shared to make sure actions were taken to rectify and improve.
- Safety was monitored using information from a range of sources, including Public Health England (PHE) guidance and safety updates from the Medicines & Healthcare Products Regulatory Agency (MHRA).
- Arrangements were in place to safeguard adults and children from abuse this followed relevant legislation.
- Risks to patients were assessed and suitably administered. The service had adequate arrangements in place to respond to emergencies and major incidents.
- The provider followed safe arrangements to manage medicines and vaccinations which reflected best practice guidance.

Are services effective?

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

- The provider carried out assessments and treatment using relevant current evidence based guidance and standards, this included National Institute for Health and Care Excellence (NICE). They also used the data collected at Breakspear Medical Group from patients that had received improved or positive outcomes.
- The provider had an effective tracking and monitoring system in place which allowed them to track vaccines administered to patients.
- Staff had the skills, specialised knowledge and experience to deliver effective diagnosis care and treatment.
- The information needed to plan and deliver patient diagnosis care and treatment was available to all relevant staff members in a timely and accessible way through the provider's patient record system and their physical records. The provider shared relevant appropriate information with other services.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services caring?

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

- We saw a calm and welcoming atmosphere throughout the service premises provided by staff members during our inspection.
- We saw that members of staff were courteous and helpful to patients and considered peoples dignity and respect when dealing with them.
- Patients we spoke with told us they were very pleased with the way staff members treated them and the care they were provided. They also said their dignity and privacy was respected and staff members were described as extremely helpful, skilled and professional.
- Treatment was provided on and improved outcome basis for patients. The provider used both recognised National Institute for Health and Care Excellence (NICE) best practice guidelines, and the data collected from patients improved outcomes.
- When asked about their care and treatment patients told us they were involved in any decision making processes and we saw consent processes and application for treatments to confirm this.

Summary of findings

Are services responsive to people's needs?

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

- Provision of treatment and investigations were planned and delivered to take into account the specific needs of each patient including choice and continuity of care.
- Patients could access appointments and services to suit them and offered appointments six days a week, including appointments on Saturdays.
- The provider offered a timely efficient pathology service where results for laboratory tests were sent and received securely.
- The provider offered a range of services which included specialist investigations and the treatment of allergies and environmental illnesses for patients of all ages.
- Children were treated in a child friendly environment on the first floor of the providers building away from the day hospital area where adults were treated.
- There was an effective system in place to handle complaints and concerns which was open, honest, and appropriately managed.

Are services well-led?

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

- The provider had a principal governance framework which supported the delivery of their strategy to provide good quality care. Governance and performance management arrangements were proactively reviewed and reflected current best practice.
- Provider specific protocols were well organised and accessible to all staff members. There were robust arrangements for identifying, recording and managing risks to patients and staff. Any issues seen had been dealt with by implementing mitigating actions.

Staff spoke positively about working for the service provider, telling us they felt valued, supported, and worked well within their team. Staff members also told us that there was an open culture and they had the opportunity to raise any issues at team meetings and felt confident and supported if they did.

- We saw a programme of continuous audits; these were both clinical and non-clinical.

The provider encouraged and valued feedback from patients, the public and staff members.

Breakspear Medical Group

Detailed findings

Background to this inspection

Background

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service.

Our inspection team consisted of a CQC Lead Inspector and an Independent Doctor Specialist Advisor.

The inspection team:-

- Carried out an announced inspection at Breakspear Medical Group on 05 April 2016
- Spoke with staff and patients

- Read 11 completed CQC comment cards
- Reviewed the providers policies and procedures
- Looked at information received from the provider
- Reviewed information and evidence on their website to inform our visit.

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

Reporting, learning and improvement from incidents

There was an effective system in place for recording, reporting and managing safety events and incidents. Lessons were shared to ensure actions were taken to remedy and make sure the events were not repeated. Staff told us they would inform their line manager of any incidents and showed us the event recording template available on the computer system. The service carried out a comprehensive analysis of the safety events and the outcomes of the analysis were shared at the weekly meetings. For example, a clinician gave a vaccination regime in the wrong order. Improved recording procedures were put in place to alert clinicians. We reviewed safety records, incident reports, safety alerts, and minutes of meetings where these were discussed. The lessons that had been learnt were shared to ensure the service improved their safety measures.

We saw that when unintended or unexpected safety incidents had occurred, patients and parents received appropriate support, a verbal and written apology, and were told about the actions taken to prevent similar incidents happening again. The service understood their responsibility and had a system in place to disseminate information about notifiable safety incidents.

