

MyHealthcare Clinic Ltd

MyHealthcare Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 9 January 2018 and 15 January 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

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive

about the standard of care received across all of the services offered. We spoke with three patients during the inspection whose views also reflected positive experiences of using the services.

Our key findings were:

- The provider had a vision to deliver high quality care for patients.
- There were systems and processes in place for reporting and recording significant events and sharing lessons to make sure action could be taken to improve safety in the service.
- The service had clearly defined systems, processes and practices to minimise risks to patient safety.
- The service had adequate arrangements to respond to emergencies and major incidents.
- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.
- 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.

Summary of findings

- 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.
- Governance systems required improvement to ensure audits were undertaken regularly and were used to drive improvements.

There were areas where the provider could make improvements and should:

- Review the service's audit protocols to ensure audits of various aspects of the service, such as radiography, clinical treatment effectiveness and infection prevention and control are undertaken at regular

intervals to help improve the quality of service provided. The service should also ensure that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

- Review the service's protocols for recording in the patients' dental care records or elsewhere the reason for taking the radiograph, the reporting and quality of the radiograph giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review the protocols and procedures for use of X-ray equipment taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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.

- We found there was an effective system for reporting and recording significant events and sharing lessons to make sure action could be taken to improve safety.
- There were systems in place so that when things went wrong, patients could 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.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had adequate arrangements to respond to emergencies and major incidents.
- The premises and equipment were clean and properly maintained; with the exception of the three-yearly maintenance of the X-ray equipment.
- The service followed national guidance for cleaning, sterilising and storing dental instruments.

Are services effective?

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

- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- The service had a quality improvement programme in place; however the service should review audit protocols to ensure audits of various aspects of the service, such as radiography, clinical treatment effectiveness and infection prevention and control are undertaken at regular intervals to help improve the quality of service provided. The service should also ensure that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.

Are services caring?

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

- 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.
- Information for patients about the services available was accessible.
- We saw systems, processes and practices allowing for patients to be treated with kindness and respect, and that maintained patient and information confidentiality.
- Feedback we received from patients was wholly positive about the service.

Summary of findings

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.
- 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 before treatment commenced.

Are services well-led?

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

- The service had a clear vision to deliver high quality care for patients.
- There was a clear leadership structure and staff felt supported.
- The service had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of high quality care. This included arrangements to monitor and improve quality and identify risk; however the service quality monitoring and improvement programme in place had not been completed to include clinical audits, radiography audits and infection prevention and control audits at the recommended intervals.
- 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.

MyHealthcare Clinic

Detailed findings

Background to this inspection

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.

The 9 January 2018 inspection was led by a CQC inspector with a GP specialist advisor and a practice manager specialist adviser. Our 15 January 2018 inspection was led by a CQC inspector with a CQC dental services inspector and a dentist specialist advisor.

MyHealthcare Clinic Ltd provides private dental and general practice services from purpose built premises at MyHealthcare Clinic, 10 Commodore House, Juniper Drive, London SW18 1TW. Clinic services are available to any fee paying patient. Services can be accessed through an individual, joint or family membership plan or on a pay per use basis.

The premises consist of a ground floor, level access patient reception and waiting area, GP consultation rooms, nurse treatment room and dental services treatment rooms. There are also storage and maintenance areas, staff administrative offices and accessible facilities with baby change equipment.

The service has one clinical and one non-clinical director. The GP service staff includes a lead GP, four other GPs and one practice nurse. The dental service staff includes a lead dentist, five other dentists, two orthodontists, one orthodontic therapist, two dental hygienists and four dental nurses. The services are supported by a reception manager and three reception and administrative staff. Those staff who are required to register with a professional body were registered with a licence to practice.

The service operates from 8am to 8pm on a Monday, Tuesday and Wednesday, 8am to 6pm on a Thursday and Friday and from 10am to 4pm on a Saturday. The clinic does not offer out of hours services.

The service lead GP 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 is registered with the Care Quality Commission (CQC) to provide the regulated activities diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. During our visit we:

- Spoke with a range of clinical and non-clinical staff including the lead GP, the nurse, dental lead, dentists, the reception manager and administrative staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment in use.
- Spoke to service users about their experiences.

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?

