Omniya Limited

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 7 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.

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.

Omniya Ltd is a private clinic providing GP, aesthetic medical and cosmetic medical services to adults only over the age of 18 and is located at Unit 2, 3A Montpelier Street, London, SW7 1EX. The building is owned and maintained by a private landlord. Services are provided on the ground floor, there is one large doctor's consulting room and shared administration and reception areas. There is also a pharmacy in the lower ground floor. The GP service consists of one GP working three to four days per week depending on demand with shared use of reception and administrators amongst the services.

The service is open from Monday to Saturday 9am to 8pm.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of weight reduction. At Omniya Limited the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we were only able to inspect the general practice services but not the aesthetic cosmetic services.

Summary of findings

Ahmed Al Saraf 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 feedback from 35 people about the service, including comment cards, all of which were very positive about the service and indicated that clients were treated with kindness and respect. Staff were described as helpful, caring, thorough and professional.

Our key findings were:

- Systems and processes were in place to keep people safe. The service lead was the lead member of staff for safeguarding and had undertaken adult and child safeguarding training.
- The lead GP was aware of current evidence based guidance and they had the skills, knowledge and experience to carry out her role.
- There was evidence of quality improvement.
- The provider was aware of their responsibility to respect people's diversity and human rights.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a complaints procedure in place and information on how to complain was readily available.
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The service had a number of policies to govern activity and these were reviewed on a regular basis.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The service had systems in place to collect and analyse feedback from patients.

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.

- Systems and processes were in place to keep people safe.
- There were systems in place to ensure that when things went wrong, patients would be informed as soon as practicable, receive reasonable support, truthful information, and a written apology, including any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection.
- The service had policies to govern its activities.
- There was a system in place for the reporting and investigation of incidents and significant events.
- There were arrangements in place to deal with emergencies and major incidents.

Are services effective?

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

- Assessments and treatments were carried out in line with relevant and current evidence based guidance and standards.
- We found evidence of quality improvement measures including clinical audits.
- The provider had records to demonstrate that staff had appropriate training to cover the scope of their work.
- There was evidence of a comprehensive induction programme and structured meetings for staff.
- The service obtained consent to care and treatment in line with legislation and guidance.
- The service gave patients a consultation summary letter after every consultation, which they encouraged patients to share with their own GP.

Are services caring?

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

- We received feedback from 35 clients including Care Quality Commission comment cards. All comments were highly positive about the service experienced.
- Staff helped clients be involved in decisions about their treatment and information about treatments were given if indicated.
- There was evidence that the service respected privacy and dignity.
- Information for patients about the services available was accessible in a patient booklet in the reception area and on the service website.
- We saw systems, processes and practices allowing for patients to be treated with kindness and respect, and that maintained patient and information confidentiality.

Are services responsive to people's needs?

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

- The service had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- Access to the service was available for people with mobility needs as they were on the ground floor.
- Information about how to complain and provide feedback was available and there was evidence systems were in place to respond appropriately and in a timely way to patient complaints and feedback.
- Treatment costs were clearly laid out and explained in detail in the patient's booklet.
- The service was open from Monday to Saturday and patients were given a telephone number for out of hours emergencies.

Are services well-led?

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

- The provider had the capacity and skills to deliver high-quality, sustainable care.
- The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The service engaged and involved patients to support high-quality sustainable services.
- All staff had received inductions, performance reviews and up to date training.
- The provider was aware of and had systems in place to meet the requirements of the duty of candour.
- There was a culture of openness and honesty. The service had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The service had systems and processes in place to collect and analyse feedback from staff and patients and had carried out a patient survey from December 2017 to March 2018.

Omniya Limited

Detailed findings

Background to this inspection

Omniya Limited was inspected on the 7 June 2018. The inspection team comprised of a lead CQC inspector, a second CQC inspector and a GP Specialist Advisor.

We carried out this comprehensive 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.

During the inspection we utilised a number of methods to support our judgement of the services provided. For example we asked people using the service to record their views on comment cards, interviewed staff, observed staff interaction with patients and reviewed documents relating to 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

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

Safety systems and processes

The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.

