

Panakeia (UK) Ltd

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 19 June 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Our key findings were:

- The service provided immunisation against chicken pox (for children) and minor surgery (lumps and bumps). This was a small aspect of the service which predominantly provided other cosmetic services out of the scope of CQC registration.
- There were systems in place for the management of significant events and incidents. Risks to patients were assessed and managed.
- The provider had arrangements for the safe management of medicines.
- There was a process in place to ensure that care and treatment was delivered in accordance with evidence based guidelines.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Comment cards highlighted that patients appreciated the care provided by the doctors and staff were described as friendly, kind, caring and helpful.
- The provider had effective systems for obtaining consent and patient information was appropriately documented.
- There was evidence that the service responded positively to complaints and learning was shared with staff to improve the quality of the service.
- There was a leadership structure with clear responsibilities and systems of accountability in place to support the governance arrangements.

Summary of findings

- The service had not received any complaints in the last 12 months but there was a process in place to manage complaints.
- Ensure effective processes are in place to inform the service users registered GP (with service user consent) of any relevant surgical procedure or treatment received at the service.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- There were systems to assess, monitor and manage risks to the safety of service users.
- Information was obtained and recorded to support the delivery of individual safe care and treatment.
- Medicines were appropriately managed and incidents were used to support learning and improvement.

Are services effective?

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

- Care and treatment was delivered in accordance with evidence- based guidelines.
- There was evidence of service improvement activity including clinical audit.
- There was an effective system for obtaining consent.

The provider did not have a formalised process in place to inform service users registered GP of any surgical procedure or treatment received at the service.

Are services caring?

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

- Comment cards highlighted that patients appreciated the care provided by the doctors and staff were described as friendly, caring and helpful.
- Staff respected and promoted people's privacy and dignity when using the service.

Are services responsive to people's needs?

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

- The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- Reasonable adjustments were made to help provide an accessible service to all patients.
- There were systems in place for handling complaints and concerns. We saw evidence that they were appropriately managed.

Are services well-led?

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

- There was a clear vision to provide a high quality sustainable service. They aimed to continue to develop the service.
- Feedback from people who used the service helped drive improvement.

Panakeia (UK) Ltd

Detailed findings

Background to this inspection

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.

A comprehensive inspection of Panakeia (UK) Ltd was carried out in 19 June 2018. Our inspection team was led by a CQC lead inspector and included a GP specialist advisor.

Panakeia is a private doctor's service. It is situated close to Bedford train station. The service offers a general medical service which includes consultations, examinations and treatment. 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 as some of the services do not fall under the remit of regulated activities. There are some exemptions from regulation by CQC which relate to types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Therefore, at Panakeia we were only able to inspect the services which are registered with the CQC.

The two partners, a GP (male) and a pharmacist (female) delivered the service. The partners had a locum arrangement with a consultant plastic surgeon. No other staff employed by the service.

One of the partner 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.

We received 12 completed CQC comment cards from service users. All the comments were positive about the service and staff. The service was closed to patients on the day of the inspection and therefore we did not speak with any service users.

Before inspecting, we reviewed a range of information we hold about the practice and we reviewed the information we asked the provider to send us (provider's inspection return information).

During our inspection we:

- Spoke with the doctor and the service manager.
- Reviewed how care or treatment were being delivered including the associated record.
- Reviewed 12 Care Quality Commission (CQC) comment cards where service users shared their views and experiences of the service.
- Reviewed a range of policies, procedures and management information held by 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.

Are services safe?

Our findings

Safety systems and processes

- Clinical staff had appropriate Disclosure and Barring Service (DBS) checks in place and 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.
- A notice outside of the consultation room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for their role and had received a DBS check.
- There were comprehensive risk assessments. For example, to ensure the safety of electrical equipment used within the service, infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The legionella test was carried out in September 2016 by a specialist contractor and a further test was recommended for September 2017. The service was unaware of this and had contacted the external provider who stated that a re-test was not compulsory but recommended.
- Cleaning of the premises was carried out by one of the partners and there were cleaning schedules in place. There were safety sheets for the Control of Substances Hazardous to Health (COSHH).

The partners also worked in a GP practice and had attended safeguarding training as part of their NHS role.

- We saw evidence that training was at an appropriate level for their role and they understood how to identify and report concerns.
- There were systems in place to maintain good standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Hand washing facilities, including soap dispensers were available. There were cleaning schedules and monitoring systems in place. One of the partners was an infection prevention and control (IPC) lead who kept up to date with best practice. The practice had carried out an infection control audit and had submitted this immediately following the inspection.

