C D 4 U Limited

Shakespeare Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 16 January 2019 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.

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 service provides a specialist dermatology service to fee-paying patients.

As part of our inspection, we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 13 CQC comment cards that were mostly positive about the service. The cards told us that patients found the service friendly and welcoming and the clinicians knowledgeable and caring. The negative comments were regarding communication about appointment bookings.

Our key findings were:

- There was no oversight of the risks associated with the service. For example, there had been no risk assessment completed for the premises, health and safety, fire, security, legionella or emergency medicines.
- All staff had been recently employed and had completed a full induction. However, non-clinical staff had not received safeguarding or basic life support training at the time of inspection.
- A record of staff immunisations was not held.
- The system to manage safety alerts was ineffective and the service could not assure us that all staff received relevant safety alerts.

Summary of findings

- An infection control audit had not been completed to identify or address concerns, however the service was less than a year old and was visibly clean and tidy.
- Clinical records were detailed and held securely. The service did not keep paper records on site.
- Staff members were knowledgeable and had the experience and skills required to carry out their roles.
- There was evidence of meetings with all staff from the building, including other providers, and effective communication with staff.
- Staff told us they enjoyed working at the service.
- The provider had systems to record and learn from complaints and significant events however, none had occurred at the time of inspection.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.

The areas where the provider **should** make improvements are:

- Commence and maintain a programme of clinical and infection control audit.

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

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Shakespeare Clinic

Detailed findings

Background to this inspection

The Shakespeare Clinic is a service provided by C D 4 U Limited. It is based at 17 Shakespeare Road, Bedford, MK40 2DZ. Several clinics run from the building, including dental and cosmetic services. These services were not looked at as part of this inspection however, all the services in the building have the same governance structure and use the same reception staff. The provider employs the services of self-employed nurses and chaperones to support the clinic.

The service provides a specialist dermatology service to private fee-paying clients. The clinics are open for consultation on a Friday between 4pm and 8pm. Minor surgery is performed on a Saturday morning. The service offer flexibility with appointment times if this is not convenient for patients. The service consults with approximately ten patients a week.

We carried out an announced comprehensive inspection at The Shakespeare Clinic on 16 January 2019 as part of our scheduled inspection plan.

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

The service is registered with the CQC to provide the regulated activities of treatment of disease, disorder or injury, diagnostic and screening and surgical procedures.

Before inspecting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. During our inspection we:

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment used by the service.
- Reviewed CQC comment cards completed by service users.

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

We found that this service was not providing safe care in accordance with the relevant regulations.

Safety systems and processes

The service had some systems in place to keep people safe and safeguarded from abuse however, not all necessary risk assessments had been completed.

- The provider had not conducted safety risk assessments including health and safety, premises and security. There was no visible health and safety risks.
- It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff, including those that were self-employed. They outlined clearly who to go to for further guidance.
- The service held contact details of safeguarding agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. There had been no safeguarding concerns at the service.
- The provider carried out staff checks at the time of recruitment. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- Not all staff had received up-to-date safeguarding training appropriate to their role. However, this had been booked for February 2019. Contact numbers and information relating to local safeguarding teams was available to staff in reception and clinical rooms.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- The service had a policy for infection prevention and control. All staff had received infection control training. An infection control audit had not been completed however, the service was less than a year old. There were no visible infection control risks.
- Hand washing facilities were available throughout the building.
- The communal areas of the building were cleaned by an external cleaning agency. We saw evidence of a cleaning schedule however there was no evidence of what cleaning had been completed.
- Treatment rooms were cleaned by clinicians and we saw evidence that this was completed.
- The service had a policy for controlling legionella however mitigating actions to reduce the risk had not been implemented. A risk assessment had not been completed. The service had sent water samples for testing however, were not testing water temperatures or recording the use of water outlets that were not in regular use.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. As all equipment was within a year old there was no current need for calibration or electrical testing however, the service was aware of the need to ensure equipment was fit for use and had a plan in place to ensure this was completed.
- There were systems for safely managing healthcare waste.

Risks to patients

There were some systems in place to assess, monitor and manage risks to patient safety.

- There was an effective induction system for agency or self-employed staff tailored to their role.
- Clinical staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. Due to the nature of the service, acutely unwell patients did not attend the service.
- Non-clinical staff had not had training for basic life support or sepsis awareness. However, this was booked for February 2019.
- The service held some of the recommended emergency medicines. This included medicines to deal with patients with epilepsy, diabetes and cardiac emergencies. However, there was no risk assessment in place in relation to which emergency medicines were held on site.
- There were appropriate indemnity arrangements in place to cover all potential liabilities

Information to deliver safe care and treatment

Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care guidance.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The service had not yet carried out a medicines audit however regular audit was included in their business plan.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
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Track record on safety

The service did not have a good safety record.

