

F&A Health Ltd

Park Private Clinic

Inspection report

16 Regent Street
Nottingham
Nottinghamshire
NG1 5BQ
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Website: www.parkprivateclinic.co.uk

Date of inspection visit: 27 June 2019
Date of publication: 08/08/2019

Ratings

Overall rating for this service

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 service was previously inspected in March 2018.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection of Park Private Clinic as part of our inspection programme.

Park Private Clinic was last inspected in March 2018, but it was not rated as this was not a requirement for independent health providers at that time. Since April 2019, all independent health providers are now rated, and this inspection was undertaken to provide a rating for this service.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the

Summary of findings

services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Park Private Clinic provides a range of non-surgical cosmetic interventions which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The clinician 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 people'. 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.

49 patients provided feedback about the service using CQC comment cards. Patients were very positive regarding the quality of the service provided.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Patients commented that staff were kind and caring, treated them with respect and involved them in decisions about their care.
- Services were tailored to meet the needs of individual patients and were accessible.
- The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Park Private Clinic

Detailed findings

Background to this inspection

Park Private Clinic is located at 16 Regent Street, Nottingham, Nottinghamshire, NG1 5BQ. The service is located over two main floors, with consultation rooms on both floors. The service is centrally located and near to bus and tram routes. There is parking near the building.

The provider, F&A Health Ltd, is registered with the CQC to carry out the regulated activities of treatment of disease, disorder or injury and diagnostic and screening procedures from the location.

Park Private Clinic offers patients a range of private GP medical services including; travel vaccinations (in addition to being a registered NathNaC yellow fever centre), private GP consultations, sexual health tests, employment medicals as well as corporate and individual

health screenings from a purposefully converted building in Nottingham City Centre. These are available on both a walk-in and pre-bookable appointment basis.

Patients can book appointments directly with the service, face to face or by telephone. The service is open for consultations from Monday to Saturday from 9am to 6pm.

Before visiting we reviewed a range of information we hold about the service and information which was provided by the service pre-inspection.

Our inspection team was led by a CQC lead inspector. The team also included another CQC inspector and a GP specialist advisor.

During the inspection:

- we spoke with staff
- reviewed CQC comment cards where patients shared their views
- reviewed key documents which support the governance and delivery of the service
- made observations about the areas the service was delivered from

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 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 service had systems to safeguard children and vulnerable adults from abuse. A safeguarding policy was in place and contact numbers for the local authority safeguarding team were easily accessible. Staff had attended safeguarding training appropriate to their role. They knew how to identify and report concerns. The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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). Staff immunisations were recorded.
- Staff who acted as chaperones were trained for the role and had received a DBS check. A chaperone policy was in place and notices were displayed informing patients of the availability of chaperones.
- There was an effective system to manage infection prevention and control. The consultation rooms and reception and waiting room areas were clean and hygienic. Staff followed infection control guidance and attended relevant training. Staff knew what to do if they sustained a needlestick injury. The service undertook regular infection prevention and control audits. An infection control policy was in place. Cleaning was currently carried out by reception staff but the service was recruiting a directly employed cleaner.
- 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 service had risk assessments and procedures in place to monitor safety

of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).

- The provider carried out appropriate environmental risk assessments, which considered 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 only one clinician working at the service and appointments were spaced appropriately to ensure patient safety. The service closed to appointments when the clinician was not present. Staff felt that there were always enough staff on duty.
- The service was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The clinician knew how to identify and manage patients with severe infections including sepsis. A fire procedure was in place and regular fire drills took place.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- Systems were in place to check the identity of patients and to verify their age.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

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 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 vaccines and emergency medicines were safe. The service 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. 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 was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Reporting processes were accessible to all staff.
- Staff investigated incidents and the service had responded appropriately to investigated events. Incidents were discussed between staff at monthly team meetings and more frequently if required. The service had not had any significant events but had identified three minor issues which they had investigated in full and appropriately responded to.
- Staff were aware of and complied with the requirements of the Duty of Candour. Staff demonstrated a culture of openness and honesty. This was apparent during the inspection when providing us with evidence.
- Alerts from the Medicines and Healthcare products Regulatory Authority (MHRA) were received and dealt with. The clinician reviewed the alerts and shared them with the clinic manager and other staff as appropriate.

