

Stanmore Clinic Limited

The Northwood Surgery

Inspection report

First Floor, South Side, Argyle House,
Joel Street,
Northwood Hills,
Middlesex,
HA6 1NW
Tel: 0207 993 5602
Website: www.northwoodsurgery.co.uk

Date of inspection visit: 13 September 2018
Date of publication: 11/10/2018

Overall summary

We carried out an announced comprehensive inspection on 13 September 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.

The lead clinician 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.

Seventy-five people provided feedback about the service through CQC comment cards. All the feedback was positive about the service provided.

Our key findings were:

- There was a system for reporting, investigating and learning from incidents, complaints and safeguarding issues.
- There were arrangements to respond to emergencies and major incidents.
- Staff were aware of current evidence based guidance and they were appropriately trained to carry out their roles.
- Quality improvement activity needed developing.
- People's privacy and dignity was respected.

Summary of findings

- The provider was focused on meeting the needs of the local population.
- Systems were in place to gather feedback from patients and staff.
- Feedback from patients was very positive about the staff and service received.
- There were appropriate arrangements for managing risk.

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

- Review and develop quality improvement activity.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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 a system for reporting, investigating and learning from significant events and incidents.
- There were effective safety systems including safeguarding, recruitment, staff training, infection control and medicine management.
- There were arrangements to respond to emergencies and major incidents.

Are services effective?

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

- Staff were aware of current evidence based guidance and they were appropriately trained to carry out their roles.
- Quality improvement activity needed developing.
- Information was shared in line with current guidance.
- Consent was sought appropriately.

We found areas where improvements should be made relating to the effective provision of treatment. This was because quality improvement activity needed developing.

Are services caring?

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

- Staff we spoke to were aware of their responsibility to respect people's diversity and human rights.
- People's privacy and dignity were respected.
- People were involved in decisions about their care and treatment.

Are services responsive to people's needs?

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

- The provider was focused on meeting the needs of the local population.
- The appointment system was easy to use.
- Information about the service was readily available including the complaints procedure.

Are services well-led?

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

- The provider had a vision and strategy to provide high quality care.
 - Systems were in place to support good governance.
 - There were appropriate arrangements for managing risk.
 - Systems were in place to gather feedback from patients and staff.
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The Northwood Surgery

Detailed findings

Background to this inspection

The Northwood Surgery is a private medical clinic based in Northwood Hills in the London Borough of Hillingdon. The clinic offers a full range of private GP services including the treatment of long-term conditions, blood tests, travel health advice and vaccinations, childhood immunisations, sexual health and cervical screening.

The service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. For example, non-surgical beauty treatments and medical acupuncture do not fall within the regulated activities for which the location is registered with CQC.

The clinical team consists of a female lead clinician and a male clinician who are supported by a team of three part-time reception/administration staff.

There is also a small number of specialist doctors who rent rooms from the provider and work under practising privileges (the granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services).

The clinic is open from 9am to 5pm Monday to Friday and 9am to 3pm on Saturday. There are approximately 160 patients registered with the clinic.

The inspection was led by a CQC inspector and included a GP specialist advisor.

At the inspection we spoke to the lead clinician/registered manager and one receptionist. We reviewed treatment records and CQC completed comment cards.

Seventy-five people provided feedback about the service through CQC completed comment cards. All the feedback we received was positive about the service provided. People reported that staff were professional, caring and kind and they were happy with the clinical care and treatment received.

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (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).
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. Specialist doctors working under practising privileges were appropriately vetted before they were allowed to provide services from the clinic. Checks included proof of professional registration, indemnity insurance, references, DBS check, proof of identity and evidence of NHS annual appraisal.
- There was an effective system to manage infection prevention and control.
- The clinic had arrangements to ensure that facilities and equipment were safe and in good working order. Staff carried out actions to manage risks associated with legionella in the premises (legionella is a term for a bacterium which can contaminate water systems in buildings).
- Arrangements for managing waste and clinical specimens kept people safe.
- There was an effective system for the reconciliation of pathology results.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness and busy periods.

- The practice was not fully equipped to deal with medical emergencies. Emergency medicines and a defibrillator were available however there was no oxygen cylinder. Following a conversation with the lead clinician we were sent evidence the day after the inspection that a portable oxygen cylinder had been purchased.
- Staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- The doctors working at the clinic including specialist doctors working under practising privileges were appropriately registered with the General Medical Council (GMC) the medical professionals' regulatory body with a license to practice.
- The doctors had professional indemnity insurance that covered the scope of their practice.
- The doctors had a current responsible officer. (All doctors working in the United Kingdom are required to follow a process of appraisal and revalidation to ensure their fitness to practice). All the doctors were following the required appraisal and revalidation process.

Information to deliver safe care and treatment

- The provider had procedures in place requiring patients to provide identification when registering with the clinic to verify the given name, address and date of birth provided.
- The provider had procedures in place to make a reasonable assessment that adults accompanying child patients had the authority to do so and provide consent on their behalf.
- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.

Safe and appropriate use of medicine

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, emergency medicines and equipment, minimised risks.

Are services safe?

- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- Antibiotics were prescribed in line with local guidance.
- Prescriptions were issued on a private basis. Prescription pads were stored securely.

Track record on safety

The provider had a good track record on safety.