- There were not comprehensive risk assessments in relation to safety issues.
- The service had not completed health and safety, premises or security risk assessments.
- The service had not completed a fire risk assessment.

Lessons learned and improvements made

The service had systems in place to learn and make improvements when things went wrong however, there had been no complaints or significant events since the service opened.

- There was a significant event and incident policy however, there had been no significant events at the service.
- Staff understood their duty to raise concerns and report incidents and near misses. They told us that they felt confident that leaders and managers would support them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong.
- The service learned from patient comments and improved services. For example, there was some confusion regarding how appointments were booked as several administration staff were completing this task. The service had streamlined the appointment system and medical secretaries booked all appointments.
- 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.
- The system for acting on patient and medicine safety alerts was ineffective. The lead clinician received alerts however there was no mechanism in place to disseminate alerts to all members of the team or record actions taken.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had planned quality improvement activity, such as audits of care and treatment.

- The service had not completed any quality improvement activity as it had only been operating for six months. The business and development plans included clinical and quality audits to ensure care was improved and any concerns were addressed.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) / Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. However, non-clinical staff had not received safeguarding or basic life support training. This had been booked for February 2019.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- A letter was written to the patients NHS GP following all treatment or consultations.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Most patients seen at the service were referred by an NHS GP. We saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who have been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health.

- Where appropriate, staff gave people advice so they could self-care. Posters detailing self-care for skin and sun safety were displayed in the waiting area.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, regular skin check-ups for those at higher risk.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions and a consent policy was in place. An appropriate consent form was in place for patients who had minor surgery.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards that they felt listened to, supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available. A hearing loop was available in reception.

Privacy and Dignity

The service respected patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The provider offered dermatology appointments on a Friday evening and conducted minor surgery on a Saturday however, appointment times were flexible around the patients' needs and preferences.
- The provider understood the needs of their patients and improved services in response to those needs, for example streamlining the appointment service.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, patients with mobility issues were seen on the ground floor.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients reported that the appointment system could be problematic and confusing. The service had made the medical secretaries responsible for booking appointments to avoid this confusion.
- The pathology and histology samples were processed by a local hospital. The results were checked weekly by the lead clinician and communicated with patients in a timely way.
- Referrals and transfers to other services were undertaken in a timely way through writing letters.

Listening and learning from concerns and complaints

The service had processes in place to manage complaints however, had received no complaints.

- Information about how to make a complaint or raise concerns was available. The service had received no complaints at the time of inspection.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place that staff were aware of and had access to.

Are services well-led?

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

Our findings

We found that this service was providing well-led care in accordance with the relevant regulations. However, the system to manage safety alerts was ineffective and needed strengthening.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The service had a business plan that included future improvements and development of the service.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Staff told us they were confident to raise concerns with service leaders and felt they would be addressed.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service had plans to monitor progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values, for example using supervision to address poor performance.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Staff that completed tasks for the Shakespeare Clinic had been employed in the last six months and had received a thorough induction. An appraisal policy was in place that included training needs and career development conversations. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, however not all were fully implemented due to the service being open less than a year. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, key risk assessments and action plans had not been completed.

Managing risks, issues and performance

There was no clarity around processes for managing risks.

Are services well-led?

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

- There was not an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. There were no risk assessments in relation to fire, health and safety or security.
- The management of safety alerts needed strengthening as there was limited oversight and they were not disseminated to all clinicians.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. The service had held one staff meeting and had dates planned for 2019. All staff, including non-clinical staff were invited to attend.
- The lead clinician also worked in other healthcare settings allowing best practice to be shared and the service to benchmark itself against other providers to drive improvement.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. No clinical notes were held on-site outside of consultation times. Patient records were securely held at a local hospital.

Engagement with patients, the public, staff and external partners

The service involved the public, staff and external partners to support high-quality sustainable services.

- The public's, patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture for example, changing the communication to patients for appointment booking. There was a suggestion box in the waiting area however, staff told us this was rarely used by patients.
- Staff were able to describe to us the systems in place to give feedback. Staff described that management teams and clinicians were responsive to changes and suggestions.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. The service had outlined development opportunities and service growth within the business and financial plans.
- The service had systems in place to make use of internal and external reviews of incidents and complaints.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • Risk Assessments had not been completed in relation to health and safety, fire, premises and security. • A risk assessment for the management of legionella had not been completed. • A risk assessment in relation to the emergency medicines not held at the service had not been completed. • Non-clinical staff had not completed safeguarding or basic life support training. • A record of staff immunisations was not held. • There was limited oversight of safety alerts and no evidence that these had been actioned or disseminated to all clinicians. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.