

The Minster Clinic

Inspection report

91-93 Nunnery Lane
York
North Yorkshire
YO23 1AH
Tel: 01904636661

<https://theminsterclinic.co.uk/>

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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?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

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 The Minster Clinic as part of our inspection programme.

The Minster Clinic provides a private Doctor's consulting service offering a range of services such as mole and cyst removal.

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 and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Minster Clinic provides a range of non-surgical cosmetic interventions, for example anti-wrinkle injections and facial fillers which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

One of the clinicians 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.

We provided CQC comment cards and asked clients to complete these. We saw that 24 people who were clients of

the service provided feedback about the service. All 24 of these comment cards were positive and described how all staff were polite, friendly, helpful and caring. We also received very positive feedback from four clients who contacted the CQC directly.

Our key findings were :

We rated the service as **good** overall because:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Clients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to meet patients' needs. Clients could access care and treatment in a timely way.
- The way the service was led and managed promoted the delivery of high-quality, person-centre care.

The areas where the provider **should** make improvements are:

Establish a formalised yearly audit plan and have a formal record of audits, learning and action plans with timelines.

Formalise a maintenance programme for premises and equipment.

Strengthen their systems to formally record significant events, act on learning and show that learning has been implemented.

Ensure that all regulated activities are registered as the service evolves.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector.

The team included a second CQC Inspector and a specialist adviser.

Background to The Minster Clinic

The Minster Clinic, 91 – 93 Nunnery Lane, York, YO23 1AH is an independent clinic operated by The Minster Clinic Ltd in the city of York. The clinic opened in February 2018 and had not previously been inspected following registration.

All regulated activity is currently delivered from this one, registered location. Regulated activities provided include; mole removal, wart and verruca treatment and removal, genital wart removal, skin tag removal, cyst and lipoma removal, the use of medical botulinum toxin for conditions such as excessive sweating, tooth grinding and migraine and microsclerotherapy treatment for leg thread veins. The clinic has laser equipment and can offer medical treatment of pigmented, vascular skin conditions and skin complaints.

They dispense a small stock of medicines, privately to patients, and all the handling of dispensed medicines is done by clinical staff.

The premise has been renovated to meet appropriate standards. The clinic has two treatment rooms a waiting room, toilet and staff room. The providers are permitted to trade within the hours of; Monday to Friday 8am to 9pm and Saturdays 8am to 2pm. At present the service is open Monday 10am – 6pm and Wednesday 10am – 6pm.

There are currently; two doctors who are both Directors of the company, one is dually trained as a medical doctor and a dentist and one also works for the NHS as a GP, both doctors have extended surgical training. There are two health care assistants working at the clinic, one on a locum basis. In addition to this, the providers have a contract with a call centre to answer telephone calls.

The clinic provides services that are no longer available through NHS funding. Information is shared with their NHS GP where clients consent to this. All clients seen are over the age of 18.

Clients are offered an initial free consultation by appointment at which time fees are discussed if they decide to go ahead with the service offered. If the doctors are concerned about the presenting condition the client is instructed to visit their own GP and no treatment is offered.

How we inspected this service

Before the inspection we gathered and reviewed information from stakeholders, for example; Healthwatch and the local clinical commissioning group. We also reviewed notifications that came into our organisation. We asked the provider to send us certain information beforehand which included a list of its clinicians' registration with the General Medical Council.

The methods that were used included interviewing staff, observations and review of documents.

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?

We rated safe as Good because:

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 to staff including locums. They outlined clearly who to go to for further guidance. Staff 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 arrangements to work with other agencies to support clients and protect them from neglect and abuse. Staff took steps to protect clients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out relevant staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff 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.
- There was an effective system to manage infection prevention and control.
- The service had not done a legionella risk assessment but had recently installed air conditioning and planned to assess the risk of legionella.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Calibration and portable appliance testing had not yet been done, however the equipment was all purchased as new when the clinic opened in February 2018. Also, the number of clients using the equipment had been relatively low as the service was in infancy (approximately 1 – 50 clients per month). There were systems for safely managing healthcare waste.

- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

Risks to clients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff 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 patients with severe infections, for example sepsis.
- When reporting on medical emergencies, the guidance for emergency equipment is in the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities and we saw evidence of individual professional indemnity arrangements at the inspection.

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 clients 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.
- 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

Are services safe?

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

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to clients 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.
- There were effective protocols for verifying the identity of clients.

