FBA Medical Limited

Regent Street Clinic - Leicester

Inspection report

108 Regent Road
Leicester
Leicestershire
LE1 7LT
Tel: 0116 2541282
Website: www.regentstreetclinic.co.uk

Date of inspection visit: 2 March 2016
Date of publication: 15/07/2016

Overall summary

We carried out an announced comprehensive inspection on 2 March 2016 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 not providing safe care in accordance with the relevant regulations.

The impact of our concerns is minor for patients in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action. (see full details of this action in the Requirement Notices at the end of this report).

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 not providing well-led care in accordance with the relevant regulations.

Our key findings were:

- There was an effective system in place for reporting and recording significant events.
- The practice had a number of policies and procedures to govern activity. However, they were not always following the guidance in relation to cold chain management.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Not all risks to patients were assessed and well managed. The practice did not have a risk assessment in place for the control of Legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Following our inspection, we were provided with evidence of a site visit report to confirm that a risk assessment had been carried out by an external specialist in June 2016.
- The practice kept records of Hepatitis B status for all clinical members of staff who had direct contact with patients' blood for example through contact with sharps.
- The provider actively encouraged patient feedback and acted upon it.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We identified regulations that were not being met and the provider must**:**

- Ensure adequate arrangements are in place in relation to the risk of legionella.
- Ensure appropriate arrangements are in place for the storage of vaccinations and immunisations.

You can see full details of the regulations not being met at the end of this report.

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 not providing safe care in accordance with the relevant regulations.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (full details of this action are in the Requirement Notices at the end of this report).

- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The lead GP administered all medicines and vaccinations.
- There were effective recruitment processes in place and all members of staff had received a Disclosure and Barring Service check (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)
- There was no risk assessment in place for the control of Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Following our inspection, we were provided with evidence of a site visit report to confirm that a risk assessment had been carried out by an external specialist in June 2016.
- The practice had a number of policies and procedures to govern activity however, the practice cold chain policy did not include information on what to do in the event of vaccination fridge temperatures being out of the required range. There was no process is in place to cross check the temperature of the vaccination fridge. The practice did not have robust processes in place for the recording and monitoring of vaccine fridge temperatures. Following our inspection, we were provided with evidence of a revised cold chain policy.
- There was no fire risk assessment in place. However, the practice had good fire procedures in place such as weekly testing of the fire alarm system and regular fire drills. All fire equipment was serviced on a regular basis and all staff had received fire safety training. Following our inspection, we were provided with evidence of a revised fire risk assessment which was carried out in June 2016 by an external specialist.
- The practice held records of Hepatitis B status for all clinical staff who had direct contact with patients' blood for example through use of sharps.

Are services effective?

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All members of staff were suitably trained to carry out their roles and received regular in-house educational sessions delivered by both the lead GP and the practice manager.
- There was evidence of appraisals, induction processes and personal development plans for all staff.
- The practice ensured sharing of information with NHS GP services and general NHS hospital services when necessary and with the consent of the patient.

Summary of findings

Are services caring?

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

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available to them and fees was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff had received training in confidentiality and the Mental Capacity Act.

Are services responsive to people's needs?

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

- Patients said they found it easy to make an appointment with a GP and that there was continuity of care. Appointments were also available on a walk-in basis.
- Extended hours appointments were available on a Thursday evening until 8pm and on a Saturday from 2pm until 5pm.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- Language Line telephone translation services were available for patients whose first language was not English. This also ensured patients understood their treatment options.
- There was a practice information guide and written information was available to patients in Polish, Urdu and other languages. Information for patients was available in Braille and large print for patients who were blind or had poor vision.
- The practice offered pre-consultations to patients prior to receiving treatments such as Botox, dermal fillers and travel medicine.
- The practice was signed up to an on-line service called 'TRAVAX' to receive up to date travel health information and alerts to ensure staff were kept up to date and patients were always given up to date advice prior to administration of travel vaccinations.

Are services well-led?

We found that this service was not always providing well-led care in accordance with the relevant regulations. (full details of this action are in the Requirement Notices at the end of this report).