- The service had defined policies and procedures which were understood by staff. There was a system in place for reporting and recording significant events and complaints however the service told us they had not experienced any significant events.
- The registered manager demonstrated they understood their responsibilities regarding safeguarding and had received training to level three for safeguarding children (although the service only saw adults) as well as training on vulnerable adults to a level relevant to their role.
- Notices advised patients that chaperones were available if required; administration staff would act as chaperone if required. The service were assured that staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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).
- The service was aware of and complied with the requirements of the Duty of Candour. This means that people who used services were told when they were affected by something which had gone wrong; were given an apology, and informed of any actions taken to prevent any recurrence. The service encouraged a culture of openness and honesty. There were systems in place to deal with notifiable incidents.
- We found the premises appeared well maintained and arrangements were in place for the safe removal of healthcare waste.
- There was an effective system to manage infection prevention and control.

Risks to patients

The service had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- The lead doctor had received annual basic life support training.
- There were emergency medicines available and staff knew where they were located.
- All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan for major incidents such as power failure or building damage.
- There had been a fire risk assessment in 2017, Staff had all had fire training and all fire equipment had been serviced and checked.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Information to deliver safe care and treatment

Arrangements for safeguarding reflected relevant legislation and the service had processes in place to access relevant information for patient's local safeguarding teams where necessary.

- Policies were accessible to all staff and policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- Newly registered patients were asked to fill out a medical history form which included the contact details for their own GP but did not ask for proof of identity for themselves and any family members. After the inspection the service added proof of identity to this form.
- The service lead was the lead member of staff for safeguarding and had undertaken adult and child safeguarding training.
- The provider had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The service had an on-site dispensing pharmacy which was managed by the registered manager. The service had reliable systems for appropriate and safe handling of medicines.

Are services safe?

- Medicines were accessible only to authorised individual in a secure area of the service on the lower ground floor.
- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The systems for managing medicines, including vaccines minimised risks. The service kept prescription stationery securely and monitored its use.

Track record on safety

The clinic had arrangements in place to respond to emergencies and major incidents in line with the Resuscitation Council (UK) guidelines and the British National Formulary (BNF).

- There was a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. Emergency medicines were easily available to staff in a secure area of the premises. All the medicines were in date, appropriate and stored securely.
- All staff had received annual basic life support training.
- The service had a business continuity plan for events such as power failure or building damage as the majority of their patients saw them for insurances purposes and they were not delivering urgent care, the service would close until the premises was available again.

Lessons learned and improvements made

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- There was an incident reporting policy and there were procedures in place for the reporting of incidents and significant events. There had been no incidents or significant events reported in the last 12 months.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The provider 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.

- Guidelines were accessed through the service computer system and used to deliver care and treatment that met patients' needs.

Monitoring care and treatment

- The service had some systems in place to monitor the quality of care and treatment. For example, in the last 12 months the service had completed seven audits, one of these audits was a clinical record audit, the findings showed that when alterations that had been made in the practitioner's notes, the alteration needed to be initialled, dated and timed. The majority had been initialled, but not dated and timed. The second cycle of the audit showed a significant improvement with the service to next look at having more detail in the notes as well as standardised formats.
- The service completed a patient satisfaction survey for December 2017 to March 2018, 41 patients responded, the results showed that 95% of patients who responded had confidence in the services provided.

Effective staffing

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

- Learning and development needs were identified through a system of appraisals, meetings and reviews of service development needs.
- Staff had access to appropriate training to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching, mentoring and clinical supervision. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

- The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient. There were clear protocols for onward referral of patients to specialists and other services based on current guidelines, including the patients NHS GP.
- All patients received a consultation summary letter after every appointment which they were encouraged to share with their local GP.
- The service held quarterly patient case reviews with a consultant endocrinologist.
- Where patients consent was provided, all necessary information needed to deliver their ongoing care was appropriately shared in a timely way and patients received copies of referral letters.

Supporting patients to live healthier lives

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The service supported national priorities and initiatives to improve the population's health, for example, the lead GP gave a wide range of nutritional and lifestyle advice.

Consent to care and treatment

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

- The provider had a consent policy in place and the provider had received training on consent.
- The provider understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The patient booklet given to all patients explained all services and prices before commencing a consultation.

Are services caring?

Our findings

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

Kindness, respect and compassion

The service treated patients with kindness, respect and compassion.

