The Hospital Medical Group Holdings Limited

The Hospital Group - Newcastle Clinic

Inspection report

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Overall summary

We carried out an unannounced responsive focussed inspection on 2 and 10 August 2016 to establish whether services delivered by the The Hospital Group - Newcastle Clinic were safe and well-led.

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

Are services well-led?

We found that this service was not 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 following concerns around post-operative care.

The Hospital Group Newcastle Clinic is based on the outskirts of Newcastle City Centre. There are good public transport links within the area and railway and Metro underground stations are located within short walking distance of the clinic. Car parking is available nearby.

The Hospital Group operates from 16 different clinics across England which are used for initial consultations between patients and surgeons as well as post-operative care. The location at Newcastle provides consultation for cosmetic, weight loss and dental surgical procedures, pre-operative assessment and post-operative care. Surgery is not carried out at the the Newcastle clinic. All surgical procedures are carried out Dolan Park Hospital, Bromsgrove, Birmingham.

This service is registered with CQC under the Health and Social Care Act 2008 to provide diagnostic and screening procedures, surgical procedures and for the treatment of disease, disorder or injury. At The Hospital Group – Newcastle Clinic the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation.Therefore we were only able to inspect the processes associated with cosmetic, weight loss and dental surgical procedures.

Summary of findings

There are seven members of staff working regularly at the clinic, including a clinic manager/patient care co-ordinator, a dental/non-surgical procedure advisor, a clinic nurse, a dental nurse and receptionists. Surgeons and dentists who have practicing privileges with the Group visit the clinic as and when necessary dependent on patient need.

The clinic manager/patient care co-ordinator 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 clinic is open from 9am to 7pm on a Monday to Friday and on occasional Saturdays and Sundays. The Hospital Group telephone contact centre is open from 8.30am to 7.30pm on a Monday to Friday and from 10am to 4pm on a Saturday and Sunday.

As this was an unannounced inspection we did not canvass any patients for feedback in advance of, or during the inspection.

Our key findings were:

- The Hospital Group – Newcastle Clinic had an incident reporting policy and procedure which was accessible to staff on the Provider's intranet system. However, there was no local oversight or analysis of significant events or incidents or of identifying trends and themes or lessons learned following incidents.
- The Hospital Group policy for reporting incidents included the categorisation of clinical incidents. However, the Newcastle Clinic was not recording post-operative complications or infections as incidents
- The Provider had a complaints policy which was also available to all staff on their intranet system. However, details of how to make a complaint were not advertised in the Clinic or in the patient information booklet and were difficult to find on the website. There was no local oversight of complaints received regarding the Clinic.
- Recruitment arrangements for staff were in line with recommended guidance. References, proof of identify and poof of qualifications, where necessary, had been sought.
- Staff had not undertaken recommended mandatory training. For example not all staff had undertaken infection control, basic life support, safeguarding, health and safety or fire safety training. Records for staff who had undertaken this training showed that they had not received refresher training within expected timeframes.
- Chaperones were available if requested. The registered manager and clinic nurse acted as chaperones and both had undergone Disclosure and Barring Service (DBS) checks. However, the registered manager had not received any specific chaperone training.
- Arrangements to gain and record patient consent were in place. The Newcastle Clinic had a system in place to ensure that relevant information in pre surgery assessment questionnaires was followed up with relevant medical professionals.
- The clinic generally had satisfactory arrangements in place for post-operative follow up and care. However, we were concerned that there may be some delay should a patient require a prescription following surgery for post-operative complications or infections as these had to be issued, by post, from head office.
- The Newcastle Clinic had a supply of emergency medicines and equipment. However staff members had not been trained in how to administer emergency medicines.
- The premises were clean and regular deep cleans and cleaning audits were completed. However, Legionella tests on the premises had not been carried out nor was there a risk assessment as to why not.
- Infection control audits were carried out on an annual basis and action points identified. However, there was no evidence to show action had been taken to address the points identified.

We identified regulations that were not being met and the Provider must**:**

- Ensure that there is local oversight, recording and monitoring of significant events and incidents and lessons learned from them.
- Ensure that all clinical incidents such as post-operative infections or complications are recorded as incidents in line with the Provider's incident reporting policy
- Ensure staff receive training in basic life support, infection control, health and safety, fire safety, and adult safeguarding

Summary of findings

- Ensure relevant staff are trained in the administration of emergency medicines
- Ensure staff acting as chaperones receive appropriate chaperone training
- Ensure that the registered manager is involved in the day to day running of the Newcastle Clinic and in assessing risks to the health and safety of patients receiving care and treatment to ensure compliance with the Health and Social Care Act 2008 and associated regulations

You can see full details of the regulations not being met at the end of this report.

There were areas where the Provider should make improvements. The provider should:

- Review premises management arrangements and ensure that legionella testing is carried out or a risk assessment recorded detailing why this is not felt to be necessary.
- Review the process of issuing prescriptions for post-operative patients to ensure there is no delay in treatment for any post-operative complications or infections
- Review the complaints process so that there is local involvement in the analysis of trends, themes and lessons learned.
- Ensure that information for patients on how to make a complaint is readily available in the clinic waiting room and more transparent on the group website.
- Introduce a procedure so staff are aware of when and how to refer patients experiencing post-operative complications to their GP, or to a local hospital if necessary.
- Introduce a local procedure for monitoring staff training requirements and renewal/update dates
- Hold formal, minuted staff meetings where issues such as learning from significant events, incidents and complaints are discussed.

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 not providing safe care in accordance with the relevant regulations.