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity however, the practice cold chain policy did not include information on what to do in the event of vaccination fridge temperatures being out of the required range. Following our inspection, we were provided with a revised cold chain policy.
- The practice held weekly governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- Staff told us they had received comprehensive induction and training programmes. The lead GP delivered regular in-house educational sessions to all staff.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Regent Street Clinic - Leicester

Detailed findings

Background to this inspection

The inspection was carried out on 2 March 2016. Our inspection team was led by a CQC Lead Inspector and was supported by a GP specialist advisor.

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

We carried out an announced visit on 2 March 2016 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

During our visit we:

- Spoke with a range of staff including, a GP, practice manager, office manager and reception staff.
- Reviewed the personal care or treatment records of patients.
- Reviewed 14 comment cards where patients and members of the public shared their views and experiences of the service.'

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.

Background to Regent Street Clinic Leicester

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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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 service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Regent Street Clinic Leicester, services are provided to patients under arrangements made by their employer with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at Regent Street Clinic Leicester, we were only able to inspect the services which are not arranged for patients by their employers with whom the patient holds a policy (other than a standard health insurance policy).

Regent Street Clinic Leicester is an independent provider of GP services owned by FBA Medical Ltd and also offers a range of specialist services and treatments such as facial aesthetics, travel vaccinations, sexual health screening and occupational health services to people on both a walk-in and pre-bookable appointment basis. The clinic is based close to the city centre of Leicester. It is an accredited yellow fever centre which is registered with NATHNaC (National Travel Health Network and Centre). The practice is also registered with the British College of Aesthetics Medicine (BCAM).

Detailed findings

The provider which is FBA Medical Ltd is registered with the Care Quality Commission to provide services at Regent Street Clinic Leicester, 108 Regent Road, Leicester, Leicestershire, LE1 7LT. This four storey grade II listed property consists of a patient waiting room and reception area on the ground floor and consulting rooms which are located on the first and second floor of the property. There is a private car park available for patients with a separate entrance for disabled access.FBA Medical Ltd also provide services at other locations in Nottingham, Leeds, Sheffield and Derby.

The practice does not hold a list of registered patients and offers services to patients who reside in Leicester and surrounding areas but also to patients who live in other areas of England who require their services. The practice has a high number of patients who are overseas visitors from foreign countries who require medical assistance whilst visiting the UK and also students and international students of local Universities within Leicester who require GP services whilst residing within Leicester.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This practice is a member of the Independent Doctors Federation (IDF). The IDF is a designated body with its own Responsible Officer.

As part of our inspection we reviewed 14 Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the service. Most of the 14 comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments also told us that the practice was very safe and hygienic and that they felt listened to and would recommend this practice to others.

The practice employs one lead GP, one practice manager who is also the registered manager, one office manager and two receptionists.

The practice is open from 9am-6pm Monday to Friday. Extended opening hours are available on a Thursday evening until 8pm. The practice is open on a Saturday from 2pm until 5pm. The practice does not provide mobile services or home visits.

The practice is not required to offer an out-of-hours service. However, the practice offers a home visiting and hospital admission service which is available 24 hours a day, full details of this services is advertised on the practice website.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

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.

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents or significant events and there was a recording form available on the practice's computer system. There was also an incident reporting folder located on the main reception desk for all staff.
- Staff told us significant events were discussed in practice meetings and staff were invited to attend.
- We saw evidence of a serious incident reporting policy.
- The practice held a record of significant events which included details of investigations and actions taken as a result of the significant event.
- The practice carried out a thorough analysis of the significant events.

During our inspection we looked at two significant events and discussed these with the lead GP. We reviewed safety records and incident reports. We saw evidence of meeting minutes where significant events were discussed and action plans agreed to ensure safety was improved in the practice. For example, processes were reviewed following the administration of an out of date vaccination to a patent. This incident had been investigated and was discussed openly with practice staff to ensure this did not happen again in the future. A process was implemented to ensure all vaccinations were checked on a monthly basis.

At the time of our inspection, we saw evidence that the practice manager had signed up to the Medicines and Healthcare products Regulatory Agency (MHRA) website to enable alerts to be received.

