

Optimise Health Clinic – Colmore Building





Inspection report

Colmore Building
20 Colmore Circus Queensway
Birmingham
B4 6AT
Tel: 01213961323
www.optimisehealthclinic.co.uk

Date of inspection visit: 4 May 2021
Date of publication: 14/05/2021

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 well-led?		Good	

Overall summary

We carried out an announced inspection at Optimise Health Clinic - Colmore Building (also known as Dr Finlay's Private Practice) on 4 May 2021. Overall, the clinic is rated as **Good**.

Safe - Good

Effective - Good

Well-led - Good

Following our previous inspection on 17 September 2019, the clinic was rated Requires Improvement overall and for Safe and Well-led key questions but rated Good for providing Effective, Caring and Responsive services.

The full report for the previous inspection can be found by selecting the 'all reports' link for Optimise Health Clinic - Colmore Building on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a focussed follow-up inspection to follow up on any breaches of regulations identified in the previous inspection. The key questions inspected were: Safe, Effective and Well-led. We carried forward the ratings from the previous inspection for Caring and Responsive.

How we carried out the inspection

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

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

This included:

- Conducting staff interviews using video conferencing
- Requesting evidence from the provider
- A short site visit

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this clinic as Good overall.

We found that:

Overall summary

- The provider had responded appropriately to our concerns that we raised in our previous inspection in September 2019.
- The provider had improved governance processes to ensure the safety of staff and patients.
- The provider had developed the service during the COVID-19 pandemic to continue to be responsive to patients' needs.
- The way the practice was led and managed promoted the delivery of person-centre care.

Whilst we found no breach of regulation, the provider **should**:

- Continue to monitor and review policies, systems and processes to ensure the clinic continues to provide safe services as the service develops post pandemic.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Optimise Health Clinic - Colmore Building

Optimise Health Clinics Ltd is the registered provider for this service. The clinic is located in Birmingham city centre in the basement 2 floor of the Colmore Building, 20 Colmore Circus Queensway, Birmingham, B4 6AT.

The service is registered with CQC to provide the following regulated activities:

- Diagnostic and screening procedures.
- Surgical procedures.
- Treatment of disease, disorder or injury

The clinic provides private healthcare services to private fee-paying patients or to clients on a corporate scheme. The provider has responded to patients' needs and during the COVID-19 pandemic has developed the service to provide an online doctor and private GP home visiting service. The clinic works with a courier pharmacy service to deliver next-day prescription medication and has links to an online psychology service that patients can be referred to.

The clinic registers adults and children. People registered with the service have the option of face to face, telephone and video consultations. People can access appointments through the website or by calling the clinic. All appointments including home visits must be pre-booked. The clinic does not offer a walk-in service.

The clinic has one male clinician and an administrator.

Reception services at the clinic are provided by the Colmore Building management team.

The clinic is open Monday to Friday 8.30 am to 6 pm. Evening telephone and video consultations are available.

For out of hours advice patients are advised to contact NHS 111. More information about the clinic can be found on their website.

How we inspected this service

- We conducted staff interviews face to face and by using video conferencing
- We requested evidence from the provider
- We carried out a short site visit

Are services safe?

We rated safe as Good because:

During our previous inspection in September 2019 we rated the service as Requires improvement for providing Safe services. This was because we identified safety concerns during the inspection. The service did not have effective systems or processes in place to assess, monitor and mitigate risks from where clinical services were being delivered. The service did not have effective processes in place for the management of DBS checks or for managing emergency medicines. The provider did not have effective oversight of risk assessments carried out by the building management team for example fire risk.

During this inspection in May 2021, the provider gave us evidence which demonstrated they had reviewed and improved systems following our inspection in September 2019, to ensure they had effective systems and processes to assess, monitor and manage risk.

