

Fars Med Ltd

North West Clinic

Inspection report

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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 

Summary of findings

Overall summary

North West Clinic is operated by Fars Med Limited. The service is based in Preston town centre and the service offers specialist treatment of varicose veins and other vascular conditions for private fee-paying adults.

The service is delivered within an old listed building that was a former Chapel on Regent Street. North West Clinic is situated on the first floor of the building which can only be accessed by stairs. The clinic facilities are spread over seven rooms, which include a patient waiting area, reception and office, a consultation room, a treatment room, a recovery room, a kitchen, a bathroom and a storeroom.

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. The service kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and gave patients enough to drink. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients.

However:

- The service did not manage medical consumable items well
- There was no lift access to the service

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	

Summary of findings

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Summary of this inspection

Background to North West Clinic

North West Clinic is a private varicose vein treatment service and primarily services the communities of the North West of England. The service is owned and operated by Fars Med Limited which is a registered provider with CQC. The service offers appointments to private fee-paying adult patients. The service currently opens on Saturday only.

The North West Clinic has had a registered manager in post since opening in 2017 and is regulated for the following activities;

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

The service operates on the first floor of a shared listed building in Preston town centre. The service offers specialist treatment of varicose veins and other vascular conditions. Staff at the service includes a registered manager, consultant vascular surgeon, scrub nurse and an operating department practitioner.

For the period January to December 2021, they carried out the following;

- 48 New consultations including micro sclerotherapy and scan appointments
- 20 Follow-up appointments
- 34 clinical procedures

We have not previously inspected North West Clinic.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 15 January 2022. The team that inspected the service comprised of two CQC Inspectors, an operating theatre specialist advisor and an inspection manager providing support off site.

During the visit we interviewed three staff members who were based at the service including the consultant vascular surgeon and two operating theatre staff.

We spoke with two patients. We reviewed nine patient feedback comments from the previous three months audit of patient satisfaction and reviewed five sets of patient records. You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **SHOULD** take to improve:

- The service should ensure that a system for monitoring expiry dates of medical consumables is put in place
- The service should ensure that they include lack of lift access on their premises is detailed on their web site and on referral forms

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Surgery

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Surgery safe?

Good 

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

The mandatory training was comprehensive and met the needs of patients and staff. Staff received and kept up-to-date with their mandatory training or were able to provide evidence that it had been completed at another service and included resuscitation at basic and intermediate level, infection control, safeguarding level three for all staff, sepsis training and moving and handling. Staff also completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. The registered manager monitored mandatory training off site and alerted staff when they needed to update their training via email prompts.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Data provided by the service showed that, as of January 2022, staff had completed 100% of the required mandatory safeguarding training. The registered manager was the designated safeguarding lead for the service, with additional safeguarding level four support available from the consultant. The service had a comprehensive safeguarding policy and included details of how to make a safeguarding referral and who to inform if they had concerns. Staff received training specific for their role on how to recognise and report abuse and had a good understanding of when they would need to report a safeguarding concern. The service did not have any safeguarding incidents in the previous 12 months.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. The service did not treat children.

All staff had been subject to a formal recruitment process with references and DBS checks in place.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Surgery

Data provided by the service showed that, as of January 2022, staff had completed 100% of the required mandatory infection control training. Clinical areas were clean and had suitable furnishings which were clean and well-maintained, and staff cleaned treatment areas and equipment and recorded this on a schedule. Staff followed infection control principles including the use of personal protective equipment (PPE) and hand hygiene.

Staff used records to identify how well the service prevented infections. An audit completed in January 2021 showed that of 109 patients treated at the service between May 2017 and January 2021 only one patient had developed phlebitis (phlebitis is an inflammation of the vein).

Staff worked effectively to prevent, identify and treat surgical site infections and provided patients with a comprehensive post-operative information leaflet on how to recognise infections and actions to take. This included the personal contact number of the consultant vascular surgeon who they could call if they had any concerns over the weekend.

The service had responded well to the COVID-19 pandemic. They had a COVID-19 compliant policy, and this was observed in practice. The service was maintaining a policy of only one patient in the facility at a time to reduce the risk of cross infection and all patients had to have proof of a negative COVID-19 test prior to any surgical procedure taking place.

Legionella water testing was carried out by the estates team for the building. We were told that they would be informed if any concern were highlighted. The estates team provided us access to testing records and legionella risk assessment on request and these were in date.

