

Dorset Private Medical Clinic LLP

Dorset Private Medical Clinic

Inspection report

Dorset Private Medical Clinic
The Poundbury Clinic
Middlemarsh Street
Poundbury
Dorchester
Dorset
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Date of inspection visit: 27 June 2019
Date of publication: 02/09/2019

Overall summary

This service is rated as Good overall. (Previous inspection 31 July 2018 - independent healthcare services were not rated at that time).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Dorset Private Medical Clinic on 27 June 2019. This was a routine inspection with the purpose of rating this independent health service for the first time.

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 services are provided to adults (18 years and above) privately and are not commissioned by the NHS. Dorset Private Medical Clinic is registered with CQC to provide

the regulated activities: diagnostic and screening procedures; and treatment of disease, disorder. The types of services provided are doctors consultation service and doctors treatment service.

At the time of our inspection a registered manager was in place. 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.

We received three completed CQC comment cards from patients who used the service. Feedback was very positive about the service delivered at the clinic. We were unable to speak with patients about their experience of the service they received as no clinics were taking place on the day. On the day of our visit, no one was attending for a consultation appointment regulated by CQC.

Our key findings were:

- Care and treatment was planned and delivered in response to individual needs. .
- The clinic did not have adequate equipment to respond to medical emergencies.

Summary of findings

- Clinical rooms were clean, well-organised and had calibrated equipment.
- Clinicians assessed patients in line with current guidance and standards issued by the National Institute for Health and Care Excellence.
- There was effective leadership and management of the clinic.
- Leaders facilitated ongoing training through the NHS so staff maintained the necessary skills and competence to assess and diagnose patients.
- Safe systems were in place demonstrating equipment had been serviced regularly.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.
- There was an effective system for ensuring the identity of clients who attended the service.
- Risks were well-managed with measures in place to reduce these for patients and staff.
- Infection prevention and control systems reduced the risk and spread of infection.
- Information was accessible for patients and provided them with advice and guidance to promote healthy living, how to make a complaint.
- Quality improvement was evidenced and patients feedback had been acted upon.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Dorset Private Medical Clinic

Detailed findings

Background to this inspection

Dorset Private Medical Clinic is a Limited Liability Partnership of cardiac and respiratory consultants, which provides consultations and non-invasive investigations for the diagnosis and treatments of cardiorespiratory disorders and the follow up and monitoring of patients already diagnosed with these conditions.

The following diagnostic tests are provided at the clinic:

- ECG
- Echocardiography
- 24 hour ambulatory ECG monitoring
- 24 hour ambulatory blood pressure monitoring
- Spirometry
- Pulse oximetry
- Blood tests

The provider is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

Dorset Private Medical Clinic is located at:

The Poundbury Clinic

Middlemarsh Street

Poundbury

Dorchester

Dorset

DT1 3FD

All consultations are by appointment only and the clinic is only open during times when consultations and treatments are taking place.

The staff team at the clinic consists of a practice manager, two cardiologists, a physician, a cardiac physiologist and nurse.

We carried an announced comprehensive inspection at Dorset Private Medical Clinic on 27 June 2019. Our inspection team was led by a CQC Lead inspector.

How we inspected this service

Prior to the inspection, we reviewed a range of information provided from the pre-inspection information request and any notifications we had received from the service.

During our visit:

- We spoke with the registered manager and the practice manager.
- We looked at equipment and rooms used for providing treatment.
- We reviewed records and documents.

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 rated safe as Requires improvement because:

- The provider had effective safety systems and processes.
- Systems were in place to safeguard patients from abuse.
- Patients were assessed and monitored taking account of any risks.
- Staff had the information they needed to deliver safe care for patients.
- There were systems in place facilitating learning and improvement of the service.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Although the clinic did not provide treatments to patients under the age of 18 years, there were systems to safeguard any child that might visit the premises. The policies, including that to safeguard vulnerable adults from abuse outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- A clinician was trained to level three child safeguarding and vulnerable adult as the safeguarding lead.
- The service worked with other 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.
- The provider carried out staff checks at the time of recruitment. No locum staff were used for any of the clinics held. 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).