Safety systems and processes

The service had improved their 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. 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 systems in place to assure that an adult accompanying a child had parental authority.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The provider carried out 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). The provider had carried out a risk assessment in the absence of a DBS check where appropriate.
- Following our previous inspection in September 2019, the provider had improved their chaperone policy. At the time of this inspection the Colmore building had only recently re-opened and the clinic was not yet providing face to face appointments at the Colmore building. The provider had applied for the intended chaperone's DBS check and we saw they had completed the appropriate chaperone training.
- There was an effective system to manage infection prevention and control.
- We saw evidence of Legionella testing and the building management team had followed up on actions following the risk assessment.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

The provider had improved systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning services to allow for staff leave.
- We saw that staff had received an induction tailored to their role.

Are services safe?

- 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 there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place for clinical staff.
- We saw the provider had improved their processes for ensuring safety since our last inspection and carried out their own Fire and COSHH (control of substances that are hazardous to health) risk assessments in addition to those carried out by the building.
- Following our previous inspection in September 2019 the provider had improved their processes to manage emergency medicines. There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

Information to deliver safe care and treatment

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

- Staff were able to remotely access the patient record system securely.
- The service used alerts on the patient record system to alert staff about any specific needs patients may have.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Following our previous inspection in September 2019 the provider had improved their clinical patient record system and put 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.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing emergency medicines and equipment minimised risks. The service kept prescription stationery securely.
- The service had carried out a medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The provider had improved their protocols for verifying the identity of patients including before issuing a prescription.
- Following a significant event involving a prescription, the provider arranged to work with a courier pharmacy service to deliver next-day prescription medications to patients. The clinician was able to request a prescription using a secure online portal. This reduced risk related to prescription security when compared with sending prescriptions to the pharmacy using a less secure method.

Track record on safety and incidents

The service had improved their processes to ensure safety.

- There were comprehensive risk assessments in relation to safety issues. Since our inspection in September 2019, the provider had carried out local risk assessments for Fire and COSHH in addition to those carried out by the building management team.

Are services safe?

- The service monitored and reviewed activity. This helped them 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.
- 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, the provider improved their prescribing processes following an incident with a prescription.
- 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 acted on and learned from external safety events as well as patient and medicine safety alerts. Since our previous inspection, the provider had improved their system and processes to manage patient safety alerts and were able to show us a clear audit trail of how safety alerts were managed.

Are services effective?

We rated effective as Good because:

During our previous inspection in September 2019 we rated the service as Good for providing Effective services, the service is still rated Good for effective services following this inspection in May 2021.

Effective needs assessment, care and treatment

The provider had made significant changes to how they delivered services to ensure that patients continued to receive effective, patient centred care.

- The provider had access to updates in guidelines such as NICE and shared information with the team as necessary.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The service had links with an online psychology service and referred patients appropriately with their consent.
- During the COVID-19 pandemic, the provider made changes to how the service was delivered. As demand for face to face appointments at the Colmore building significantly reduced, the provider increased its capability to offer telephone and video consultations and introduced a home visiting service.
- The clinic did not prescribe medicines that would require blood monitoring.
- The service used technology to improve treatment and to support patients' independence. For example, staff were able to access notes remotely and were able to respond to people using their chosen method even when they were away from the clinic.
- Patients were able to book appointments online at a time that suited them.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service made improvements through the use of completed audits and by collecting and reviewing patient feedback.
- Since our previous inspection, the clinic had carried out one clinical and one non-clinical audit. The non-clinical audit looked at whether patient photo identification had been recorded according to their revised policy. The audit showed that all new patients registering with the service since November 2020 all had their photo identification information recorded on the system. Staff told us if there were any records that did not have the correct identification, the clinic had contacted the patients to request this information. A repeat audit was planned for June 2021.
- The clinical audit monitored antibiotic prescribing between February and May 2021. The audit showed that patients had been prescribed antibiotics appropriately and no further actions were needed.
- The provider monitored patient feedback. Patients were invited to complete a survey after each consultation. Patients were sent an automatic text and/or email invite by the clinical system after the consultation had finished. Patients could also leave a review on Google.
- The provider told us they had not received any feedback to their own survey in the previous 12 months, however they had nine reviews on Google.
- When patient feedback identified poor satisfaction with care, we saw that the provider contacted the patient to respond to their concerns. The provider also reviewed existing processes to identify improvements.