However, chairs in the waiting room were covered in fabric and could not be easily cleaned. These were removed and replaced following our inspection.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service is situated on the second floor of a shared building. There is no lift access, but the service assured us that any patient who would struggle with stair access would be referred to either the consultants NHS waiting list or their private work with local independent hospitals. Lack of lift access was not detailed on the service web site.

Staff carried out daily safety checks of specialist equipment when they were on site only and equipment had servicing contracts in place including items loaned from other services.

The service had suitable facilities to meet the needs of patients' families including a separate waiting area and toilets.

Staff disposed of clinical waste safely and this was stored in a locked compound. A contract for collection of clinical waste was in place. However, we noticed that details on a sharps bin had not been correctly completed but this was corrected at the time of the inspection when it was pointed out to the operating staff. Other sharps bins we looked at had been completed correctly.

However, we did find several consumable medical items such as wound dressings and syringes that were out of date in the medical storeroom. Staff told us these were due to be removed but could potentially have been used in error. We also found a small number of similar items out of date in clinical areas. These were all identified and removed at the time of our inspection and posed no risk to patients. There was no evidence of any harm. The service reported a datix against their own processes and took steps for this not to happen again.

Surgery

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Staff identified patient risk through a medical questionnaire completed for each patient during their initial consultation and pre-operative assessment. Staff discussed any risks identified with the patient and recorded this in the consultation notes. If any patient was identified as high risk, they were referred to the consultants NHS list.

Staff recorded patients' vital observations at the start of each procedure and monitored them throughout and could recognise a deteriorating patient by use of a nationally recognised tool to identify deteriorating patients and could escalate them appropriately.

The service had 24-hour access to the consultant vascular surgeon should any patient consider themselves at risk of infection, sepsis or developing a thrombosis.

Staff discussed mental health and well-being with patients as part of their consultation. Staff were able to verbally describe how they would obtain consent from patients to contact their GP if they believed the patient was suffering from mental health issues.

We observed the service use the World Health Organisation (WHO) five steps to safer surgery checklist prior to commencing and during surgery and utilised a very well-designed WHO checklist visual board to keep all staff informed throughout the procedure. However, the WHO checklist 'sign-out' procedure was not followed fully but the consultant did debrief the team. We only observed one procedure, however the service audit of the completion of the WHO safer surgery checklist for 2021 showed that of 34 checklists audited, all were completed correctly. A radio was playing in the operating theatre during the WHO checklist 'sign-in' procedure that it was felt could have been an unnecessary distraction to the clinical team. They agreed to turn it on only after completion of the WHO checklist.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had enough clinical staff to keep patients safe. Staffing levels were reviewed in advance of clinics by the registered manager to ensure an adequate number of suitably trained staff were available, in line with the local safe staffing policy. This policy required that all three clinical staff were present, or the service could not operate. No clinical activity took place unless minimum staffing levels were in effect.

The clinical team worked together in similar roles throughout the North West in both NHS and private hospitals settings and had the qualifications, skill and experience for their roles. All staff had completed an induction.

The service did not use bank or agency staff.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

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Patient notes we reviewed were comprehensive and all staff could access them easily. Paper records from consultations, medical questionnaires' and consent forms were added onto the patient electronic record.

Staff stored paper records securely and IT systems were password protected. Typed discharge letters were sent to the patients referring GP as appropriate.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

The service had a policy for the safe prescribing, administration, recording and storing of medicines and staff completed medicines records accurately and kept them up-to-date and added them to the patient's electronic record. Staff gave advice to patients and carers about their medicines on discharge from the clinic.

Staff stored and managed all medicines and prescribing documents safely including recording the minimum and maximum temperature of medicines stored within a dedicated locked medicine refrigerator. We observed best practice checks of medicines used during clinical procedures.

Staff had access to MHRA medicines alerts, and the registered manager had signed up for email alerts.

Incidents

The service managed patient safety incidents well. Staff recognised and knew how to report incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

There had been no never events or serious incidents reported by the service in the previous 12 months. The manager was aware of the requirements for reporting serious incidents to the CQC using the statutory notification route if this met the criteria. The service had a policy for identifying and reporting incidents and staff knew what incidents to report and how to report them. Staff we spoke with felt they could raise concerns and report incidents and near misses in line with the service policy.

Managers shared learning with their staff about never events that happened elsewhere. Staff could explain how they received feedback from investigation of incidents, both internal and external to the service at their NHS and private hospital work.

Staff had completed duty of candour training and could explain its principles and would give patients and families a full explanation if things went wrong.

Are Surgery effective?

