

Panakeia (UK) Ltd

Inspection report

35B Bushmead Avenue
Bedford
MK40 3QH
Tel: 01234910707

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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. (Previous inspection 19/06/2018 – we found the service to be compliant in accordance with the relevant regulations across the five key questions).

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 at Panakeia (UK) Ltd on 15 December 2022 as part of our inspection programme.

The comprehensive report on the June 2018 inspection can be found by selecting the ‘all reports’ link for Panakeia (UK) Ltd on our website at www.cqc.org.uk.

Panakeia (UK) Ltd is a private clinic providing travel health advice and travel immunisation, immunisation against chicken pox (for children), shingles, Meningitis B, influenza and minor surgery (skin lesions).

Panakeia (UK) Ltd is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Panakeia (UK) Ltd is registered with the CQC under the Health and Social Care Act 2008 to provide the following regulated activities:

- diagnostic and screening procedures
- surgical procedures
- treatment of disease, disorder or injury.

The provider has a registered manager in place. A registered manager is a person who is registered with the CQC 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.

Our key findings were:

- The service had clear systems to keep people safe and safeguarded from abuse.
- There were systems in place for the management of significant events and incidents. Risks to service users were assessed and managed.
- The service had reliable systems for appropriate and safe handling of medicines.
- The service had systems to keep clinicians up to date with current evidence based practice.

Overall summary

- Clinicians were actively involved in quality improvement activity.
- The service obtained consent to care and treatment in line with legislation and guidance.
- Clinicians helped service users to be involved in decisions about care and treatment.
- The service took complaints and feedback seriously and responded to them appropriately to improve the quality of care.
- The service had a culture of high-quality sustainable care.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to Panakeia (UK) Ltd

Panakeia UK Ltd is located at 35b Bushmead Avenue, Bedford, MK40 3QH. The telephone number is 01234 910707. The website addresses is www.panakeia-uk.com.

Panakeia (UK) Ltd is a private clinic providing travel health advice and travel immunisation, immunisation against chicken pox (for children), shingles, Meningitis B, influenza and minor surgery (skin lesions).

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

The service is open 7 days a week. Appointments are available between 9am and 7pm Monday to Friday and between 9am and 3pm Saturday and Sunday. Appointments are also available outside of these hours on request.

How we inspected this service

Before inspecting, we reviewed a range of information we hold about the service and we reviewed the information we asked the provider to send us.

During our inspection we:

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

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

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 across the clinical team including locums. They outlined clearly who to go to for further guidance. The locums 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 had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support service users and protect them from neglect and abuse. The partners took steps to protect service users from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out 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. Notices to advise service users of the availability of chaperones were displayed in the clinic.
- There was an effective system to manage infection prevention and control. Cleaning of the premises was carried out by one of the partners and there were cleaning schedules in place. Infection prevention and control audits were undertaken and there were safety sheets for the Control of Substances Hazardous to Health (COSHH). There were systems for safely managing healthcare waste.
- A legionella risk assessment had been completed and legionella testing and water temperature checks were carried out on a regular basis.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- 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 of team members required to meet the needs of service users. The service was provided by the two partners and included two locum plastic surgeons.
- There was an effective induction system for locums tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage service users with severe infections, for example sepsis.
- When there were changes to services the impact on safety was assessed and monitored appropriately.
- 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. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

Information to deliver safe care and treatment

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

Are services safe?

- Individual care records were written and managed in a way that kept service users 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.
- We found information within patient records was comprehensive and included all of the information needed in accordance with national guidance.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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, emergency medicines and equipment minimised risks.
- Staff prescribed, administered or supplied medicines to service users 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- Medicines were stored securely and all medicines requiring refrigeration were stored in an appropriate, secure medicine fridge. Temperatures were monitored and recorded.
- Service users' health was monitored to ensure medicines were being used safely and followed up on appropriately.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues including fire and health and safety.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. 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 had systems in place to learn and share lessons and take action to improve safety in the service. There had been no significant events recorded in the last 12 months.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including locums.

Are services effective?

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 (relevant to their service). For example, NaTHNac (National Travel Health Network and Centre), a service commissioned by Public Health England.

- A service users first consultation for travel involved the creation of a comprehensive pre-travel risk assessment. This included details of the trip, any previous medical history, current medicines being taken and previous treatments relating to travel.
- The service had systems in place to receive and act on alerts from the Medicines and Healthcare products Regulatory Authority (MHRA) and through the Central Alerting System (CAS).
- Service users immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The service had access to an accredited diagnostic microbiology and virology laboratory service for tests undertaken.
- Latest travel health alerts such as outbreaks of infectious diseases were available.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Service users were advised what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The provider had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The service had undertaken audits on infections and the findings demonstrated that there were no infections following treatment.
- The service monitored national core competencies and up-to-date standards for travel health and immunisation.