Detailed findings

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 clinic had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Arrangements for safeguarding reflected relevant legislation and the clinic accessed 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. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and how to identify, report and escalate safeguarding concerns to the relevant authorities. All staff had received training on safeguarding children and vulnerable adults relevant to their role. Clinicians were trained to child protection or child safeguarding level three and non-clinical staff were trained to level two.
- Notices advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check in line with the service's own policy. (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 had a system for requesting and checking patient identity, including checks at the registration stage, at appointment booking and before consultation or treatment. The service also had processes for checking the identification of an adult accompanying a child patient and that they had authority to do so which involved pre appointment authorisation from a legal guardian and direct contact with the legal guardian should issues be raised during an appointment.

Infection control

The service had appropriate infection prevention and control policies and procedures to keep dental and medical patients safe.

- The service followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Suitable arrangements were in place for transporting, cleaning, checking, sterilising and storing dental instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidelines.
- All staff completed annual infection prevention and control training relevant to their role.
- The last infection prevention and control audit was carried out in February 2017 and it showed the service was meeting the required standards. Improvements could be made to ensure the audit was undertaken twice a year as per current national guidance for dental services.
- The service had procedures to reduce the possibility of Legionella or other bacteria developing in water systems, and carried out regular risk assessments.
- There were appropriate cleaning schedules in place for the premises and the quality of cleaning was monitored.

Equipment and medicines

The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions; with the exception of three yearly checks for dental radiography (X-ray) equipment.

- Clinical and non-clinical equipment was regularly checked, calibrated and serviced to ensure the equipment was in good working order and safe to use; However additional three yearly checks specifically for X-ray equipment were overdue. The provider took immediate action to suspend use of the equipment, sought specialist services to carry out the checks and we were provided with evidence that the equipment was safe to use soon after the inspection.
- There were systems for safely managing healthcare waste.

Dental Radiography (X-rays)

The service had a radiation protection file and records for all X-ray equipment being used including annual maintenance checks; however the three-yearly checks for the X-ray units were overdue. The registered manager took

Are services safe?

immediate action to ensure the equipment was not used until checks were carried out and safety assured. We saw evidence following the inspection that this action had been taken and that the equipment was safe to use.

We saw evidence that dentists reported on the X-rays they took, however radiographs were not always being justified or graded. The service had not carried out annual radiograph audits, as per current guidance and legislation, since November 2016. The dental service lead and the services CQC registered manager were aware of this and showed us evidence of a quality monitoring and improvement programme which highlighted that radiograph audits were overdue with a plan to complete these in February 2018.

Clinical staff completed continuous professional development in respect of dental radiography.

Risks to patients

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

- Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support annually.
- Emergency equipment and medicines available were in line with recognised guidelines. Staff checked medicines and equipment to make sure these were available, within their expiry date, and in working order and kept records of these checks.
- The service had current employer's liability insurance and checked each year that the clinicians' professional indemnity cover was up to date. We reviewed nine staff records and found that clinicians were appropriately registered with their governing body and that they had professional indemnity cover appropriate to their role.

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.
- The service had systems for sharing information with staff and other agencies, including the patients NHS GP, 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 reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- Staff prescribed, administered and gave advice on medicines to patients in line with legal requirements and current national guidance.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity to understand risks and make safety improvements.

Lessons learned and improvements made

The service had systems and processes in place to learn and make improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses and that leaders would support them to do so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons and took action to improve safety in the service. For example following flooding resulting from blocked drainage, the service investigated and found a design fault in the building. The service has included independent drainage and plumbing reviews in plans for new building developments as part of the expansion programme for the service.
- There was a system for receiving and acting on safety alerts. The service received national patient safety, medical devices and medicines alerts. All relevant alerts were discussed with staff, acted on and stored for future reference.

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 service had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- GP Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Dental care records contained information about the patients' current dental needs, past treatment and medical histories. Dentists assessed patients' treatment needs in line with recognised guidance.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition worsened and where to seek further help and support.
- The service monitored compliance with guidelines through sample checks of patient records; however improvements could be made to ensure consistency in the completion of dental care records, taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

Monitoring care and treatment

The service had a programme of quality monitoring and improvement activity to review the effectiveness and appropriateness of the care provided; however the programme had not been completed as the service had not carried out clinical and dental audits scheduled.