- There were procedures which ensured facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The service had arrangements to dispose of clinical waste appropriately.

Risks to patients

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

- The service was provided by the two partners and a consultant plastic surgeon. Currently this was adequate to meet the needs of service users.
- There was a process in place to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- The service did not have a defibrillator (used to attempt to restart a person's heart in an emergency). However, the service had identified easy access to defibrillators that the service could use in the event of an emergency. The service had not carried out a formal risk assessment at the time of the inspection to support its decision making. However, immediately after the inspection the service had submitted this.
- At the time of the inspection the service did not have medical oxygen in the event of an emergency. However, following the inspection the service submitted evidence that they had purchased portable oxygen cylinder.
- There was an anaphylaxis kit (anaphylaxis is a term used to describe an allergic reaction for example to a vaccine or a bee sting to which the body has becomes hypersensitive).
- We saw that systems were in place to refer and manage patients with severe infections, for example, sepsis (a life-threatening illness caused by the body's response to an infection).
- Professional indemnity arrangements were in place for all clinical staff.

Information to deliver safe care and treatment

- Staff had the information they needed to deliver safe care and treatment to patients.
- We reviewed 16 Individual care records and saw that they were written and managed in a way that kept patients safe.

Safe and appropriate use of medicines

Are services safe?

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

- The systems for managing medicines, including vaccines, emergency medicines and equipment, minimised risks.
- The service had only prescribed medicines on two occasions in the last 12 months. When prescriptions were issued, they were written by the prescriber on an individual basis and handed over to the patient during a consultation. Patients were given advice on the medicines prescribed in line with legal requirements and current national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately.
- Travel vaccinations were administered by the GP who kept up to date with his training.

Track record on safety

- There were risk assessments in relation to safety issues for example. Fire and health and safety.

- 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. The partners understood their duty to raise concerns and report incidents and near misses.
- There were systems for reviewing and investigating when things went wrong. There had been no significant events recorded in the last 12 months.
- The provider was aware of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- There was a system for receiving and acting on safety alerts. Medicines alerts were received by the partners who then discussed them if they were relevant to the service.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The staffing team consisted of the two partners who provided the service and a consultant plastic surgeon who worked as a locum. The partners kept up to date with current evidence-based practice and delivered care and treatment in line with current legislation, standards and guidance.

Patients received an assessment of their needs. This included their clinical needs and their mental health and wellbeing.

- A comprehensive assessment was undertaken which included an up to date medical history
- We saw no evidence of discrimination when making care and treatment decisions.
- Service users were advised what to do if their condition got worse and where to seek further help and support.
- The partners we spoke with were aware of local prescribing guidelines to support good antimicrobial stewardship (which aims to improve the safety and quality of patient care by changing the way antimicrobials are prescribed so it helps slow the emergence of resistance to antimicrobials thus ensuring antimicrobials remain an effective treatment for infection).
- The practice had access to an accredited diagnostic microbiology and virology laboratory service for tests undertaken.

Monitoring care and treatment

- There was evidence of quality improvement activity. The service had carried out two audits on infections the findings demonstrated that there were no infections following treatment.

Effective staffing

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

The staff consisted of two partners and a plastic surgeon who worked on a locum basis as part of a general services agreement to provide treatment to their patients as required.

Coordinating patient care and information sharing

- The practice carried out minor surgery and if the doctor felt it was necessary to take samples for histology the practice had a contract with the local hospital to process these. To date the service had not needed to send any samples for histology. However, the partners explained that they would advise patients to share the result with their GP and with the service users consent they would also share relevant information.
- When vaccines were administered to service users a copy of the vaccine record was given to the patient to share with their GP. This contained the vaccine name, batch number and other relevant information.
- There were gaps in the process for sharing information with service users GPs following minor surgery. We saw an example where a service user was referred to the plastic surgeon for removal of a mole. The referral contained appropriate information but we did not see evidence that the service users own GP was informed. The service told us that the treatment for this patient was still ongoing and they would contact the consultant plastic surgeon who undertook the procedure for further updates. Following the inspection, the service had provided evidence of communication with the service users GP. The service had also developed a standard template to communicate to patients GPs following any surgical procedure or vaccination going forward.
- The service had provided treatment to a low number of patients and had not encountered serious health condition such as cancer. However, the partners both worked in a NHS services and were aware of the availability of suitable secondary care treatment in both the NHS and private sector. The partners at the practice were aware of the urgency of referral for serious conditions such as suspected cancer and the process in place to make such referrals.

Supporting patients to live healthier lives

There was a consistent and proactive approach in helping service users to live healthier lives.