Reliable safety systems and processes (including safeguarding)

The service had processes and defined practices in place to keep patients safe and safeguarded from abuse. We saw policies and procedures that clearly outlined who to contact for further guidance if a staff member had concerns about a patient's welfare. The provider had a safeguarding lead doctor that was based within the service. Staff members had received safeguarding training for both adults and children. The doctors and nurses were trained to level three for safeguarding. The staff members we spoke with could identify and access the safeguarding policy this included a flow chart for staff to follow with the contact details of the

Hertfordshire safeguarding team.

All staff had received a disclosure and barring service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable).

The service used a secure computer system for maintaining patient's records which was accessed only by trained staff. This system stored; all consultation records, investigations, patient consents, results of diagnostics from the laboratory, treatment plans, medication regimes, and communications with other healthcare professionals. Patient records were held securely in both paper format and on the computer system.

Medical emergencies

During the inspection we saw the provider owned suitable emergency resuscitation equipment. This included an automatic external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm) and oxygen with face masks for both adults and children. The service held medicines for use in an emergency which showed both the equipment and medicines were regularly checked to ensure they were safe to use. Training records showed all staff had completed training in emergency resuscitation and life support. Staff we spoke with knew how to respond if a patient suddenly became unwell.

Staffing

We reviewed three sets of personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through DBS. The registered manager planned the staff members' work rota to ensure there were sufficient available at all times to support patients.

Monitoring health & safety and responding to risks

Risks were monitored and managed safety for patients and staff members. Recorded risks were rated and acted on in a timely fashion. The service had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly and had been issued a service certificate.

Are services safe?

During the inspection we saw that patients' medical history included any risk factors specific to their proposed investigations or treatment plan. The service had adequate arrangements in place to respond to emergencies and major incidents.

Infection control

People who used the service and the staff members were protected against the risk of acquiring a healthcare associated infection (HCAI). The provider had a variety of risk assessments in place to monitor the risk of HCAI. We observed that all areas of the premises were appropriately hygienic and clean. Equipment and medical devices were also clean in line with the guidelines, and procedures for cleaning within the provider's infection control policy.

People we spoke with told us that staff members washed their hands regularly and always before providing any kind of treatment or care. We saw that staff members had easy access to antibacterial hand gel and hand washing facilities. This was scent and allergen free as many of the people using the service had severe allergies. The lead nurse told us staff members received regular training on the insertion of intravenous lines, which was done in a way to minimise any risk of infection.

We were shown that waste was segregated appropriately and clinical waste including sharps were collected through an up to date waste disposal contract with a recognised provider. We asked staff about waste disposal and they were knowledgeable about the processes and procedures in place including for bed linen laundry.

There were measures in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the providers COSHH file and found risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and acted on to minimise them.

The provider's onsite laboratory met appropriate aseptic standards. These standards were met and checked through the use of laminar flow units to ensure the air in the laboratory was constantly cleaned. Staff wore barrier clothing and gloves and we saw aseptic techniques and staff members' competency was regularly checked.

Premises and equipment

The service was located in an office building adapted to meet the provider's requirements. The premises were appropriate for the services provided and had well equipped, clean treatment rooms, day ward, reception and waiting area with information available to support patients with their treatment options. The provider provided a dining area and a relaxation area which patients told us was inviting and appropriate for their needs.

There were treatment rooms, consultation space and a waiting area which was appropriate for children where baby changing facilities were available.

Safe and effective use of medicines

The provider used specialised treatment regimes for patients that are made under a manufacturers special licence. Medicines made in this way are referred to as 'specials' and are unlicensed. The Care Quality Commission (CQC) does not regulate the manufacture of these medicines. Licences are granted by the Medicines and Healthcare products Regulatory Agency (MHRA). At the time of inspection, Breakspear Clinic had been granted a licence to manufacture specials. The MHRA guidance states that unlicensed medicines may only be supplied against valid special clinical needs of an individual patient. The General Medical Council's prescribing guidance specifies that unlicensed medicines may be necessary where there is no suitable licensed medicine.

At Breakspear Clinic we found that patients were treated with unlicensed medicine. Treating patients with unlicensed medicine is higher risk than treating patients with licensed medicine, because unlicensed medicine may not have been assessed for safety, quality and efficacy. The CQC does not inspect or regulate the manufacture of unlicensed medicine, this was not checked.