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments in relation to safety issues, with the exception of a legionella risk assessment.
- 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. We saw minutes of meetings where significant events had been discussed but the discussions and learning had not been formally documented.

- There were systems for reviewing and investigating when things went wrong. The service learned, shared lessons and identified themes and took action to improve safety in the service. Significant events were a standing agenda at monthly business meetings, minutes were recorded, and they corroborated this. For example; a mole was removed from a client and the histology result showed that it was a malignant melanoma, this was recorded as a significant event. We saw evidence of learning from significant events, in the case of the removal of the malignant melanoma the clinicians had further training and now use a dermascope to examine skin lesions.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

If there were unexpected or unintended safety incidents:

- The service policy stated that they would give affected people reasonable support, truthful information and a verbal and written apology
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

We rated effective as Good because:

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)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards.
- Clients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- If clinicians were concerned that a client had a more serious problem they referred them to their own NHS GP to make the necessary arrangements and refer to secondary care.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat clients.
- Staff assessed and managed clients' pain where appropriate.
- The service had a social media page and a website with information for clients to access.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Client samples sent to the lab for a histology result were all audited to assure the clinicians that they were making correct decisions and that they were not removing any more serious samples. Complications resulting from minor surgery were monitored for trends to ensure effective care. The service made improvements through the use of completed audits, however there was no formalised audit plan. Clinical audit had a positive impact on quality of care and outcomes for clients. For example; the service audited all minor surgical procedures for any wound infections to satisfy themselves that the care provided was safe and effective. There was clear

evidence of action to resolve concerns and improve quality. The service had referred clients back to their own GP after identifying additional concerns in the initial free consultation.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and dental) were registered with the General Medical Council (GMC)/ General Dental Council (GDC) and were up to date with revalidation.
- One of the doctors was on the specialist GP register.
- Evidence of extended training by both doctors in aesthetics and surgery was seen.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included the use of a laser had received specific training and could demonstrate how they stayed up to date.

Coordinating client care and information sharing

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

- Clients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example; we saw evidence of correspondence sent to the client's GP regarding concerning findings.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the client's health, any relevant test results and their medicines history. We saw examples of clients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All clients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.

Are services effective?

- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the client did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse. Where clients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Client information was shared appropriately (this included when clients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting clients to live healthier lives

Staff were consistent and proactive in empowering clients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice, so they could self-care.

- Clients were given education and information relevant to their complaint, for example; for sun damage and mole checks.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support, for example regarding skin conditions.
- Where clients 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 clients to make decisions. Where appropriate, they assessed and recorded a client's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated clients with kindness, respect and compassion.

- Feedback from clients was very positive about the way staff treat people.
- Staff understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave clients timely support and information.

Involvement in decisions about care and treatment

Staff helped clients to be involved in decisions about care and treatment.

- Interpretation services were available for clients who did not have English as a first language.
- Clients told us through comment cards, that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected clients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if clients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet clients' needs. It took account of client needs and preferences.

- The provider understood the needs of their clients and improved services in response to those needs. For example; the providers had bought a ramp for wheelchair access following a problem with client access.
- All clients were asked to complete a satisfaction survey following a consultation.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

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

- Clients had timely access to initial assessment, test results, diagnosis and treatment.
- The providers had commissioned an administrative service to answer telephone calls, we saw that the call handler was only able to access client names and addresses and not medical records.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way by prompt correspondence to the client's own GP.

Listening and learning from concerns and complaints

Although the service had not received any complaints, they told us that they took complaints and concerns seriously and would respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The service informed clients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service told us that they would learn lessons from individual concerns, complaints and from analysis of trends. We saw that complaints were a standing agenda item on the monthly business meeting schedule.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- On the day of the inspection we spoke with two members of staff who were both directors of the service. They were proud to work for the service.
- The service focused on the needs of clients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- We were told that staff could raise concerns and were encouraged to do so.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff received regular appraisals.
- There was a strong emphasis on the safety and well-being of all staff. For example; the leaders made sure that no member of staff would be working alone in the building at any time.

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.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- 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. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for clients. Although there was no specific audit plan in place there was evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of clients.

Are services well-led?

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of client identifiable data, records and data management systems.

Engagement with clients, the public, staff and external partners

The service involved clients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, clients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback, for example in the monthly business meeting. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.

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 service made use of internal and reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work, for example the providers had purchased an online training system to ensure staff were up to date with relevant issues.