Hilton House Medical

Inspection report

Hilton House
Irwell Street
Bury
BL9 0HZ
Tel: 03339000150

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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 previous inspection of 6 March 2018 was not rated as the CQC did not give ratings to independent healthcare providers at that time. However, all the required standards of care were met at that inspection.

We carried out an announced comprehensive inspection at Hilton House Medical as part of our inspection programme and to give the service a rating.

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

Hilton House Medical is registered with CQC under the Health and Social Care Act 2008 in respect of the following regulated activities: diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury. Hilton House Medical specialise in providing a range of private GP appointments for the North West of England including individual and occupational medicals, private consultations, sexual health, and a comprehensive list of examinations and blood tests.

Patricia Fitzpatrick 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.

The service has a practice manager, a GP (male) and a health care clinician (male). All these staff work part time. If a female clinician is required, then a locum will be sought to carry out the necessary consultations.

The practice has not provided a service since 2018, although they remained registered with the CQC. They reestablished their service on 3 May 2022 and on the day of the inspection had seen five patients. On the day of the inspection we were told there were no patients attending or receiving regulated services. In the light of this we reviewed patents' online comments about the service they received.

Our key findings were:

- Patients received effective care and treatment that met their needs.
- Risk assessments were completed to ensure the safety of the premises.
- Staff received appropriate training to carry out their roles.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording of incidents.
- Staff treated patients with kindness, respect and compassion.
- The service was flexible and responsive to meeting patients' needs.

Overall summary

- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Hilton House Medical

Hilton House Medical is located at:

Irwell Street

Bury

Lancashire

BL9 0HZ

Tel no: 03339000150

Website: www.hiltonhousemedical.co.uk

Hilton House Medical is registered in respect of the following regulated activities: diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury. Hilton House Medical specialise in providing a range of private GP appointments for the North West of England including individual and occupational medicals, private consultations, sexual health, and a comprehensive list of examinations and blood tests.

Core opening hours are Monday to Friday 8 am to 5pm. These hours can be flexible to meet patient's individual needs.

How we inspected this 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.

Good

Are services safe?

We rated safe as Good because:

The practice provided care in a way that kept patients safe and protected them from avoidable harm.

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 refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- 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 and the premises were tested for Legionella.
- 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 carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

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.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- 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.

- We did not look at patients' individual care records at the time of the inspection. We were told they were written and managed in a way that kept patients safe.
- The service had systems for sharing information with staff and other agencies when necessary to enable them to deliver safe care and treatment.

Good

Are services safe?

- 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 to other services within the private sector in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks.
- The GP prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Processes were in place for checking medicines and staff kept accurate records of medicines.

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 had been no reported unexpected or unintended safety incidents.
- The service understood the need to give affected people reasonable support, truthful information and a verbal and written apology and understood the importance of keeping written records of verbal interactions as well as written correspondence.
- There was a system for recording and acting on significant events.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons from identified themes and took action to improve safety in the service.
- The service had an effective mechanism in place to disseminate alerts to relevant members of the team.
- 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.

Good

Are services effective?

We rated effective as Good because:

Patients received effective care and treatment that met their needs.

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.

- Although we did not review patients' individual case files, we were informed that patients' immediate and ongoing needs were fully assessed. Where appropriate this included their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We found no evidence of discrimination during discussion with staff at different levels.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- There was a system in place to peer review the GP's clinical work. This is in line with good practice and will commence in October 2022.
- Patient feedback was monitored.
- Regular meetings took place with the staff team. This ensured staff were up to date with the service developments and any changes made to practice.

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 (medical and nursing) were registered with the General Medical Council (GMC) / Nursing and Midwifery Council (NMC) 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. For example, clinicians may seek additional information from a patient's GP where necessary.

Good

Are services effective?

- Before providing treatment, the GP at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- The practice policy was to assume consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP. A service was not provided to patients who were not registered with a GP.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Patient information was shared appropriately and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service monitored the process for seeking consent appropriately.

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 patients advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their GP for additional support.
- 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. The practice policy was to assume consent when a clinician needed to seek or provide information to a patient's GP. Patient were informed about this policy so they had the choice to opt out.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Good

Are services caring?

We rated caring as Good because:

Patients were treated with respect and staff were kind, caring and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- After patients were seen in the practice, they were automatically sent an email asking for feedback on the service. There was a system to log this information on their electronic care records.
- Feedback from one patient was very positive. They commented that their relative had received an excellent service. They said the staff were professional and the service was efficient.
- 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.
- The service ensured that patients were provided with information required to make decisions about their treatment prior to treatment commencing. Information about pricing was available to patients on the service's website. Patients were provided with individual quotations for their treatment following their first consultation.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of ensuring patients' privacy and dignity was respected and this was implicit in the running of the service.
- Consultations were held in private and screens were available in the consultation rooms for examinations.
- A room was available to patients so they could relax before and after treatments.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

Services were tailored to meet the needs of individual patients and were accessible.

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. For example, the facilities and premises were appropriate for the services delivered and translation services were available as needed.
- The facilities and premises were very well maintained 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. Appointments times were flexible and consultation rooms were on the ground floor.

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.
- Waiting times, delays and cancellations were managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way. For example, if a clinical assessment determined that a service could not be provide, an appropriate service and referral to another service within the private sector would be made.
- Where appropriate, patients were directed to services provided by the NHS.

Listening and learning from concerns and complaints

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

- No complaints had been received by the service about the standard of care and treatments provided.
- Information about how to make a complaint or raise concerns was available.
- The service had complaint policy and procedures.
- The senior staff were open and transparent to learning from individual concerns, complaints and they acted as a result to improve the quality of care.

Good

Are services well-led?

We rated well-led as Good because:

The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised 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. Leaders were looking to develop the service by recruiting more GPs and other relevant health care professionals.
- 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.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- During discussion leaders told us about the systems in place to managed incidents and complaints. These systems demonstrated openness, honesty and transparency were implicit in any investigation. No significant events or complaints had been received by the service at the time of the inspection.
- 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. All staff received an annual appraisal. Staff were supported to meet the requirements of professional revalidation where necessary. All staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.

Good

Are services well-led?

- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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 was monitored through competency assessments and revalidation with their governing bodies, for example, the General Medical Council. There were systems to ensure leaders had oversight of safety alerts, incidents, and complaints. At the time of the inspection the practice had not received any complaints and no significant events had occurred.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients and staff and acted on them to shape services and culture.

Good

Are services well-led?

- We saw evidence of how senior staff engaged and included staff at all levels in the overall management and development of the service.
- The service was transparent and collaborative about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- There were systems to make use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.