

Avicenna Health Limited

Avicenna Health

Inspection report

Hamletts of Woodford
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Woodford Green
Essex
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Overall summary

We carried out an announced comprehensive inspection on 12 February 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.

Background

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.

Avicenna Health Limited is a private medical clinic situated in Woodford in the London Borough of Redbridge. Services are provided to patients from the first floor of the Hamletts of Woodford building which houses a range of other services such as pharmacy, skin clinic and a spa facility. It is on a busy road which is well served by local buses and London Underground.

The service is registered with the Care Quality Commission to provide the following regulated activities from: Hamletts of Woodford, 696-702 Chigwell Road, Woodford Green, Essex, IG8 8AL.

- Diagnostic and screening,
- Treatment of disease, disorder and injury,
- Transport services, triage and medical advice provided remotely.

Avicenna Health was previously registered with the Care Quality Commission (CQC) under the name Home Visit Doctors and has been providing services to patients since 2015. CQC registered Avicenna Health on 30 January 2018 to carry out the aforementioned regulated activities from

Summary of findings

their present location. General practice services are provided by three male and two female doctors. Administrative tasks are undertaken by individual doctors. The service sees 15 patients on average each month and maintained and stored comprehensive clinical records for all patients. Patients who require further investigations or any additional support are referred on to other services such as their NHS GP or alternative health providers.

Avicenna Health also offers a private blood testing service which is undertaken by a sub-contracted phlebotomist who had received the relevant training and qualification. Patients who are given a test request form from their GPs can contact the service to request private blood test in their homes. The phlebotomist sends the blood sample to the hospital who will send the result directly to the patient's GPs.

The service's opening hours are between 9am and 6pm Monday to Friday and 9am to 2pm on Saturdays. Appointments are available with a doctor between 9.30am and 5.30pm (Monday to Friday) and 9.30am to 12.30pm (Saturday). The service also offers telephone advice to their member patients.

One of the doctors 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.

Our key findings were:

- There was evidence in place to support that the service carried out assessments and diagnostics in line with relevant and current evidence based guidance and standards.
- The information needed to plan and deliver care and treatment was available to staff in a timely and accessible way.
- There was evidence to demonstrate that the service operated a safe and timely referral process.
- The provider operated safe and effective recruitment procedures to ensure staff were and remained suitable for their role.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The provider was aware of the requirements of the duty of candour.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety.
- There were adequate systems for reviewing and investigating when things went wrong.
- The practice complied with the Data Protection Act 1998 and all staff had received training in information governance.
- The service had a complaints policy and procedure and information about how to make a complaint was available for patients.
- There was no evidence the service undertook any clinical improvement activity such as clinical audit.

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

- Review and update the business continuity plan.
- Review how patients with mobility issues and those who are fully reliant on a wheelchair can access the service.
- Review the risk assessment for emergency equipment in line with the service provided.
- Review the service's fire safety arrangements.
- Consider implementing a programme of quality improvement activity.
- Review the service's communication channels so that they are more accessible.
- Continue to review the arrangements for providing a chaperone for patients who request one.

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.
- The service undertook appropriate checks.
- The service had a business continuity plan, however it included out-dated information.
- The provider was aware of the requirements of the Duty of Candour. Staff told us the provider encouraged a culture of openness and honesty.

Are services effective?

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

- Patients' needs were assessed and delivered in line with best practice guidance.
- Systems were in place to ensure appropriate record keeping and the security of patient records.
- Staff were aware of relevant current evidence based guidance.
- The practice had systems to keep all clinical staff up to date.
- There was no evidence the service undertook any clinical improvement activity such as audit.

Are services caring?

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

- The service provided facilities to help patients be involved in decisions about their care.
- Privacy screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We saw doctors treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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

- The premises were suitable for the service provided, however the service could not accommodate patients with mobility difficulties.
- Patients had a choice of time and day when booking their appointment.
- Unanswered telephone calls to the service's landline were diverted to the duty doctor mobile number.
- The service offered patients the option to join their "health membership scheme". With this membership scheme, patients received unlimited consultations, telephone appointments and discounted investigative tests.

Are services well-led?