- The service encouraged and supported patients to be involved in monitoring and managing their health.
- The service discussed changes to care or treatment with patients as necessary.
- Where appropriate national priorities and initiatives to improve the population's, for example in areas such as smoking and high blood pressure were discussed opportunistically during consultations.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

We reviewed 12 records of service users who had undertaken minor surgical procedures and saw evidence that consent was in place. The service offered childhood vaccination for chicken pox and consent was obtained from the parent or legal guardian.

We saw evidence of follow up of the patient following immunisation to ensure there were no complications.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The partners we spoke with demonstrated understanding of patients' personal, cultural, social and religious needs.
- Patients received timely support and information.
- One of the partner who also worked in the reception told us that they could offer service users a private room to discuss their needs if patients wanted to discuss sensitive issues or appeared distressed.
- We received 12 Care Quality Commission comment cards which were all very positive about the service experienced. Service users commented that they were satisfied with the care they had received. Staff were described as extremely caring, efficient and friendly.
- We reviewed the services website for any reviews, we noted 24 reviews posted since May 2017 (11 in the last 12 months) and they were all positive about the service provision.

Involvement in decisions about care and treatment

- Staff helped patients be involved in decisions about their care.

- Service users had access to information about the clinicians working for the service. Information about each clinician was available on the services website as well as in leaflets at the clinic.
- Discussions took place with patients at the point of referral and throughout their treatments to support them to make the right decisions about care and treatment.
- The service had access to an interpreting service but told us that they had never had to use it. We were informed that most of their patients spoke English and non-English speaking service users preferred to use their family to translate for them.
- The staff were able to speak some of the south Asian Languages.

Privacy and Dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Towels were available in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. The service did not have curtains but doors were locked during consultations where appropriate.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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.

- Service users were routinely advised of the expected fee in advance of any consultation or treatment.
- Services available to patients were made clear on the website as well as through leaflets available.
- All consultation rooms were located on the ground floor with easy access to all patients, baby changing facilities were available.
- The practice offered travel vaccinations.

Timely access to the service

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

- Appointments were available to suit the convenience of service users. The normal opening hours were Monday to Friday from 9.00am till 7pm and on Saturday from 9.00am till 3pm

- Service users had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal as appointments were made to suit patient needs.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and had procedures in place to receive complaints and act on them.

- Although the service had not received any complaints in the last 12 months, information about how to make a complaint or raise concerns was available and easily accessible. Staff told us that they would treat patients who made complaints compassionately.
- Following feedback from service users, a statement advising service users on the actions to take if they were not satisfied with any aspect of the service on the consent form was introduced.
- The service requested feedback from service users and acted on them. For example, one service user had advised that the front garden of the premises would benefit from tidying to make it more presentable and this had been actioned.

Are services well-led?

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

Our findings

Leadership capacity and capability

The partners demonstrated that they had the capacity and skills to deliver high-quality, sustainable care.

- They had the skills and experience to deliver a service based on demand and sustainable clinical care
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The partners were visible and approachable.

Vision and strategy

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

- There was a vision and set of values which strived to place the service user first.
- Patients were at the centre of the services health plan and treated with respect, independence and choice was promoted.

Culture

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

- There was a focus on the needs of patients.
- The partners acted on behaviour and performance consistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- One of the partner was responsible for the day to day running of the service and had set out clear roles and accountabilities including in respect of safeguarding and infection prevention and control.
- There were policies, procedures and activities to ensure safety and systems that ensured they operated as intended.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety which included risk assessments and significant event recording.
- There were arrangements to manage current and future performance.
- Both partners had oversight of Medicines and Healthcare Regulatory Agency (MHRA) alerts, incidents and complaints.
- Service specific policies and standard operating procedures were available such as safeguarding and infection control.
- There were plans in place for major incidents. We saw records to demonstrate that appropriate training had been completed by all.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance and this performance information was combined with the views of patients.
- There were 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 involved patients and other relevant partners to support high-quality sustainable services.

- There were arrangements to obtain feedback about the quality of care and treatments available to patients.
- Clinical staff advised patients to see their usual GP if they had any concerns.
- Those attending for vaccinations were given a record of their vaccinations which they could share with their usual GP.
- The service was transparent, collaborative and open with their patients.

Continuous improvement and innovation

Are services well-led?

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

- There was a focus on continuous learning and improvement at all levels.
- Both partners and the consultant plastic surgeon had regular meetings to discuss improvements to the service. For example, the service had recently purchased new equipment for minor surgery procedures.
- The clinic team were keen to learn and improve outcomes for patients. They met on a regular basis to review their work and discuss any issues identified.