The provider followed safe arrangements to manage emergency medicine, medicine and vaccinations. Procedures for obtaining, prescribing, recording, handling, storing and the security of medicine were seen to be safe. Records demonstrated their cold chain storage arrangements for vaccines were in line with best practice. All conventional medicine (not manufactured by the provider) were checked daily and stored in a locked cabinet that could only be accessed by clinicians.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

We saw evidence that a full assessment of people's health needs were carried out during their initial consultation. People told us that the initial consultation was very detailed and covered all available treatment options. They told us everything was explained fully during the consultation and that the treatment was chosen and developed to be specific for them.

Prior to their initial consultation, people were asked to complete a comprehensive questionnaire and were asked if they were happy to give permission to contact their GP for a medical history. We were told the provider always corresponded with the details of test results and treatment plans to update their GPs on their progress.

Treatment was provided on an improved outcome basis for patients. The provider used recognised National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE provides evidence based information to help providers deliver quality improvements in their work. They also used the data collected at Breakspear Medical Group from patients that had received improved or positive outcomes to guide their treatments and care provision.

Clinical and management staff met on a daily basis to discuss the patients' treatment plans that were attending on the day to ensure the team were updated with each person's treatment status.

Doctor's had access to a comprehensive reference library on site and staff told us that doctor's regularly requested information from this library relating to people's individual conditions using the up to date advice, guidance and research that related to patients treatment.

Clinical audits were undertaken to explore; precise condition diagnosis, treatment effectiveness, and patient outcome improvement. For example, one of the eight audits we were shown explored an enzyme used in the deactivation of certain compounds which affected neurotransmitter functions. The service provider found 69% of the patient group they tested showed poor neurotransmitter function and were subsequently treated with vitamin supplements that showed an improvement to their outcome.

The doctors and nutritional therapists held a regular monthly journal club meeting to discuss and review any interesting and relevant medical publications which had been emailed to them daily by the in-house researcher/librarian.

Staff training and experience

We saw that staff members had received an annual appraisal where agreed objectives and training requirements had been set. We found that all staff were appropriately qualified, registered, and were in receipt of professional development relevant to their roles. Staff members that we spoke with said they felt confident with the training that they had received to perform their roles effectively. The provider had a low staff turn-over and we saw excellent staff communications, relations, and comprehensive schedule of staff meetings evidenced by meeting minutes and agendas.

Working with other services

We were told that each patient was given comprehensive information and explanations regarding their plan of treatment. This information was also communicated to the patients GP or referring consultant to keep them updated on their patients; investigations, diagnosis, treatment plan, and treatment regimens provided at the service.

When the medical team decided that a patient required specialist investigation or care that was outside the provider's provision the appropriate referral was made.

Consent to care and treatment

The patients we spoke with told us they had been given really comprehensive information, both in paper format and verbally when seeing the doctors. One patient we spoke with recalled the doctor had used diagrams to assist them to understand their condition and how the treatment would help. All three of the patients we spoke with told us that the treatment was very well explained. They also told us the patient liaison team were extremely helpful regarding the cost of treatment or investigations, and gave them options to support them to make their own decisions. The service rarely saw any patients that did not have full capacity to make their own decisions, however the doctors assessed capacity and recorded this as part of their initial consultation process to ensure informed and appropriate consent was sought.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We found a friendly calm and optimistic atmosphere at the service during our inspection. We saw that members of staff were very helpful and polite to patients and treated them with dignity and respect. People who used the service told us they felt well cared for by staff members that were kind, professional and highly knowledgeable about the condition(s) they are being treated for.

The registered manager and staff explained to us how they ensured patient information was kept in a confidential manner. The service held electronic records and paper records for all patients which were held securely in a dedicated records room. The day to day operation of the service used a computerised system. Staff members demonstrated their knowledge of data protection and how they maintained confidentiality. There was a dedicated team of trained staff members to assist and respond to the patients' treatment questions and to help them make their own decisions regarding affordability.

Involvement in decisions about care and treatment

During our visit we spoke with three patients using the service. They said they had received a very good

explanation about the service diagnostic investigations and treatment regimens from the doctor. This included being informed of the potential risks or complications before being asked to consent to their treatment. They told us they had complete confidence in the staff members and felt they were competent and qualified to treat them. They said they had no complaints or concerns about their care at the service.

Before inspecting this provider we reviewed their website which gave a comprehensive introduction to the service. During our visit we looked at the service information leaflets available in the reception and waiting areas. We saw this gave details about the treatments available in a number of different languages to meet prospective patient's needs.

Patients completed 11 CQC comment cards, which all had very positive comments describing the service and staff as friendly, caring and helpful. Some of the comment cards we reviewed told us the service was first class and the doctors were genuinely caring. We also saw that the service had received a great many positive comments within thank you cards, where patients had given their thanks to the whole team for the care and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We were told by the registered manager that all patients were provided with patient specific treatment. This was achieved through specific investigations to assure the provider each patient had an explicit individualised care plan and onward treatment. The information about the service was clear and easy to understand in a number of different languages to meet their patients' needs.