Reliable safety systems and processes (including safeguarding)

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead GP was responsible for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff we spoke with demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3. All non-clinical staff were trained to Level 1.
- We saw evidence that staff had received training in the Mental Capacity Act (MCA) 2005.
- The practice had a safe and effective system in place for the collection of pathology samples such as blood and urine. The practice used the services of an accredited laboratory which provided a daily collection service from the practice for all samples. Pathology results were provided the next day and in some cases on the day to ensure patients received their results in a timely manner.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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). We saw evidence of chaperone training certificates during our inspection. A chaperone policy was in place dated March 2016.
- We reviewed four 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 the Disclosure and Barring Service. All personnel files included a comprehensive training manual, induction plans and employee health questionnaires.

Medical emergencies

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We saw evidence that this equipment was checked on a regular basis to ensure it was fit for purpose. A first aid kit was located on the ground floor and an accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. This plan included arrangements to be taken in the event of major disruptions to the service in the event of adverse weather conditions. The practice held emergency contact numbers for all members of staff.

Staffing

There was adequate staffing levels in place to meet the demands of the service, staff we spoke with told us that levels of cover were adequate. Members of the reception team never worked alone and incoming calls were received through a call centre based at the Nottingham location for booking of appointments and general queries. This alleviated pressure from the receptionists on duty to allow them to deliver high standards of customer service at all times. All non-clinical staff were supported by an office manager who worked under the direction of the practice manager and whose responsibility was to oversee the day to day administrative and customer service processes. The office manager was also responsible for the coordination of aesthetic procedures.

All members of staff had received a Disclosure and Barring Service check (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).

There were effective recruitment and training policies in place, we saw evidence during our inspection that these policies had been adhered to in relation to two members of staff who had recently been employed. We saw evidence of a whistleblowing policy and all staff we spoke with understood this policy. All members of staff had received whistleblowing training.

We saw evidence of medical indeminity insurance for GPs. GPs were registered with the General Medical Council (GMC). The practice manager carried out regular checks of GPs registration.

Monitoring health & safety and responding to risks

Not all risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a comprehensive health and safety policy in place and was accessible to all members of staff electronically. We observed that this policy was in date. There was a poster on the ground floor which identified local health and safety representatives.
- The practice did not have an up to date fire risk assessment in place. However, during our inspection we saw evidence that the services of an external risk safety consultant had been arranged to carry out a full health and safety and fire risk assessment for the premises. Following our inspection, we were provided with evidence of a revised fire risk assessment which had been carried out in June 2016 by an external specialist. The practice had adequate fire safety equipment in place and all equipment had been serviced in October 2015. A fire action plan was on display informing patients and staff what to do in the event of a fire. All staff had received fire safety training, this formed part of the induction process for new employees. We saw evidence that fire procedures had been discussed in a practice meeting. Fire doors were clearly identified and were free from obstruction, staff told us that regular fire drills were carried out. We saw evidence that the fire alarm system was tested on a weekly basis.

Are services safe?

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw evidence of certification that showed all electrical and clinical items had been checked by an accredited external contractor and were due to be re-checked in June 2016.
- We saw evidence that all members of staff had completed health and safety training which included fire safety, basic life support, moving and handling and lone working.

Infection control

The practice manager was the infection control lead. All staff including the infection control lead had received infection control training. During our inspection we saw evidence that all staff had completed an infection control training programme and handbook which was held on their personnel file. This formed part of all new employees initial induction programme. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Hand sanitizing gels were available on the reception desk and in all patient areas for patient and staff use.

There was an infection control policy in place and a policy for health care workers and blood borne viruses. Staff were routinely offered influenza and hepatitis B vaccinations throughout their employment. Evidence of hepatitis B status for all clinical staff members who had direct contact with patients was held on personnel files as per practice policy.

The practice did not have a risk assessment in place for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We were assured during our inspection that a legionella risk assessment would be carried out immediately following our inspection. Following our inspection, we were provided with evidence of a site visit report to confirm that a risk assessment had been carried out by an external specialist in June 2016.

Suitable processes were in place for the storage, handling and collection of clinical waste.