- We saw staff understood patients' personal, cultural and social needs.
- All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described the excellent and courteous service and the way the serviced focused on their personal situation, the facilities and overall experience were excellent.
- The comment cards were in line with the results of the services' patient feedback from their 2017/18 survey, which was based upon 41 returned patient questionnaires. For example, 100% of respondents stated that their practitioner was polite and considerate, 98% felt they were listened to by the service.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- A patients' guide booklet was available in the reception area, which described the service's contact details and appointment times, how to complain and how to give positive feedback, and the service's responsibilities to keep patients' information private and confidential.
- The service did not offer interpretation services, but staff told us that a third of their patients were from overseas and if needed they would bring someone who spoke English with them.

Privacy and Dignity

Staff recognised the importance of patients' privacy and dignity.

- Reception staff told us that patient information and records were held securely in locked cabinets and were not visible to other patients in the reception area.
- We saw that doors were closed during consultations and conversations taking place in the consultation room could not be overheard.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- The facilities and premises were appropriate for the services delivered.
- The service had a 24 hour out of hours number that, in an emergency, the out of hours receptionist would divert calls to the Registered Manager, the Nominated Individual or to the Clinic manager
- The services' patient feedback from their 2017/18 survey, which was based upon 41 returned patient questionnaires, showed that 93% of respondents stated that they felt the reception staff were either good or very good, 90% felt that the explanations of the care provided was good.

Timely access to the service

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

- The service was open from 8am to 8pm Monday to Saturday.
- The appointment system was easy to use; patients could book online or by telephone.

Listening and learning from concerns and complaints

The service had a complaints policy in place.

- There was information in the patients' guide booklet which detailed how patients could make a complaint.
- Reception staff told us any complaints would be reviewed and dealt with by the Registered Manager. The complaint policy and procedures were in line with recognised guidance. One complaint had been received in the last year and we found that it was were handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, when a patient submitted a written complaint regarding an unsatisfactory consultation, the service investigated the complaint.

Are services well-led?

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

Our findings

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

Leadership capacity and capability;

The service had a clear vision to deliver high quality care for patients. There was an overarching governance framework which supported the delivery of high quality care. This outlined service structures and procedures and ensured that:

- The provider had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- Service specific policies were implemented and were available to all staff.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The provider was visible and approachable.

Vision and strategy

There was a clear vision and set of values.

- The vision was to keep up to date with new developments in the field to provide the best quality service possible.
- There was a realistic strategy to deliver it through continuous professional development and attendance at national conferences.

Culture

- Staff stated they felt respected, supported and valued.
- Staff told us that they felt able to raise concerns and were confident that these would be addressed.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents
- There were processes for providing all staff with the development they needed; this included annual appraisals and regular meetings during which any concerns could be raised. Clinicians were supported to meet the requirements of professional revalidation where necessary.
- The service had a dignity and respect policy and staff told us that they felt they were treated equally

Governance arrangements

- The service had a governance framework in place, which supported the delivery of quality care.
- There was a clear staffing structure in place. Staff understood their roles and responsibilities, including in respect of safeguarding and infection control.
- Service specific policies and processes had been developed and were accessible to staff on the intranet, including in relation to safeguarding, complaints, significant events, infection control, disciplinary procedures, chaperoning and consent.

Managing risks, issues and performance

There were clear, effective processes for managing risks

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- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, health and safety risk assessment had been completed including fire and portable appliance testing (PAT).
- The service completed a patient survey for 2017/18, and would use the results to shape services for the future.
- The registered manager and GP received and reviewed medicines safety alerts from the Medicines and Healthcare Products Regulatory Agency, which were also included in the
- email bulletins, and the registered manager had oversight of serious incidents and complaints.
- The service had completed seven clinical audits in the last year.
- The service had business continuity procedures in place and had advised staff of the processes in the event of any major incidents; copies of what action to take in the event of various major incidents and key contact details were available on their shared drive.
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Appropriate and accurate information

Are services well-led?

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

Appropriate, accurate information was effectively processed and acted upon.

- There were effective 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 clinic engaged and involved patients to support high-quality sustainable services.

- The service carried out regular patient surveys to assess the needs of their patients and acted on the results, for example the service increased the length of their consultations as a result of patient feedback.