Effective staffing

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

Are services effective?

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation
- 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.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- We reviewed three referral examples during the inspection. Referrals contained relevant medical history, a summary of the complaint and reason for referral and the actions the clinic had already taken.
- Patients were signposted to more suitable sources of treatment where appropriate to ensure safe care and treatment.
- Patient information was shared appropriately (this included when patients 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. There were clear and effective arrangements for following up on people who had been referred to other services.
- The provider had processes for requesting blood tests and for following up on results.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, the clinic had links with an online psychology service and with patients' consent, referred patients directly to the service.
- The provider released blogs on their website to inform patients and the general public on topics such as healthier lifestyle choices and stress management.

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 patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services well-led?

We rated well-led as Good because:

During our previous inspection in September 2019 we rated the service as Requires improvement for providing Well-led services. We found there was a lack of effective management and oversight in areas such as staff training. The provider did not always have established policies and procedures to ensure safety and assure themselves that they were operating as intended, for example, the management of safety alerts, chaperoning, video consultations and business continuity. The provider did not have arrangements for the management of records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

During this inspection in May 2021, the provider gave us evidence which demonstrated they had reviewed and improved systems following our inspection in September 2019, to ensure they had effective systems and processes in place to manage and mitigate risk.

Leadership capacity and capability;

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

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The service had changed significantly since our previous inspection. The provider had responded to patients' needs during the COVID-19 pandemic and developed a home visiting service as well as increasing the availability of video and telephone consultations.
- The provider was visible and approachable. They worked closely with staff to make sure they prioritised compassionate and inclusive leadership.
- The provider had responded appropriately to our concerns raised during our previous inspection in September 2019. They sent us evidence that showed they had taken immediate action after the inspection where needed.

Vision and strategy

The service had a clear vision to deliver patient centred care.

- Staff we spoke with were both passionate about providing patient centred care and shared similar values.
- Staff told us the direction of the clinic had changed again since it was first started, this was due to the COVID-19 pandemic and the provider had responded to meeting patients' needs. The provider told us they would continue to develop the service based on patient demand.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing staff with the development they needed.

Are services well-led?

- The provider had acted appropriately after the previous inspection to improve systems and processes to ensure the safety and well-being of all staff.

Governance arrangements

The provider had improved systems and processes to support good governance and management.

- Following our inspection in September 2019 the provider had improved their system for recording and sharing information such as policies, risk assessments, action plans, patient safety alerts and meeting minutes. We saw that information was organised and easily accessible to all staff.
- The provider had improved their systems to monitor staff training. We saw that staff had completed relevant training appropriate for their role.
- Staff were clear on their roles and accountabilities.
- Following our inspection in September 2019 the provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Following our inspection in September 2019 the provider had put in place robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

The provider had improved processes for managing risks, issues and performance.

- Following our inspection in September 2019 the provider had implemented effective processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had changed their clinical patient record system. The new system allowed patient information to be more readily available for example photo identity information when clinicians were confirming patient identity.
- The service held regular meetings with staff to discuss risk and performance related issues.
- The service had processes to manage current and future performance. The provider had oversight of safety alerts, incidents, and complaints.
- The clinic had completed two audits since the last inspection and had taken appropriate action following the audits to continue to develop the service.
- 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 patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

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

Are services well-led?

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. We saw that the provider had made significant changes to how they provided services during the pandemic when the Colmore building was closed. As demand for face to face appointments at the Colmore building reduced significantly, the provider increased the number of telephone and video consultations and introduced a home visiting service.
- Staff could describe to us the systems in place to give feedback. Patients were invited to complete a survey after the appointment or leave a review on Google. A patient could also give feedback to the clinic using an email address. Although the number of people who had provided feedback was low, feedback was mostly positive about the staff and the care they had received.
- We saw evidence of feedback opportunities for 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 reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work.
- The provider told us they had started offering long COVID-19 advice online, for registered patients. This involved reviewing symptoms and sign posting to local services, and discussions around lifestyle and diet.
- The provider was part of a GP support group where they could access peer support, discuss clinical concerns, and receive clinical updates.