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

- The provider had a vision and that was to provide a personal service with a focus on the patient-doctor relationship.
- The service had an overarching governance framework which reflected the service's arrangements.
- Staff interviewed demonstrated they understood the organisation's vision and main objectives.

Summary of findings

- The service had policies and procedures to govern day to day activities.
 - The service had systems in place which ensured patients' data remained confidential and secured at all times.
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Avicenna Health

Detailed findings

Background to this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service.

Our inspection team consisted of a CQC Lead Inspector and a GP Specialist Advisor.

The inspection team:

- Carried out an announced inspection at Avicenna Health on 12 February 2018.

- Spoke with staff and one patient.
- Reviewed the practice policies and procedures.

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

The practice had clear systems to keep patients safe and safeguarded from abuse.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and information was accessible.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. Doctors were trained to child safeguarding level three.
- We reviewed personnel files for all members of staff and found the service undertook disclosure and barring service (DBS). 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 doctors worked independently and did not have access to additional staff who could act as chaperones. When we asked how they managed this, they told us this was explained and discussed with the patient in the pre-assessment/triage telephone call and where possible, same sex doctors were used.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- We observed the premises to be visibly clean and tidy and we saw that cleaning schedules were maintained. Staff had access to appropriate hand washing facilities and personal protective equipment (PPE).

Risks to patients

The systems to assess, monitor and manage risks needed strengthening to ensure patient safety.

- The service did not have onsite oxygen, defibrillator or pulse oximeter to respond to most emergencies. The

risk assessment stated that doctors triaged all patients before an appointment was offered which meant that patients who exhibited emergency symptoms were signposted to other services such as A&E. However this did not take account of patients becoming ill whilst on the premises.

- We saw evidence all staff had received annual basic life support training.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- The service told us a fire risk assessment was undertaken by the landlord, however we did not receive a copy of this when requested, instead we were provided with an inspection certificate which indicated that the firefighting equipment had been tested and were in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as legionella and lone worker. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was a comprehensive business continuity plan for major incidents such as power failure or building damage, however the plan contained out-dated information as it referred to NHS Direct as one of the local emergency contacts; NHS direct services discontinued in March 2014.

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 looked at showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other services to enable them to deliver safe care and treatment.

Are services safe?

- National patient safety alerts were received by the medical director who reviewed and then discussed with the rest of the clinical team.
- Referral letters were detailed and included all of the necessary information.
- All patients attending the service were required to complete a detailed registration form.

Safe and appropriate use of medicines

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- The service kept a stock of travel vaccines which were checked daily to ensure sufficient stock was available. They also ensured doctors had access to up-to-date information on travel vaccine schedule.
- Vaccines requiring cold storage were done so according to manufacturer's instructions. Fridge contents were checked, audited and recorded on a spreadsheet which was managed by the governance lead.
- Arrangements for dispensing medicines at the practice kept patients safe.
- Medicines held on the premises were all stored in a lockable cupboard.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice 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 practice learned and made 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.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, following an incident where an expired bottle was used during blood testing; this resulted in the patient having to undergo another venepuncture. We saw that the service took the appropriate action by apologising to the affected patient and they introduced a stock sheet which detailed expiry dates of all inventory.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider assessed patient 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. The doctors had access to clinical guidelines and standing operating procedures which ensured new guidelines were used these to deliver care and treatment for patients. The service also followed guidance from National Travel Health Network and Centre (NaTHaC) and other organisations such as General Medical Council (GMC) and British Medical Association (BMA). 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.

Monitoring care and treatment

There was no evidence of clinical quality improvement activity such as audits and the service could not demonstrate how they monitored patient outcomes. From conversation had with the team, they told us this was discussed in one of their strategic meeting and was identified as an area of improvement. Clinical audit is a methodical process that seeks to identify and promotes good practice, leads to improvements in patient care and provides information about the effectiveness of the service.

Effective staffing

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

- Up to date records of skills, qualifications and training were maintained.
- The service had an induction programme. This covered such topics as safeguarding, infection prevention and control, Control of Substances Hazardous to Health (COSHH), fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. Staff had access to appropriate

training to meet their learning needs and to cover the scope of their work. This included coaching and mentoring, clinical supervision and facilitation and support for revalidating doctors.