- There was an incident reporting policy for staff to follow and there were procedures in place for the reporting of incidents and significant events. There had been five significant events reported in the last 12 months all of which had been investigated and action taken to prevent recurrence.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- 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 practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

The provider was aware of and complied with 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

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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 that clinician assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The provider had carried out some quality improvement activity. For example:

- The provider had recently looked at the demographics of the patient population registered with the clinic. They looked at the number of patients within each age band, and for those with long-term conditions, they were able to show those under consultant care and those the clinic managed. The number of patients with a long-term condition were small however the clinical notes we reviewed showed care and treatment was provided in line with National Institute for Care and Excellence (NICE) guidance. Although quality improvement needed developing there were processes in place for collecting data on patients and the provider was committed to improving patient outcomes.

Effective staffing

- There was an induction programme for newly appointed staff. This covered such topics as safeguarding, infection prevention & control, fire safety, health & safety and confidentiality.
- The provider could demonstrate role-specific training and updating for relevant staff. There was evidence of Continual Professional Development (CPD) for clinical staff.

- The learning needs of staff were identified through a system of appraisals. All staff had received an appraisal in the last 12 months.
- Staff received training that included safeguarding, basic life support, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), equality and diversity, Mental Capacity Act 2005, data protection and complaints handling.

Coordinating patient care and information sharing

- The provider had clear protocols for referring patients to specialists based on current guidelines. The number of referrals was small, however the referrals we reviewed showed positive outcomes for patients.
- The provider communicated with patients' NHS GP in line with General Medical Council (GMC) guidance.
- There was an effective system for the reconciliation of pathology results.

Supporting patients to live healthier lives

- Health promotion was offered on an opportunistic basis and a structured approach was evident from the patient records we reviewed. For example, patients with diabetes had been given advice on diet and smoking.

Consent to care and treatment

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

- The provider had a consent policy in place and staff had received training. We saw documented evidence that consent had been sought appropriately.
- The clinicians had received training on Gillick competence in respect of the care and treatment of children under 16 and this was understood by the clinician we spoke to. (Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).
- All staff had received training on the Mental Capacity Act 2005.

Are services caring?

Our findings

Kindness, respect and compassion

- Staff we spoke to were aware of their responsibility to respect people's diversity and human rights.
- We were unable to speak to patients at our inspection. However, we heard staff treating people respectfully, courteously and in a kind manner when speaking to them over the phone.
- The practice gave patients timely support and information.
- Feedback from CQC comment cards were positive about the way staff treated people.

Involvement in decisions about care and treatment

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

- The provider gave patients clear information to help them make informed choices including information on the clinics website. Information included details of the clinicians, the scope of services offered and fees.
- Feedback from CQC comment cards were positive about involvement in decisions about care and treatment.

Privacy and Dignity

The provider respected patients' privacy and dignity

- Curtains were provided in the consultation rooms to maintain people's privacy and dignity during intimate examinations, investigations and treatments.
- A private room was available if patients wished to discuss sensitive issues or appeared distressed.
- Peoples medical records were kept confidential.
- Feedback from CQC comment cards was positive about privacy and dignity.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Access to the clinic was suitable for disabled persons as there was a lift installed.
- The provider did not have any demand for translation services however access to online translation services was available if required.
- There was a clinic leaflet which included all the necessary information about the service provided and information was available on the website.
- All people attending the clinic referred themselves for treatment, none were referred from NHS services. Staff told us patients were referred to NHS or other services where appropriate and we saw evidence of this.

Timely access to the service

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

- The clinic was open Monday to Friday from 9am to 5pm and Saturday 9am to 3pm. Appointments were available on a pre-bookable basis either in person or over the phone. No urgent appointments were offered or home visits carried out.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The provider had a system for handling complaints and concerns.

- There was a complaints policy and well-defined procedures for handling complaints.
- The registered manager was the designated lead who was responsible for dealing with complaints.
- A complaints leaflet was available to help people understand the complaints system and there was information on the clinics website.
- Staff had received training in handling complaints however there had been no complaints for us to review.

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.

- The lead clinician was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The lead clinician was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

- The provider had a vision to deliver high quality care and promote good outcomes for patients.
- There was a strategy and business plans in place to deliver the vision.

Culture

- The culture of the service encouraged candour, openness and honesty. We saw that incidents were handled in a timely way with openness and transparency.
- Staff told us they felt respected, supported and valued.
- Staff said that they felt confident to raise any issues with the lead clinician/manager.
- The clinic focused on the needs of the patients and adapted their services to meet them.
- Staff received annual appraisals which included career development conversations.
- There was a strong emphasis on the safety and well-being of all staff.
- The provider actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

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 including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The clinic had processes to manage current and future performance. The lead clinician had oversight of safety alerts, incidents, and complaints.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The provider acted on appropriate and accurate information

- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data and records including appropriate retention of clinical records should the provider cease trading.

Engagement with patients, the public, staff and external partners

- The provider had a system in place to gather feedback from patients. Patient testimonials were available in the clinic and on the internet.
- Feedback from staff was gathered through a formal staff meeting structure and through appraisal and personal development conversations.

Continuous improvement and innovation

Are services well-led?

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

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal reviews of incidents. Learning was shared and used to make improvements.