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Surgery

Staff informed us that care and treatment was delivered to patients in line with National Institute for Health and Care Excellence (NICE) and Royal Colleges guidelines to ensure effective and safe care. Staff carried out clinical audits to ensure care was delivered in line with their policies and with national guidance

All staff had completed training on the Mental Health Act but did not treat patients detained under the Mental Health Act. We were told that if a patient was referred to the service with any underlying mental health condition, they would be referred to the consultants NHS clinic to ensure a safer clinical environment for the patient.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health.

Water and hot drinks were available to patients in the waiting room and staff offered refreshments. Patients felt well informed about the day of their procedure and what they should or should not drink beforehand.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

We observed staff regularly ask patients if they were in pain during their procedure and pain relief would be provided if safe to do so. Local anaesthetic was available and used to numb the area being treated and minimise pain for the patient. Patients received information to take home that informed them what they should do if they felt pain after their procedure.

Patient outcomes

Staff monitored the effectiveness of care and treatment.

The service monitored the effectiveness of care and treatment of patients through audit. It monitored infection rates and the effectiveness of endovenous thermal ablation (EVTA) of varicose veins with radiofrequency ablation (RFA) using the VNUS Closure device. Repeat audits were planned for January 2022. Managers had shared and made sure staff understood information from the audits. The service did not participate in any national clinical audits.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients and had been through a formal induction and we saw evidence of managers supporting staff to develop through yearly, constructive appraisals of their work.

All operating theatre staff were registered with the Health and Care Professions Council (HCPC) and met the HCPC regulatory standards to ensure the delivery of safe and effective services to patients.

Multidisciplinary working

Doctors and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and multidisciplinary meetings to discuss patients and improve their care, but these were not formalised due to the small nature of their team. Staff worked across health care disciplines and with other agencies in their normal roles and wrote to patients GPs. Good teamwork was evident during our observation of clinical practice. Patients told us they felt supported by staff.

Surgery

Seven-day services

Key services were regularly available to support timely patient care.

The service was open 9am until 5pm Saturdays for initial consultations and elective procedures when the clinical caseload was enough. Staff made regular contact with patients in the days immediately after their procedure and patients had the ability to contact the consultant out of hours.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service provided patients with good post-operative information to help manage their after care and recovery. Patients told us they were happy with the information they received before and after procedures and that they found the services web site a useful source of information. The service provided general lifestyle guidance relevant to the patients' clinical condition such as smoking and dietary advice.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment.

Staff understood the importance of checking patients' understanding of their treatment and ensuring that patients did not have any unrealistic expectations of outcomes. All the patient records we reviewed included consent forms and we observed consent discussed with the consultant and patient during the pre-op consultation and again checked against the WHO checklist during the clinical procedure. We were told that if a patient was referred to the service with concerns around consent, they would be referred to the consultants NHS clinic to ensure a safer clinical environment for the patient.

Are Surgery caring?

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. The patients spoke positively about the quality of care they had received and how they were treated during their appointment, they did not feel rushed, they said staff were respectful of their time, and they were given enough time to ask questions at any stage. Patients stated the staff were professional and well informed of their treatment history.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff were able to give examples of times they had adapted care and treatment in line with cultural needs of patients.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

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Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients told us that staff phoned them to check on how they were after previous clinical procedures.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and ensured those close to them had all the post-operative information required.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment by including them in consultations on request. We observed staff talking with patients and families in a way they could understand. Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback results we reviewed were very positive about the service.

All patients we spoke with stated they felt involved in their referral decision and were given ample opportunities to discuss their treatment.

Are Surgery responsive?

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people.

Whilst the service is based in the North West patients do not have to be local to access the service. Staff arranged appointments based on patients' needs and preferences as well as on staff availability. Patients told us they had found it easy to arrange and reschedule appointments and talk with staff when required.

Patients booked follow on appointments on the day of their initial consultations or procedures. Staff understood the importance of patients attending appointments and we witnessed a member of staff contact a patient who did not attend their clinical review to ensure they were ok and arrange another date.

The service website provided useful information about the service, procedures that were provided, payment options, and the referral process and access. The environment of the service was appropriate, and patient centred. The waiting and consultation rooms were comfortable and welcoming, and there were toilet facilities for patients and visitors. Patients were provided with appropriate information about their visit including an explanation of procedures.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences.

All staff had completed equality and diversity training. The service worked with a variety of patients. The service did not intentionally exclude any patients. However, we found that some groups with protected characteristics could not use the

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service but were sign-posted to other services where their needs could be met. People with restricted mobility referred into the service would be seen by the consultant at his NHS or private hospital locations. The service had access to a translation service app. Any patient with impaired capacity would be referred to the consultants NHS clinic to ensure a safer clinical environment for the patient.