- All doctors appraisals were up to date and all had been revalidated by the General Medical Council (GMC).
- We saw records which demonstrated that the doctors attended various training updates.
- Arrangements were in place for planning and monitoring the number of doctors needed to meet patients' needs. There was a rota system in place for arranging weekend cover amongst doctors.
- Appropriate recruitment checks were completed for staff prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's clinical system. This included care and risk assessments, care plans, medical records and investigation and test results. When a patient used the service they were asked if the details of their consultation could be shared with their registered GP and we saw that patient consent was sought and documented in line with the General Medical Council's (GMC) guidelines. Information we reviewed demonstrated the service shared relevant information with the patients NHS GPs if and when necessary. We reviewed anonymised referrals made to other services and found that these were detailed and done in a timely manner. Patients were informed of test results by telephone, email and letter depending on patients' preference.

Supporting patients to live healthier lives

Doctors were proactive in helping patients to live healthier lives.

- The service offered comprehensive health checks which were tailored to meet patient's needs.
- Patients could choose from a range of health screenings which included standard, premium and executive. Screenings included a consultation with one of the doctors who undertook a variety of tests such as

Are services effective?

(for example, treatment is effective)

medical and lifestyle consultation, physical examination, cardiovascular risk assessment. Following the consultation the patient was given a detailed report with recommendations.

Consent to care and treatment

There was clear information available in the surgery and on the website with regards to the services provided and the associated cost. As part of our visit we reviewed a random selection of consultation records of patients who used the service. We were satisfied there was sufficient evidence to show that doctors provided patients with appropriate information and support in choosing their treatment.

The practice carried out minor surgery, for example, steroid injections and written consent was taken for these procedures. We found the consent form clearly documented the risks involved and the doctors told us additional discussions were held with the patients as part of the consent process to ensure they fully understood the complications before consenting to treatment and care.

Staff sought patients' consent to care and treatment in line with legislation and guidance. The doctors we interviewed on the day understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services caring?

Our findings

Kindness, respect and compassion

We observed the service to be warm, welcoming and receptive. Doctors who were present during the inspection were polite and friendly to patients. Treatment room remained closed during patients consultation and conversations taking place could not be overheard by those in the reception or kitchen area.

Involvement in decisions about care and treatment

The service sought patients feedback following their consultations. They had completed an in-house patient satisfaction survey in 2017; a total of nine questionnaires were completed. Summarised results given to us by the service showed that the nine patients surveyed answered positively to questions when they were asked to choose from 1 being “dissatisfied” through to 5 being “very

satisfied. The patient we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

- Privacy screens were provided in the treatment room to maintain patients’ privacy and dignity during examinations, investigations and treatments.
- The practice complied with the Data Protection Act 1998 and all staff had received training in information governance.
- The service's patient information booklet informed patients that chaperones were not routinely available, but were encouraged to contact them in advance if one was required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The doctors told us the service was set up in response to patient needs within the local and wider population profile.

- The premises were suitable for the service provided, however there were no facilities for people with mobility difficulties.
- Appointments were booked over the telephone after a triage appointment with one of the doctors.
- Patients had a choice of time and day when booking their appointment; they also had a choice of male and female doctors.
- Patients were told during triage the limitations of the service such as issues around chaperoning and access.
- Patients were also able to book in with the same clinical staff member for continuity of care.
- The service appointment booking system sent email reminders of appointments to patients and doctors.
- Unanswered telephone calls to the service's landline were diverted to the duty doctor mobile number.
- Patients could use the service as a one off or sign up to be a member. Member patients were offered the option to join the service's "health membership scheme". With this membership scheme, patients received unlimited consultations, telephone appointments and discounted investigative tests.
- The service offered consultations to the all population groups who requested and paid the appropriate fees.

- The service did not have a hearing loop, and interpretation services were not available for patients who did not have English as a first language .
- Patients could choose from a variety of payment methods which included bank transfer, credit card and cheque.

Timely access to the service

The service was open between 9am and 6pm Monday to Friday and 9am to 2pm on Saturdays. Appointments were available with a doctor between 9.30am and 5.30pm (Monday to Friday) and 9.30am to 12.30pm (Saturday). Initial consultation times with the doctors varied and depends on whether patients chose between a "standard-20mins" or "extended-30mins" appointments. Home visits and other mobile services were provided subject to availability and doctors discretion.