Premises and equipment

The practice maintained appropriate standards of cleanliness and hygiene. During our inspection we conducted a tour of the premises which included consulting rooms and patient areas. We observed the premises to be very clean and tidy. There was a process in place to ensure a cleaning and monitoring checklist was completed and signed on a weekly basis for each area of the premises which included all consulting rooms and patient areas.

Safe and effective use of medicines

During our inspection we looked at the systems in place for managing medicines. Medicines were stored appropriately in the practice and there was a clear audit trail for the ordering, receipt and disposal of medicines. There were processes in place to ensure that the medicines were safe to administer and supply to patients.

- The practice did not hold a stock of prescription forms. All prescriptions were issued on a private basis and were computer generated and printed individually by the lead GP during consultation.We observed that all staff followed information governance and security procedures at all times, computer screens were locked when staff left their work area.
- The practice carried out audits of medicines and vaccinations. We saw evidence that a monthly stock check was carried out on all vaccinations to ensure they were in date.
- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- GPs administered all medicines and vaccinations to patients.
- We saw evidence of a repeat prescribing policy. Only GPs were authorised to prescribe medicines and issue repeat prescriptions.

During our inspection we saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis, however we saw numerous recordings of temperatures of 13 degrees. (temperatures must be maintained between 2-8 degrees at all times). There was no evidence of actions taken as a result of these temperatures. The fridge did not have a second thermometer in place to provide a method of cross-checking the temperature of the fridge and the fridge was not calibrated on a monthly basis. The practice had a cold chain policy in place but this did not describe the

Are services safe?

action to be taken in the event of a potential vaccination fridge failure. It did not describe what to do in the event of temperatures found to be outside of the recommended range for storage of vaccinations. We were assured that this policy would be updated immediately following our inspection. Following our inspection, we were provided with evidence of a revised cold chain policy. We were informed that independent thermometers had been installed to the vaccination fridge to provide a method of cross-checking fridge temperatures. We were also informed that the provider was in the process of arranging for vaccination fridges to be calibrated by an external specialist.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Staff training and experience

The practice had a comprehensive induction and training programme for all newly appointed staff. We spoke with a member of staff who had recently been employed by the practice. They told us that they had received a comprehensive two week induction period which included in-house training and competency assessments. Training covered such topics as safeguarding, infection prevention and control, hand washing techniques, fire safety, health and safety and confidentiality.

All members of staff were suitably trained to carry out their roles and received regular in-house educational sessions delivered by both the lead GP and the practice manager. Staff we spoke with told us that in-house educational sessions and training was delivered in various forms such as through role play for confidentiality training and case studies for travel medicine updates. A session had also been held in relation to the walk-in HIV (human immunodeficiency virus) testing service which is offered to patients to ensure all staff understood the correct process to follow should a patient require this service. Training records showed that staff had received all mandatory training. Staff told us they valued the training provided to them.

The learning needs of staff were identified through a system of appraisals, we saw evidence that all staff had received an appraisal within the last 12 months.

The GP had received an appraisal in September 2015 which had been carried out by the Independent Doctors Federation (IDF). The GP had been successfully revalidated for a further five years. We saw evidence of the full appraisal documentation during our inspection.

Working with other services

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's electronic patient record system. This included care assessments, medical records, investigation and test results. One of the visions of the practice was to upgrade their clinical system to a system which is used more widely within the NHS to improve communication links and information sharing with other NHS providers.

The practice ensured sharing of information with NHS GP services and general NHS hospital services when necessary and with the consent of the patient. Due to restrictions in communication links with NHS stakeholders, the provider did not have access to a full medical history from medical or hospital records and relied solely on the patient offering their history freely during a consultation. If an NHS service required any information, the practice would print a list of medicines and diseases/disorders for the patient to take with them.

Staff worked together as a multidisciplinary team to meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. The practice made referrals to other independent or private sector services and could refer to NHS services. For example, the practice had close links with other private hospitals and referred patients for services such as for private total body screening assessments such as magnetic resonance imaging scans (MRI).

Information sharing was restricted between out-of-hours (OOH) services and the provider due to the NHS inability to record an independent healthcare provider as a patient's primary GP service. The provider told us if a patient attended an OOH service or accident and emergency departments, the patient was responsible for advising them that a consultation had occurred and for providing documentation relating to the consultation.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.The practice had a comprehensive consent policy in place.Patients were

Are services effective?