Completed audit and compliance checking activity included infection prevention and control audits, fire and health and safety risk assessments and staff training audits. There were no completed clinical audits to evaluate, monitor and where necessary improve, the quality of care provided.

Effective staffing

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

- The service 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.
- The service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation. All staff had received an appraisal within the last 12 months.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Registered professionals were up-to-date with their Continuing Professional Development (CPD) and were supported to meet the requirements of their professional registration.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance.
- Staff had access to and used e-learning training modules, external learning and in-house training.

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 and where cancer was suspected. The service monitored urgent referrals to make sure they were dealt with promptly.

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

The service was providing preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

Are services effective?

(for example, treatment is effective)

The dentists and GPs told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The service had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral and physical health.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions by providing information about treatment options and the risks and benefits of these as well as costs.
- Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- There was a system in place to ensure that adults accompanying child patients had the authority to do so and that consent to care and treatment was clearly authorised by the child's parent or guardian. The service also made additional checks with parents or guardians during these appointments where required.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information. Nervous dental patients said staff were compassionate and understanding.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with other feedback received by the service.
- Patients commented positively that staff were respectful, caring and kind. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- The service gave patients clear information to help them make informed choices. Patients told us that staff listened to them, did not rush them and discussed options for treatment with them.
- The service did not use an interpretation service; however patients were told about multi-lingual staff who might be able to support them if they did not have English as a first language.
- The service's website provided patients with information about the range of treatments available including costs.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The layout of reception and waiting areas provided privacy when reception staff were dealing with patients.
- The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.
- Staff password protected patients' electronic care records and backed these up to secure storage.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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 service understood the needs of its patients and tailored services in response to those needs. For example offering early morning and late evening appointments outside of normal working hours.
- Services were improved where possible in response to unmet needs, for example introducing online appointment booking for patients.
- The facilities and premises were appropriate for the services delivered.
- Patients who requested an urgent appointment were seen the same day.
- Staff described an example of a dental patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived for their appointment.
- Staff said they could provide information in different formats and languages to meet individual patients' needs.
- The service did not use an interpretation service; however patients were told about multi-lingual staff who might be able to support them if they did not have English as a first language.

Timely access to the service

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

- The service was open 8am to 8pm on a Monday, Tuesday and Wednesday, 8am to 6pm on a Thursday and Friday and from 10am to 4pm on a Saturday. Opening hours were displayed in the premises and on the service website.
- The service answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the service was not open.
- Patients had timely access to appointments.
- The service kept waiting times and cancellations to a minimum.

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.

- The registered manager was responsible for dealing with complaints and the service had a complaints policy providing guidance to staff on how to handle a complaint. There was information in reception and on the service website for patients.
- Staff told us they would tell their line manager or the service lead about any formal or informal comments or concerns straight away so patients received a quick response.
- The registered manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.
- Information was available about organisations patients could contact if not satisfied with the way the service dealt with their concerns.

The service had not received any complaints in the last 12 months. We reviewed the systems and processes the service had in place to handle complaints and feedback and found these would allow complaints to be handled appropriately, in a timely manner and with transparency. There were also systems and processes in place to investigate concerns, discuss outcomes with staff and implement learning to improve the service.

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 providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

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

- The registered manager and dental clinical lead had overall responsibility for the management and day to day running of the service and clinical leadership of the service.
- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They 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.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership and management of the service.

Vision and strategy

The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- Services were planned to meet the needs of service users.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- The service focused on the needs of patients.
- Leaders and managers had the ability to act 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 we spoke with told us they were able to 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 appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the service team. They 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 and staff had received equality and diversity training.
- There were positive relationships between staff and teams and staff felt they were treated equally.

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 including in respect of safeguarding and infection prevention and control
- Service 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. However the service was not able to demonstrate that clinical audit had a positive impact on quality of care and outcomes for patients, or action to change practice to improve quality, as the quality improvement programme had not been implemented effectively.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

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

- Performance of employed clinical staff could be demonstrated through oversight of their consultations, prescribing and referral decisions.
- Service leaders had oversight of patient safety alerts, incidents, and complaints.
- The service 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.

- There were 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 had a system in place to gather regular feedback from patients. They obtained feedback from patients after each consultation and the patients could also submit their feedback through online reviews. They also used in house patient surveys to obtain patients' views about the service.