

Rosewood Clinic

Inspection report

26 Newark Lane
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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 

Overall summary

We carried out an announced comprehensive inspection of Rosewood Clinic on 5 December 2019. We identified breaches of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and issued a requirement notice. The service was rated as requires improvement for providing safe services. It was rated as good overall and good for providing effective, caring, responsive and well led services.

We carried out this inspection of Rosewood Clinic to confirm that the service now met the legal requirements in relation to those breaches of regulation and to ensure sufficient improvements had been made. As a result of this inspection, the service is now rated as good for providing safe services.

Throughout the COVID-19 pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Speaking with staff in person and using video conferencing
- Requesting documentary evidence from the provider.
- A short site visit.

We carried out an announced site visit to the service on 24 June 2021. Prior to our visit we requested documentary evidence electronically from the provider and spoke to staff using video conferencing.

Rosewood Clinic is an independent provider of a range of GP services, including consultations, child and adult immunisations, travel health advice and vaccinations, well man and woman health checks and advice, cervical screening and Botox injections for the treatment of excessive sweating.

The service is registered with the Care Quality Commission (CQC) to provide the following regulated activities: Diagnostic and screening procedures; Treatment of disease, disorder or injury.

This service 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 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. Rosewood Clinic provides a range of non-surgical cosmetic interventions, for example, Botox injections and facial fillers, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. Services are also provided to patients under arrangements made by their employer or insurance provider with whom the service user holds an insurance policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, we were only able to inspect the services which are not arranged for patients by their employer or insurance provider.

Services are provided by the medical director who is the founder of the service and one part-time GP. The medical director is male and the part-time GP is female. The medical director provides all travel advice and vaccination services.

Overall summary

The medical director 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.

At this inspection we found the provider had made improvements and was compliant with the requirement notice. In particular:

- The provider monitored the immunisation status of all staff, in line with their own policy.
- Fridge temperature monitoring processes ensured the safe storage of medicines.
- Fire safety arrangements had been reviewed and new processes implemented. Staff had received fire safety training.

The provider had also responded to areas we had identified where improvements should be made. In particular:

- Safety information was available to staff to support the control of substances hazardous to health (COSHH).
- Staff had received training and had access to written guidance, on red flag symptoms of sepsis.
- Processes and training to deal with medical emergencies had been reviewed following installation of an automatic external defibrillator within the practice.
- The practice's complaints policy was readily accessible to patients.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was comprised of a CQC lead inspector.

Background to Rosewood Clinic

Rosewood Clinic is an independent provider of a range of GP services, including consultations, child and adult immunisations, travel health advice and vaccinations, well man and woman health checks and advice, cervical screening and Botox injections for the treatment of excessive sweating.

The Registered Provider is Rosewood Clinic Limited.

Services are provided by from 26 Newark Lane, Ripley, Woking, Surrey, GU23 6BZ.

The practice is open from Monday to Friday: 09.00 - 17:00

The service is run from a suite of rooms on the ground floor, within premises which are owned and managed by the provider. The practice comprises one consulting room, a meeting room, a waiting room and administration area. Patients are able to access toilet facilities on the ground floor.

Patients can access services on a fee-paying basis only. If required, following a consultation, a private prescription is issued to the patient to take to a community pharmacy of their choice.

Are services safe?

Safety systems and processes

The service had systems to keep people safe.

- At our previous inspection we found that a comprehensive audit of all infection prevention processes had been undertaken. However, the provider was unable to demonstrate that they held appropriate records relating to staff immunisations. The practice policy stated that records would be held to confirm the Hepatitis B status of clinical and administration staff. We saw records which confirmed the Hepatitis B status of clinical staff but there were no immunisation records relating to administration staff. The provider held no immunisation records relating to varicella, tetanus, polio, diphtheria and MMR (measles, mumps, rubella) in line with Public Health England (PHE) guidance. Since our previous inspection the provider had revised their approach to confirming the immunisation status of staff. The provider's policy stated that the immunisation status of all clinical staff would be held, relating to Hepatitis B, varicella, tetanus, polio, diphtheria and MMR (measles, mumps, rubella). We reviewed staff immunisation records and found that the immunisation status of all staff members was recorded. Supporting evidence held included the staff member's vaccination record or documented antibody levels.
- At our previous inspection we found the provider had carried out regular fire safety risk assessments. However, staff had not recently participated in a fire drill and there were no fire extinguishers or other fire-fighting equipment located within the premises, despite these being referred to within the practice's fire risk assessment. At this inspection we found there were fire extinguishers appropriately located within the premises. These were subject to regular maintenance and servicing. We noted that servicing had last taken place in June 2021. Fire safety and equipment monitoring checks were undertaken and recorded on a monthly basis. We reviewed training records which confirmed all staff had recently completed fire safety training. The medical director had completed fire warden training. Staff participated in regular fire drills. We noted that the most recent fire drill had been undertaken in June 2021.
- At our previous inspection we found the practice had effective systems to manage safety risks within the premises. There was some guidance available to staff to support the control of substances hazardous to health (COSHH). However, the provider did not hold safety data information relating to hazardous substances stored within the practice. At this inspection we found the provider had ensured that staff had access to safety data information for all hazardous substances stored within the practice.

Risks to patients

There were systems in place to assess, monitor and manage risks to patient safety.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. However, at our previous inspection we found that non-clinical staff were not provided with specific guidance to support their understanding of managing patients with severe infection and sepsis. Our review of training records confirmed that those staff had undertaken training in sepsis awareness since our previous inspection. Sepsis red flag guidance was now on display within the administration area to provide further guidance and reminders to staff.
- There were suitable medicines and equipment within the practice to deal with medical emergencies. At our previous inspection we noted that the practice did not have an automatic external defibrillator (AED) and had undertaken a risk assessment to support this decision. However, immediately following our inspection, the provider submitted evidence to confirm they had purchased an AED. At this inspection we found that the AED was stored appropriately and checked regularly to ensure it was safe to use. Staff had received updated basic life support training since our previous inspection which included the use of an AED.

Safe and appropriate use of medicines

Are services safe?

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

- Medicines were stored securely in a treatment room. Vaccines were stored in a vaccine fridge which was monitored to ensure the correct temperature range was maintained for their safe storage. At our previous inspection we found that all temperatures recorded had been within the required range. However, records indicated that staff had recorded only the actual temperature of the fridge at the time of monitoring, rather than the highest and lowest temperatures during a given period. At this inspection, we found that daily temperature monitoring now included recording of the range of temperatures. We reviewed monitoring records for January to June 2021 and noted that all temperatures were within the range for safe storage. Documented processes, including a fridge monitoring flowchart, and further training had been provided to staff to ensure their understanding.