(for example, treatment is effective)

required to sign a written consent form. For example, patients who attended the practice for intra-muscular injections were required to provide written consent prior to this procedure.

- We saw that people receiving travel vaccinations were required to give written consent.
- The practice manager told us that any treatment was fully explained prior to the procedure and that people then made informed decisions about their care.
- Pre-consultations were offered to patients prior to treatment to ensure patients were fully informed and gave consent.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment. A GP told us that risk monitoring was carried out for all patients who required procedures to be carried out. We were told that procedures would not be carried out if the patient was unsure or if there was any doubt about their understanding of the procedure they required.
- The practice offered Language Line interpreter services as an additional method to ensure that patients understood the information provided to them prior to treatment.
- The provider offered full, clear and detailed information about the cost of consultations and treatments, including tests and further appointments. We saw evidence of fees displayed in the patient waiting room, in patient leaflets and also on the practice website. The practice manager told us that fees were explained to patients prior to consent for procedures and was discussed as part of the pre-consultation process.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All staff had received training in confidentiality. Staff we spoke with understood the importance of confidentiality and the need for speaking with patients in private when discussing services they required. In particular, walk-in HIV testing and sexual health testing.

Involvement in decisions about care and treatment

Patient feedback on the 14 comment cards we received told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

- There were disabled facilities available which included a separate entrance for disabled persons and those with prams and pushchairs near to the patient car park. The reception desk was spacious and had a lower level desk suitable for patients in wheelchairs. The reception area was located in a separate area to the patient waiting room to ensure confidentiality when speaking to patients at the reception desk or over the telephone.
- Language Line telephone translation services were available for patients whose first language was not English. This also ensured patients understood their treatment options.
- There was a practice information guide and written information was available to patients in Polish, Urdu and other languages. Information for patients was available in Braille and large print for patients who were blind or suffered with poor vision.
- Health promotion information was available for patients in the waiting room.
- The practice offered pre-consultations to patients prior to receiving services such as travel medicine.
- The practice was signed up to an on-line service called 'TRAVAX' to receive up to date travel health information and alerts to ensure patients were always given up to date advice prior to administration of travel vaccinations.
- Breast feeding and baby changing facilities were available.
- A prayer room was available for patients who required to use it.
- Children's toys were available in the waiting room.
- Pathology test results were provided the next day and in some cases on the same day the sample was obtained.
- The practice offered extended hours appointments until 8pm on a Thursday evening. The practice offered appointments from 2pm until 5pm on a Saturday.
- All patients who attended for HIV testing were offered pre-counselling by the lead GP prior to this procedure. Where a patient received a positive test result, patients were referred to other services for further counselling and support.

Tackling inequity and promoting equality

The practice offered appointments to anyone who requested one and did not discriminate against any client group. There were disabled facilities and translation services available.

Access to the service

The practice was open from 9am until 6pm Monday to Friday. The practice also offered a clinic on a Saturday from 2pm until 5pm. Appointments were available daily either by pre-bookable appointments or on a walk-in basis. Any patient who had walked in were guaranteed an appointment.

The practice offered a home visiting and hospital admission service which was available 24 hours a day. Full details of this service were advertised on the practice website. The practice offered a private hospital admission service to a medical admissions unit. Upon discharge from hospital, the referring GP would be provided with all relevant documentation relating to the admission such as diagnosis, management and follow up plans. This information would then be made available to the patient's NHS GP.

Concerns & complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- A complaints form was available to help patients understand the complaints system. There was information on how to complain in the patient waiting area and on the practice website.
- The complaints policy for patients gave details of the Health Service Ombudsmen and also the Independent Doctors Federation (IDF) should they be unhappy with the outcome of their complaint and wish to have their complaint reviewed.

We looked at four complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way. We saw evidence of a written acknowledgement sent to the patient which included full details of investigations carried out and an apology given where necessary. The practice demonstrated an open and transparent approach in dealing with complaints. Lessons

Are services responsive to people's needs?