Access and flow

People could access the service when they needed it and received the right care promptly.

The service did not have a long waiting list and patients could access the service at weekends to suit their availability. The consultant had the ability to refer directly to his NHS waiting list if more appropriate. When patients had their appointments or operations cancelled at the last minute, managers made sure they were rearranged as soon as possible and would offer an apology to the patients involved.

The service did not offer an inpatient facility and managers and staff worked to make sure patients did not stay longer than they needed to and arranged clinic lists accordingly to ensure the most likely complex cases were seen early in the day.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

There was a complaint management policy in place. Staff stated they would aim to resolve any patient complaints and concerns immediately. Staff were all aware of the complaints procedure and who had overall responsibility for managing the complaints process. The complaints policy also included reference to the staff's responsibilities to duty of candour. Patients had access to a 'complaints, compliments, and concerns' leaflet providing information about how to give feedback or raise concerns. This included information about the independent sector complaints adjudication service (ISCAS) and independent local Health Watch. Patients we spoke with were confident they would be supported to make a complaint if needed. The service had received no written or verbal complaints during the previous 12 months and therefore we were unable to see if there were any lessons learned or how these would be shared.

Are Surgery well-led?

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

There were four members of staff including the registered manager and leaders were clearly visible. The service had a clear management structure where the registered manager had responsibility for the administrative running of the service alongside the consultant. The clinicians and consultant were responsible for day to day running of appointments and clinical areas. Staff knew the management arrangements and their specific roles and responsibilities. Staff told us the manager was visible and approachable. All the staff were positive about the management of the service. The manager and staff were passionate about the service and providing patients with a safe, quality experience. The consultant sought staff and patient views through the 360-appraisal process.

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Vision and Strategy

The service did not have a formal strategy to turn what they wanted to achieve in to action.

The service did not have a formal vision and strategy document. Whilst they had no formalised strategy, they aimed to give patients outstanding care. The registered manager told us that due to two key members of the clinical team close to retirement they are unsure what the plans for the service currently were.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff told us they felt supported by the organisation and specifically the manager who had been extremely supportive throughout the COVID-19 pandemic. Staff told us that the manager promoted an open culture and they felt able to speak up and raise incidents and be able to encourage patients and their families to do the same.

Staff told us that the organisation promoted equality and diversity. Staff equality and diversity training was 100% compliant. All staff told us it was a good place to work and were enthusiastic about the service they provided to patients.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service had a governance process in place and had relevant documented policies in place and a process to ensure they were kept up to date. Staff told us they had clear roles and accountabilities and they had regular team meetings where they had opportunities to meet and voice their opinions, raise issues or concerns and share learning though these were not formally recorded due to the small nature of the team.

The service monitored employment checks for employees, training information and appraisal activity. The service audited patient clinical outcomes and infection rates.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The service had a local risk register this showed evidence of the actions to mitigate or eliminate the risks. Risks were graded and reviewed in line with the corporate risk management policy. The service had a business continuity policy, which included specific actions to take to continue to deliver clinical services following an unplanned disruption in service. The plans included specific scenarios (such as loss of power, fire or building restriction), and actions for staff to take in managing this disruption efficiently. The service was registered to receive patient safety alerts from the Central Alerting System (CAS).

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Surgery

Data management was a mandatory training module for all staff and compliance was 100% at the time of our visit. We observed electronic computer systems were password protected. Patient information was transferred via secure electronic systems. Staff informed us about how and who would submit data, alerts or notifications and could demonstrate secure access to these systems.

All staff demonstrated they could locate and access relevant information and patient records easily, which enabled them to carry out their day to day roles. Staff informed us they were General Data Protection Regulation (GDPR) compliant and that patient information was managed in line with data protection guidelines and legislation. GDPR information was displayed for patients to see in the waiting area. The service stored data safely.

Engagement

Leaders and staff actively and openly engaged with patients. They collaborated with partner organisations to help improve services for patients.

The service collaborated with local NHS services and local independent hospitals if referrals were deemed unsuitable care would be transferred service had a simple to navigate and informative website. Managers updated staff through team meetings and emails. Staff collected patient feedback after every appointment. Feedback we viewed from the patient feedback audit was very positive.

Learning, continuous improvement and innovation

All staff were committed to continually learning. The service did not have clear plans for learning, continuous improvement or innovation.

All staff were committed to continual learning and actively engaged with the appraisal and professional registration process. The registered manager told us the service was not involved in any clinical research, training or development activity.