- 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 the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. An infection prevention compliance audit was undertaken by the practice manager to ensure compliance with the service policies. Dorset Private Medical Clinic was one of several services being run by different providers at the Poundbury Clinic premises. The lead provider and landlord of the premises was responsible for maintenance and cleaning contracts. The practice manager liaised closely with the landlord who showed us a file of evidence demonstrating maintenance was frequent. For example we saw an external contractor report for legionella testing, the risk assessment which had been reviewed and records of checks being made of the water system every month.
- The provider ensured equipment was safe and maintained according to manufacturers' instructions, for example: There were up to date fire risk assessments and regular fire drills were carried out. All electrical and clinical equipment was tested and calibrated to ensure it was working properly.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed from a long standing small team of clinicians. Consultations were arranged directly with patients, who were offered appointments and times to suit their needs or given a date and time for a specific clinic, for example a respiratory clinic was held every Thursday.
- No agency staff had been used and there were no plans to use temporary staff.
- 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.

Are services safe?

- There were appropriate indemnity arrangements in place to cover all potential liabilities. All clinical staff had professional indemnity insurance with valid certificates seen in their personnel files.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients. However, the clinic did not have adequate equipment to respond to medical emergencies.

- 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 (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The clinic did not hold any equipment to respond to a medical emergency. We reviewed a risk assessment put in place following the last Care Quality Commission (CQC) inspection in 2018. The risk assessment indicated the service thought the risk was low for the need to respond to a medical emergency. The registered manager/cardiologist consultant explained infrequent blood taking and no cardiac stress tests were carried out at the clinic, which they felt lowered potential of risk. This was discussed fully with the provider who along with us, looked at relevant guidance and purchased a defibrillator and medical oxygen for use if needed.
- Staff had received appropriate training and understood their responsibilities to manage emergencies on the premises. First aid equipment was accessible and sited in several areas in the premises. All of the staff had basic first aid training, which was updated annually.

Safe and appropriate use of medicines

The service did not have any medicines on site.

- All three consultants gave prescribing advice to patients and their GP in line with legal requirements and current national guidance. Immediately following a consultation, the patient and their NHS GP were sent a letter with any recommendations. This could include having an appointment made for the patient at the consultants NHS clinic for further specialist tests.

Track record on safety and incidents

The service had a good safety record.

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

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them in doing so. The clinic received a complaint in the last 12 months, which identified learning and led to improved consultation style.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.
- The provider was aware of and demonstrated how they would comply 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 service gave affected patients reasonable support, truthful information and a verbal and written apology when responding to any complaint.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The

Are services safe?

service had an effective mechanism in place, whereby the lead clinician/registered manager disseminated alerts to all members of the team and followed these up

to ensure if action was required this was completed. None of the recent patient and medicine alerts in the previous 12 months were relevant to this service but had been reviewed.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

- Patients received an effective assessment, care and plan for treatment
- Active quality improvement activities were evident.
- Staff had appropriate skills and experience to deliver the service.
- Patient care was collaborative with NHS GPs who referred patients into the service.
- Patients received advice and support to make changes to achieve healthier living.
- Patients were empowered and their consent obtained.

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)

- Clinicians 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 determine whether any further specialist tests were required to make or confirm a diagnosis. Patient's attended another provider if specialist tests were required such as a stress test, where heart rate and rhythm is tested whilst exercising.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

The clinic had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- All staff were actively involved in monitoring and improving quality and outcomes. This work was undertaken primarily in their NHS roles, but they were able to discuss relevant cases from their private work as part of this process. This work fed into national audits and data collection systems.
- Audits were carried to demonstrate quality improvement and all relevant staff were involved to improve care and patients' outcomes.

Effective staffing

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

- All staff who worked in the clinic had substantive roles in NHS Hospitals mirroring their role at Dorset Private Medical Clinic.
- The provider used the appraisals, training records and reflective practice processes to demonstrate that staff were suitably qualified and supported to carry out their role. We saw records which confirmed that staff had received appraisals and training appropriate to their role at the clinic.
- Only members of the limited liability partnership worked at the clinic as consultants. The practice manager and cardiac physiologist, were both self-employed and contracted to work when needed. Temporary or locum staff were not used by the clinic.
- All staff working at the clinic had access to policies and procedures, such as health and safety and infection control.

Coordinating patient care and information sharing

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- The clinic shared relevant information with the patient's permission with other services. For example, when referring patients to secondary health care or informing the patient's own GP of any concerns.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

Staff were consistent and proactive in helping patients to live healthier lives

- Patients were encouraged to lead healthier lives. Relevant information was given to patients, for example on heart disease, diet and exercise.
- A range of self-help and information leaflets were available for patients at the clinic.
- After their consultation, every patient was given a detailed report covering the findings of their assessments and recommendations for how to reduce the risk of ill health and improve their health through healthy lifestyle choices.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- The clinic did not provide services for children and young people below the age of 18 years.
- Consent forms were used to obtain written consent before undertaking procedures and specifically for sharing information with outside agencies, such as the patient's GP.
- All information about fees for the service provided by the clinic was transparent and available online prior to patients booking an appointment.