Due to the nature of patients attending with environmental illness the provider ensured that their entire environment was free-from chemicals. The building was constructed and finished with hypoallergenic materials and impervious porcelain flooring to minimise exposure and maintain a scent-free environment. The provider asked all patients and visitors not to wear any perfumed or scented products while attending the clinic. The scent-free policy was enforced 24-hours per day and was part of all the employees' job descriptions.

Children were treated in a child friendly environment on the first floor of the providers building away from the day hospital area where adults were treated. The area designated for children's treatment was decorated and furnished to meet their needs.

Tackling inequity and promoting equality

We asked staff to explain how they communicated with patients who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from a number of countries. They could contact a telephone translation service when required and several of the clinicians spoke different languages. There was level access into the building and there were consultation and day ward treatment rooms on the ground floor. We were told that if patients could not access the children's treatment and reception areas on the first floor, a room on the ground floor could be organised.

Access to the service

The service offered appointments Monday to Saturdays from 9am to 5pm excluding public bank holidays. Consultations with physicians were conducted Monday to Friday and services for allergy treatments and immunisations were performed Monday to Saturday.

Concerns & complaints

There was an effective system in place for handling complaints and concerns. We reviewed the provider's complaints procedure that was displayed on the waiting area notice boards. The procedure detailed who to direct the complaint to at the service and how they would deal with complaints. We saw that complaints had been well recorded and met the service complaints procedure keeping to the time frames stated. We looked in detail at a complaint which was ongoing. We saw the doctor concerned had responded with a full explanation of the circumstances, had detailed a log of the discussions with the patient and advice had been given. We saw that complaints and concerns were discussed at the weekly service meetings to ensure learning from concerns were shared across the organisation.

Responding to and meeting patients' needs

Care and treatment was planned and delivered to specific patient needs. The patient liaison team supported patients with flexibility, choice and continuity of care. For example:

- Patients could access appointments and services in a way and at times that suited them.
- Appointments could be booked over the telephone or by setting up a call back telephone call from the service website online.
- The provider offered appointments six days a week Monday to Friday 9am to 5pm.
- The service offered an efficient pathology system where results for patients' blood tests were sent and received within the timeframe explained to patients during their consultation.
- The provider offered a range of payment options to patients to patients in the interview with the service patient liaison team.

Consultations and treatments were offered with the same doctor, to ensure patients had continuity of care.

Are services well-led?

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

Our findings

Governance arrangements

The registered manager had responsibility for the day to day running of the service. They held regular meetings with the staff to discuss any issues and identify any actions needed. There was a clear leadership structure with named members of staff in lead roles. Staff members were conscious of their own roles and responsibilities. For example, staff members could identify the service safeguarding lead and the named lead to deal with safety events, concerns and complaints. The governance arrangements at the service were evidenced through their policies and procedures in place to govern activity and available to all staff members. All the policies and procedures we saw had been reviewed and reflected current good practice guidance from sources such as the National Institute for Health and Care Excellence (NICE) and the General Medical Council (GMC).

Leadership, openness and transparency

There was a clear leadership structure in place at the service and staff felt supported by the management. Staff members told us the managers were approachable and always took the time to listen to them. We found the service held regular team meetings and staff members told us they were encouraged to add items they wanted to discuss to the agenda. Staff told us there was an open culture within the service and they had the opportunity to raise any issues during meetings.

Staff members said they were involved in discussions about how to run and develop the service, and to identify opportunities to improve the service. Staff members

commented that the doctors and management team were visible on a daily basis friendly, caring and approachable. We spoke with five members of staff who all spoke positively about working at the service. Staff told us they felt valued, supported and that they worked well as a team.

Learning and improvement

Staff told us they were supported to maintain their clinical professional development through training and mentoring. The service focused on achieving high standards of clinical excellence and provided training, supervision and support for staff members at the service and externally through seminars and presentations. We saw evidence in staff records to confirm their continued training and access to training events. We were shown a variety of eight audits that were undertaken to explore; precise condition diagnosis, treatment effectiveness, and patient improvement.

Provider seeks and acts on feedback from its patients, the public and staff

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback post consultation about the delivery of the service. The service had also gathered feedback from staff through staff meetings, appraisals and ad hoc discussions.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the service. The provider ran training for other services and placements for clinicians to work with them in their speciality area of allergies including child immunisations and environmental illnesses care and treatment techniques.