(for example, to feedback?)

were learnt from concerns and complaints and action was taken as a result to improve the quality of care. One complaint we looked at had been referred to the IDF. Although the IDF complaints resolution procedure committee concluded that the complaint did not meet their threshold for further investigation, the practice offered the patient complimentary treatment following their final response to this complaint.

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 practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place however there were some areas of concern identified:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The registered manager was also the practice manager who was responsible for the day to day management of the practice and patient services.
- Practice specific policies were implemented and were available to all staff. During our inspection we looked at 25 policies which included health and safety, chaperone, equality and diversity, individual patient treatment policy and a patients views policy. All policies and procedures were available in an electronic file which all members of staff had access to. However, the practice were not always following the guidance in relation to cold chain management.
- A comprehensive understanding of the performance of the practice was maintained.
- There were some arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice did not have processes in place for the control of legionella, it did not have an up to date fire risk assessment in place at the time of our inspection. The practice did not have robust processes in place for the recording and monitoring of vaccine fridge temperatures. The cold chain policy did not include information on what to do in the event of vaccination fridge temperatures being out of the required range. There was no process is in place to cross check the temperature of the vaccination fridge. Following our inspection, we were provided with evidence of a revised cold chain policy. We were provided with evidence that a legionella risk assessment and a fire risk assessment had been carried out in June 2016. We were informed that independent thermometers had been installed to the vaccination fridge.

Leadership, openness and transparency

The lead GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The GP prioritised safe, high quality and compassionate care and was visible in the practice. Staff told us that the lead GP and the practice manager were approachable and always took the time to listen to all members of staff.

- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held weekly regular multi-disciplinary team meetings.
- During our inspection we saw minutes of meetings and numerous topics were discussed which included staff training, fire safety, vaccination consultations, significant events and staffing requirements.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the lead GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the services delivered by the practice.
- Staff were encouraged to participate in training and develop their skills for example, due to the increased demand for travel vaccination appointments, all staff received in-depth training in travel medicine to enable staff to deliver pre-travel vaccination consultations. This training ensured patients were fully informed of their travel vaccination requirements prior to their appointment with a GP.

Learning and improvement

The lead GP and practice manager had a strong vision for the future development of the practice and its values were clearly embedded within the whole practice team. There was a strong focus on continuous learning and improvement at all levels within the practice. The lead GP encouraged staff to participate in training and encouraged staff to develop their skills. The lead GP delivered regular in-house educational sessions in various forms which included role play and case studies for all members of staff on various topics such as travel medicine updates, walk-in HIV testing procedures and confidentiality training.

Are services well-led?

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

The lead GP had completed a Master's Degree in Aviation Medicine, a Diploma in Occupational Medicine and a Diploma in Travel Health.

The practice were open to feedback and offered patients the opportunity to reflect on their experiences. The practice encouraged learning from complaints and significant events.

The practice was in the process of developing an intranet to ensure staff had access to relevant information, policies, procedures and updates from their workstation.

During our inspection we reviewed two clinical audits. One audit we looked at was to audit patients who may have suffered adverse effects following aesthetic treatments such as Botox. (Botox is a drug used to treat certain muscular conditions and cosmetically to remove wrinkles by temporarily paralyzing facial muscles). The outcome of the audit showed that less than 2% of patients who had received this treatment had suffered an adverse effect. This audit had recently been carried out and was planned to be re-audited in one year following the date of initial audit. Other audits had been carried out in relation to monitoring of treatment outcomes for various other procedures.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through surveys and complaints received. We saw evidence of a patient feedback form which encouraged patients to give feedback about the service they had received which included their views on the premises, consultation with a GP, customer service and an opportunity to give any other feedback. Patients were encouraged to give the practice a rating on each of these areas. The practice collated this information and acted upon it to improve its services to patients. For example, as a result of patient feedback the practice offered a prayer room and breastfeeding facilities for patients.

The practice had also gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. We observed a notice in waiting room to promote and welcome feedback.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not being provided in a safe way for service users. The provider did not have appropriate arrangements in place for the risk assessment of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The provider did not have appropriate arrangements in place for the storage of vaccinations and immunisations. These matters are in breach of regulation 12 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014