Are services caring?

Our findings

We rated caring as Good because:

- Staff demonstrated kindness, respect and compassion.
- Patient feedback verified they were treated with respect and involved in decisions about their care and treatment.
- Three patients provided written feedback for the inspection, which was positive about their experience at the service.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from all three 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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. 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 and 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, verbally and with other communication aids.

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 would provide support for them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

- The service was well organised providing specialist consultations on days and times to suit the patient where possible.
- The clinic responded quickly to any referral or patient request for a consultation.
- All forms of feedback from patients and other services were acted on and used for quality improvement.

Responding to and meeting people's needs

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

- The facilities and premises were appropriate for the services delivered. Consultation rooms were all on the ground floor. There were disabled access toilet facilities.
- The clinic offered flexible opening hours (including evening and weekend appointments) to meet the needs of their patients.
- Patients were given a range of additional information about their condition, improving health and lifestyle choices.
- Staff verified that an appropriate time was scheduled for patient consultations. Appointments were arranged at a time to suit patients.

Timely access to the service

- The clinic opened only during the times when patients had been made and were being seen. At appointments patients had a lengthy discussion and examination,

which could lead to further tests being conducted at the hospital or another provider registered with the Care Quality Commission. Patients were given a pack of information specific to their needs that included information about the tests they had been referred for. Outside these times messages could be left on the answerphone.

- The majority of patients were referred by NHS services and GPs for assessments and treatments, either by letter or electronic referrals. Consultation was by appointment only.
- The service avoided delayed consultation, responding quickly to requests for an appointment. Cancellation was handled appropriately and rare, usually at the patient's request.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. We reviewed one complaint received since the last inspection. The written responses with the patient demonstrated staff treated patients who made complaints compassionately.
- The service had complaint policy and procedures in place, which followed recognised guidance. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care, for example individual consultation style was reviewed after a complaint to improve patient experience.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

- Leaders had the capacity and skills to deliver the high-quality sustainable specialist consultation service.
- The service delivered its vision and strategy in diagnosis and onward referral where needed for patients.
- There was an open culture with reflective and professional staff delivering the service.
- Governance arrangements were effective.
- There were clear and effective systems, which reduced risks.
- Information was accurate and staff adhered to Data Protection legislation.
- Feedback was sought and improvements made to the service.
- All of the clinicians were actively involved in research and development at national level within their substantive NHS roles and utilised this in the delivery of the service.

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 public and private cardio/respiratory services in the locality. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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.

- The service developed its vision, values and strategy to meet the needs of patients.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored 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.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw detailed responses sent to patients who gave feedback about their experience at the clinic. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed, including training and regular appraisals with external clinical leaders in their field of speciality.
- Evidence of professional revalidation with regulatory bodies including the General Medical Council (GMC) and Nurses, Midwives Council (NMC) was held.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff.

Governance arrangements

Are services well-led?

Good 

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

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. 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 proper 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. However, improvement was required in regard to arrangements for medical emergencies, including first response cardiac resuscitation.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight and disseminated safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- Since the last inspection, the provider had written a business continuity plan which staff were aware of. Arrangements were in place regarding clinic appointments being diverted to other premises of providers registered with the Care Quality Commission. Records were held on a secure remote service so could remain accessible. Home working arrangements would be put into affect for the practice manager.

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 used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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.

Engagement with patients, the public, staff and external partners

The service valued feedback from patients, staff and external partners to support high-quality sustainable services.

- The clinic had comment cards for patients to complete when they had attended a consultation. A full patient survey was not carried out due to small numbers of patients being seen. Verbal feedback was now routinely recorded. The clinic had acted on feedback received in a complaint about consultation style.
- Patients were sometimes referred into the consultants NHS service, for ongoing monitoring and treatment, where they were able to participate in the NHS patient survey. Staff used this feedback for professional reflection during their clinical appraisal meetings, which the clinic showed us evidence of.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels of the clinic

Are services well-led?

Good 

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

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
 - Leaders and managers encouraged staff to take time out to review individual and clinic objectives, processes and performance.
- There were systems to support improvement and innovation work. Clinical staff were affiliated with Royal Colleges, providing leadership in the field of research and held clinical lead positions within their substantive NHS roles. They utilised this in their delivery of services at the clinic.