

# Suntara Clinic

## Inspection report

Frederick Treves House  
St. John Way  
Dorchester  
DT1 2FD  
Tel:

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

## **This service is rated as Good overall.**

The clinic was registered with the Care Quality Commission (CQC) on 17 July 2021, and this is the first inspection since registration.

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 inspection at Suntara Clinic as part of our planned inspection programme.

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 regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Therefore, at Suntara Clinic we were only able to inspect the services which fall under the scope of CQC registration and the regulated activities.

Suntara Clinic is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder and injury.

The clinic is a GP led service with the director also being the registered manager and clinical lead.

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.

At the time of the inspection there were no patients attending for appointments therefore we were unable to ask about the service provided. However following the inspection CQC received 10 positive comments via our website.

## **Our key findings were:**

- The clinic had clear systems, processes and standard operating procedures to keep people safe and safeguarded from abuse.
- Risk assessments had been completed to assure the provider of the safety of the premises.
- The clinic made referrals to other relevant services in a timely manner.

# Overall summary

- Patients were advised of treatment prices in advance and these were clearly displayed on the clinic's website.

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

- Information and guidance about how to make a complaint should be available and accessible to everyone who uses the service. It should be available in appropriate languages and formats to meet the needs of the people using the service.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector.

## Background to Suntara Clinic

The registered provider of Suntara Clinic has one location registered with CQC:

- 3 Frederick Treves House, St John Way, Dorchester, DT1 2FD.

Patients can contact the clinic by telephone, email or through the website:

- [www.suntara.org](http://www.suntara.org)

Clinic appointments are available on alternate Saturdays from 9am-2pm.

The clinic provides an alternative means for patients to receive medical consultations, examinations, diagnosis and treatments by a general practitioner (GP). It is an independent provider which offers private consultations and minor surgery to remove skin tags, moles, cysts, warts and cherry spots that are no longer funded by the National Health Service (NHS).

The service is provided by one GP and one healthcare assistant (HCA). They are supported by a receptionist. The clinic is located on the ground floor of 3 Frederick Treves House with full disability access. There is a large car park to the front of the building, the local train station is five minutes away and there are frequent bus stops along the main road.

### How we inspected this service

Before the inspection, we asked the provider to send us information about the service. This was reviewed prior to the site visit.

We also reviewed information held by CQC on our internal systems.

During the inspection we spoke with the provider, reviewed documentation and records including clinical records.

We made observations of the premises, facilities, and the service provided.

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?

**We rated safe as Good because:**

## **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. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had a system in place to assure that an adult accompanying a child had parental authority.
- 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 and on an ongoing basis where appropriate. 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 (IPC), the GP was also the lead for IPC. Legionella checks were completed by an independent contractor.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider had an independent estates manager who carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.
- Weekly alarm checks were carried out by an estate manager for the building as the treatment room was leased from the Primary Care Trust (PCT).

## **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.
- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

## **Information to deliver safe care and treatment**

**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.

# Are services safe?

- 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.

## **Safe and appropriate use of medicines**

### **The service did have reliable systems for appropriate and safe handling of medicines.**

- The systems and arrangements for managing medicines, and emergency medicines and equipment minimised risks.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

## **Track record on safety and incidents**

### **The service had a good safety record.**

- There were 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.
- There were adequate systems for reviewing and investigating when things went wrong. There had not been any reported significant events since the opening of the clinic. The provider was able to explain to us the threshold for reporting incidents and the process that would be followed should an event occur.
- Safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) were received and dealt with by the GP and information was shared where necessary with other staff.

# Are services effective?

**We rated effective as Good because:**

## **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.
- Before providing treatment, the GP at the clinic ensured they had adequate knowledge of the patient's health and their medicines history. We viewed detailed care records of patients following their consultations and found these contained appropriate information.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The GP had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements.
- The service made improvements through the use of completed audits such as hand washing IPC and wound infection.
- The provider had a specialised clinical quality reporting system that was able to monitor intelligence and provide reports of outcomes of patients.

## **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 were registered with the General Medical 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.

## **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 such as their own GP.

# Are services effective?

- Before providing treatment, the doctor at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We were told of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- 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.
- 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 had 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 and maximise their independence.**

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support for example: their own doctor.
- 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

### **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. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- Following the Covid-19 pandemic CQC no longer issue patient comment cards prior to an inspection however we received 19 positive comments via our website, Themes included around clarity of information, feeling fully involved in their care and treatment and positive post procedure and follow up.
- The service sought feedback on the quality of clinical care patients received this included ongoing patient satisfaction surveys. 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.
- Patients told us through the CQC website, 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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Before providing any treatments patients attended for a consultation where the GP discussed the risks and benefits of any treatment and answered any questions. The GP also discussed realistic outcomes and the cost involved.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Consultations were conducted behind closed doors and conversations could not be overheard.
- 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?

**We rated responsive as Good because:**

## **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 understood the needs of their patients and improved services in response to those needs.
- 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.

## **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 were advised of the waiting times. Delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.
- Feedback collected from the CQC website, give experience on your care, evidenced that patients felt access to the service was prompt.

## **Listening and learning from concerns and complaints**

**The service took complaints and concerns seriously.**

- Information about how to make a complaint was not detailed on the service website, or on the premises.
- The service had not received any complaints since it opened in July 2021. We were therefore unable to establish how learning would be applied. However, the service had complaint policy and procedures in place which outlined the process for handling a complaint should the service receive one.
- The service advised us that it would inform 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 a complaint policy in place.

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability;**

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

- Suntara Clinic is a private limited company operated by two clinical directors. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The main GP was 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 jointly with staff.
- 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.
- Management acted on behaviour and performance inconsistent with the vision and values.
- 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 need. This included appraisal and career development conversations. Staff were not yet due to receive an appraisal following recent recruitment however due to the small size of the clinic the GP was able to have one to one conversation in regard to personal development.
- 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 and teams.

## **Governance arrangements**

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

# Are services well-led?

- 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.
- The provider had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- 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.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The 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. The provider had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients.

## 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 was discussed with staff.

## Engagement with patients, the public, staff and external partners

### The service involved patients, and staff to support high-quality sustainable services.

- The clinic encouraged and heard views and concerns from the people who used the service. People were asked to complete feedback forms following their care and treatment.
- Staff could describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open about performance.

## Continuous improvement and innovation

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

- The service sought to develop the knowledge and learning of staff to enhance the quality of the service delivered.
- There were systems to support improvement and innovation work.