Listening and learning from concerns and complaints

The service had a complaints policy and procedure and information about how to make a complaint was available for patients. The complaints information detailed that complainants could refer their complaint to the Independent Sector Assessment and Advisory Committee (ISAAC) if they were not happy with how their complaint had been managed or with the outcome of their complaint. The complaints policy contained appropriate timescales for dealing with a complaint.

There was a lead member of staff for managing complaints and a complaints register was in place and used to record complaints. This was then audited and used to identify themes or trends. We found there had been no formal complaints received in the last year.

Are services well-led?

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

Our findings

Leadership capacity and capability;

The service named Avicenna Health (location) is owned by Avicenna Health Limited (Provider). The organisation was managed by three of the five doctors who were also directors of the establishment. Directorship included experienced NHS general practitioners who had special interest in cardiology, long term conditions, female health and health promotion. The directors were responsible for the service's overall business development and strategic management. There was a clear leadership and staffing structure and doctors we spoke with were aware of their roles and responsibilities and the limitations of these.

Vision and strategy

The provider had a vision and that was to provide a personal service with a focus on patient-doctor relationship, building relationship with the patient and aiming to deliver holistic care responsive to patients needs and preferences. The directors met regularly where they formulated and implemented strategies and they had a business plan which covered short, medium and long term objectives.

Culture

The service had an open and transparent culture that aligned with the statutory duty of candour. Doctors told us they felt confident to report concerns or incidents and felt supported in doing so. The provider had a whistleblowing policy in place and staff had been provided with training in dealing with whistleblowing incidents. A whistle blower is someone who can raise concerns about the service or staff within the organisation.

Governance arrangements

The service had an overarching governance framework which reflected the service's arrangements. The organisational structure outlined the leadership and governance responsibilities for different areas within the organisation including who was appointed medical director and registered manager. Doctors were aware of their own roles and responsibilities as well as the responsibilities of the directors. Service specific policies were in place and implemented and doctors we spoke with

during the inspection knew how to access these. Most policies were updated and fit for purpose excepting the business continuity plan which contained out-dated information.

The doctors attended training courses, meetings and conferences as part of their own professional development and told us learning from these events were discussed when they met as a team. We saw that some of the services operational and strategic meetings were governed by standing agendas and minutes. An action log was implemented and was used to record and follow up what tasks needed completing.

The service did not have a programme of continuous clinical and internal audit to monitor quality and to make improvements to patient outcomes. Doctors told us there were plans to undertake audit now that they saw patients from a fixed location (previously the service undertook remote and mobile doctors service).

Managing risks, issues and performance

There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however we did not receive evidence that a suitable fire risk assessment had been undertaken, in addition, fire drills were not recorded. The practice rented the premises from a landlord and they were responsible for carrying out fire risk assessments and organising fire drills. We were told these were undertaken by the landlord, however we did not receive evidence of this. Other completed risk assessments we reviewed were fit for purpose and were updated at the recommended intervals.

Appropriate and accurate information

Staff had received training in information governance. The service had systems in place which ensured patient's data remained confidential and secured at all times. Anonymised patient consultation records reviewed during our inspection were comprehensive and current for example, patients were asked to complete a new medical history questionnaire at each visit; this was then uploaded and stored in their clinical files.

Engagement with patients, the public, staff and external partners

Are services well-led?

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

The service encouraged feedback from patients. It sought patients' feedback and engaged patients in the delivery of the service and told us this was used to improve the service they offered. We noted that the most recent patient survey indicated that patients were satisfied with the service.

Continuous improvement and innovation

Doctors told us there was a drive to improve and expand the care delivered to patients. One of the directors told us that there were plans to work with other local private healthcare providers such as physiotherapist and dentists

to meet the requests of patients. Furthermore they told us during our discussions that doctors would meet with a consultant from a neighbouring private hospital bi-monthly to discuss how they can work more effectively together.

Business plans we reviewed demonstrated the service had realistic plans for example, they knew that if memberships were to be increased then this would mean relocating to bigger premises. There were plans to recruit receptionist and practice management staff should the business continue to grow.