Are services effective?

(for example, treatment is effective)

Our findings

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 up-to-date with current evidence-based practice.

- The clinician 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.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate. Advice was given to patients on what to do if their pain got worse and when to request further help and support.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service made improvements through the use of completed audits. The service monitored all patients who had received a yellow fever vaccination with no side effects noted. The service had carried out a vaccines audit with no actions required. A repeated audit of referral letters had been carried out which showed an improvement in the percentage of referrals made in line with local guidelines and an improvement in the content of the referral letters.

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.
- The clinician was registered with the General Medical Council (GMC) and was 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. Staff told us they had appraisals and were appropriately supported.

Coordinating patient care and information sharing

The provider worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. The provider referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, staff ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP when they used the service.

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.

- Patients were assessed and given individually tailored advice, to support them to improve their own health and wellbeing, which included advice on exercise, weight loss and smoking cessation.

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. A consent policy was in place.
- Relevant staff had completed mental capacity training.
- Costs were clearly explained before assessments and treatment commenced. Consent forms were used where appropriate.

Are services caring?

Our findings

We rated caring as Good because:

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was extremely positive about the way staff treated them. In comments cards completed as a part of our inspection process patients commented that staff were very caring and supportive and treated them with kindness.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. Staff had completed equality and diversity training. An equality and diversity policy was in place.
- The service gave patients timely support and information. The clinician provided patients with his mobile telephone number so that they could contact him directly if they required further support, and he would telephone them the next day after consultation to check on their wellbeing.

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. Information was available in several different languages. We saw several posters and leaflets in different languages. The service had a hearing loop to support patients with a hearing impairment.
- Patients told us through comment cards, that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Consultations were conducted behind closed doors, where conversations were difficult to overhear. Staff understood the importance of keeping information confidential. Patient records were stored securely.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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. Patients told us through comment cards, that they received excellent care that fully met their needs. Staff gave an example of prompt action taken by the clinician to refer a patient to hospital for urgent treatment.
- The facilities and premises were appropriate for the services delivered. Reception and waiting room areas were on the ground floor and accessible. Consultation rooms were on ground and first floors.
- Equipment and materials needed for consultation, assessment and treatment were available at the time of patients attending for their appointment.

Timely access to the service

Patients could 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. The service had a contract with a private laboratory which collected samples daily and the service could also access the local NHS laboratories if required.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. The clinician was very flexible and could see patients at times that were convenient to them, including weekends, or if they needed an urgent appointment. Staff also told us that the clinician carried out home visits if patients were unable to attend the service.
- Patients reported that the appointment system was easy to use. Patients could book appointments by phone or face to face at the service.
- Referrals and transfers to other services were undertaken in a timely way.

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.

- Information about how to make a complaint or raise concerns was available for patients and clearly displayed in the waiting room. Complaints information was produced in several languages.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedure in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

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 compassionate and inclusive leadership. Staff felt leaders were approachable.
- 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's vision was, 'To run a highly successful and quality private medical clinic which aims to supplement the excellent work of the NHS for our patients.' The provider's values were, 'Dignity, collaboration, justice, stewardship and excellence.'
- The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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 regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Staff felt the culture of the service was professional and approachable.

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.
 - 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.
- ##### Managing risks, issues and performance

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

Are services well-led?

Good 

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- 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.
- 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 data or 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.

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 the public, patients, staff and external partners and acted on them to shape services and culture. Patient surveys and colleague feedback were generally excellent; however, actions had been taken to address some comments regarding the appointment booking system.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The service was transparent, collaborative and open with stakeholders about performance.
- The clinician told us that they had asked a medical colleague to carry out a review of the quality of care provided by the service. This was to take place in September 2019.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal 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.
- There were systems to support improvement and innovation work.