Effective staffing

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

- All of the clinical team were appropriately qualified. The provider had an induction programme for all newly appointed locums.
- Relevant professionals were registered with the General Medical Council (GMC) and General Pharmaceutical Council (GPhC) and were up to date with revalidation.
- The provider understood the learning needs of the clinical team and provided online training systems to maintain training. Up to date records of skills, qualifications and training were maintained.

Coordinating patient care and information sharing

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

- Service users received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the service users health, any relevant test results and their medicines history.

Are services effective?

- The practice carried out minor surgery and had a contract in place with the local hospital to process samples for histology.
- The service shared relevant information with other services. For example, when vaccinations were completed the individual was given information and advice on contacting their GP. The service would contact the client's own GP if any concerns had been identified with service users consent.
- The service clearly displayed consultation and vaccine fees in the waiting area and on their website.
- Staff worked together and when necessary with other health professionals to deliver effective care and treatment. There were clear protocols for referring clients to other specialists or colleagues based on current guidelines. The service had systems in place to manage complex travellers and had access to the NaTHNaC advice line, rabies reference laboratory advice line and the Malaria reference laboratory (Malaria RL provides laboratory reference and diagnostic parasitology of malaria and surveillance data on all imported malaria reported in the UK).
- The service offered childhood vaccination for chicken pox and consent was obtained from the parent or legal guardian.
- We saw evidence of follow up of the service users following immunisation to ensure there were no complications.

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 people advice so they could self-care.
- Risk factors were identified, highlighted to service users and where appropriate highlighted to their normal care provider for additional support.
- Where service users 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.
- Staff supported service users to make decisions. Where appropriate, they assessed and recorded a service users mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care service users received.
- Feedback from service users was positive about the way staff treat people.
- We received 2 Care Quality Commission comment cards which were both very positive about the service they had experienced.
- Staff understood service users' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all service users.
- The service gave service users 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 service users who did not have English as a first language.
- Service user feedback online demonstrated service users felt listened to and supported by the clinicians and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Service users had access to information about the clinicians working at the service. Information about each clinician was available on the website and also in leaflets available at the clinic.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if service users wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We noted that the consultation room door was closed during the consultation and conversations could not be overheard.
- All client records were electronic and held securely. Staff complied with information governance legislation.

Are services responsive to people's needs?

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 service users and improved services in response to those needs. For example, following a query from a service user, the service introduced more in-depth information for service users following treatment, to help them better understand aftercare and post-treatment monitoring.
- Service users were routinely advised of the expected fee in advance of any consultation or treatment.
- Services available to service users were made clear on the website as well as through leaflets available.
- The facilities and premises were appropriate 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.
- All consultation rooms were located on the ground floor with easy access to all service users, baby changing facilities and an accessible toilet were available.
- Online verified feedback showed service users had rated their overall experience highly and the service had scored 4.96 out of 5 from 130 online reviews.

Timely access to the service

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

- Service users had timely access to initial assessment, test results, diagnosis and treatment.
- Appointments were available seven days a week and the service was offered flexibility with appointment times as were able to provide services outside of their normal operating hours.

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.

- Although the service had not received any complaints in the last 12 months, information about how to make a complaint or raise concerns was available and easily accessible.
- The partners told us that they would treat service users who made complaints compassionately and the complaints policy and procedure supported this.
- The service encouraged service user feedback and demonstrated a focus on service user engagement and involvement.

Are services well-led?

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 the locum surgeons and they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills.

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.
- The clinical team 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.
- The service displayed their core values on their website.

Culture

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

- The service focused on the needs of service users.
- Leaders and managers had a system to act on behaviour and performance consistent with the vision and values.
- Systems and processes supported openness, honesty and transparency when identifying and responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There was a strong emphasis on the safety and well-being.
- The clinical team completed equality and diversity training.
- There were positive relationships between all of the clinical team.

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. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- There were clear roles and responsibilities in place.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- 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.

Are services well-led?

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of service user 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 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 service users.
- The provider had plans to manage risks and the clinical team had completed training for major incidents.
- A business continuity plan was in place and this was regularly reviewed.

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 service users.
- Quality and sustainability were discussed in relevant meetings where all team members 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.

- There were arrangements to obtain feedback about the quality of care and treatments available to service users.
- Clinical staff advised service users to see their usual GP if they had any concerns.
- The service was transparent, collaborative and open with their service users.
- There were systems to support improvement and innovation work. The service was an active contributor within the local area and had won several local awards.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The clinic team were committed to learn and improve outcomes for service users. They met on a regular basis to review their work and discuss any issues identified.
- The service made use of internal reviews of incidents and complaints.