We have told the Provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

- There was no local oversight of incidents or significant events nor involvement in analysis of trends, themes or lessons learned
- Staff had not completed all of the training they required to effectively carry out the duties for which they had been employed.
- Staff who acted as chaperones had not received appropriate training.
- We were concerned that there may be a delay in obtaining a prescription for patients experiencing post-operative complications or infection
- Staff had not received basic life support training or training in how to administer the emergency medicines held on site
- Risks were not assessed or well managed. There was no evidence of health and safety or legionella risk assessments.

As the result of a management review meeting following the inspection we determined that the impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the Provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations. We have told the Provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

- The registered manager was not sufficiently involved in the day to day running of the clinic to ensure compliance with the Health and Social Care Act 2008 and associated regulations
- There was no evidence of formally documented and minuted staff meetings
- There was no local oversight of complaints nor involvement in analysis of trends, themes or lessons learned

The Hospital Group - Newcastle Clinic

Detailed findings

Background to this inspection

We carried out an unannounced focussed inspection on 2 August 2016. The inspection team consisted of two CQC inspectors and a GP specialist advisor. As no clinical staff were available at the Newcastle Clinic on the 2 August 2016 a CQC inspector carried out a further visit on the 10 August 2016.

To get to the heart of patients' experiences of care and treatment, we usually 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?

Although these questions inform the framework for the areas we look at during the inspection the unannounced inspection carried out on 2 and 10 August 2016 focussed on the safe and well-led domains.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The Provider had an incident reporting policy and procedure which, together with reporting forms was available to all staff on the company intranet system. Staff we spoke with were aware of the policy and the procedure. All significant events and incidents were forwarded to the governance and risk department at company head office for recording, monitoring and analysis of trends, themes and lessons learned. The Newcastle Clinic registered manager was unable to tell us how many significant events had been reported by the clinic during the previous 12 months and was not involved in the analysis of trends, themes or lessons learned. Staff told us that lessons learned were disseminated by head office in the form of briefing notes. Although we saw evidence of this we did not see any evidence of learning or action points being monitored. Following our inspection, staff from the company's head office informed us that ten significant events or incidents had been submitted by the Newcastle Clinic in the preceding 12 months.

The incident reporting policy and procedure clearly set out the criteria for logging incidents. This included 'clinical incident – any incident directly related to patient treatment or care, which did or could have resulted in an adverse outcome (e.g. drug error, medical equipment failure)'. However the registered manager and clinic nurse told us that they did not use this system to report post-operative complications or infections. Instead they retained a separate log of what they referred to as 'delayed healing' or wound infections. Following the inspection head office were able to tell us that the Newcastle Clinic had reported 19 incidents of delayed healing or wound infection over the previous year. They also supplied us with evidence of these being analysed appropriately at head office level and discussed monthly at 'Responsible Officer' meetings and quarterly at Governance and Risk committee meetings. We were told by the head of clinical services and hospital manager for the Provider that they were in the process of reviewing how they record and report infection data in preparation for the submission of data required by the Competitions and Market Authority (CMA).

Reliable safety systems and processes (including safeguarding)

Clinic staff were able to access the Provider's safeguarding policy on their intranet site and staff were aware of the existence of the policy. However, not all staff had undertaken safeguarding training and some of the training had passed its renewal or update date.

There was no evidence of staff undertaking health and safety or, with the exception of the dental nurse, fire safety training. The fire safety training undertaken by the dental nurse, which allowed them to act as fire marshall, had passed its renewal date of November 2015.

The clinic nurse described the process for following up on patients who had undergone surgical procedures and for treating patients with post-operative complications or infections. Patients received a call from the clinic nurse 2 days post-op. They were then given follow up appointments with the nurse at 5-7 days, 14 days and 30 days after the procedure and a follow up review with the surgeon after 3 months.

We were told that all surgical patients were automatically prescribed a course of antibiotics on discharge from hospital. However, depending on the problem the patients would either be given wound care advice at the clinic or the nurse would seek advice from the lead nurse at head office or the consultant who had carried out the procedure. This was facilitated by telephone as the clinic did not have a video consultation facility. Patients were able to submit photographs of their wounds by email for consideration but the clinic did not suggest this as a matter of course or take photographs themselves. Depending on the severity of the problem a patient could either be re-admitted to Dolan Park Hospital in Birmingham for treatment (the patient would need to arrange their own transport) or be issued with a prescription for a further course or different antibiotic. We were concerned as this prescription would have to be issued by the hospital and sent to the patient by post which could result in a delay in the patient receiving treatment.

We were further concerned when we asked what would happen if a patient attended the clinic with a post-operative infection if the clinic nurse was not available. We were informed that the clinic/registered manager would give wound care advice yet they were not a qualified nurse and had not undertaken any other relevant clinical training or qualifications.

Are services safe?

Staff told us that patients were not generally told to contact their own GP or attend A&E as a result of post-operative infection or complications. However, the clinic nurse was able to give examples of when she had referred bariatric (weight loss) patients to the local bariatric hospital following post-operative complications. Patients were able to access a 24 hour advice line if they had any concerns.

Medical emergencies

Emergency medicines and equipment including oxygen was available if required. This was in line with Resuscitation Council UK guidelines. We checked the emergency medicines and all were in date. We saw records which demonstrated that emergency medicines were checked regularly to ensure that they had not exceeded their expiry dates and equipment was checked and maintained appropriately. However, staff members had not received training in how to administer emergency medicines.

There were no staff members in the Newcastle Clinic who had been trained to offer CPR. One member of staff had undertaken basic life support training but, according to the Provider's records this had been due for renewal in June 2016. Another member of staff had undertaken first aid training but this had been due for renewal in July 2015. We were concerned that should a medical emergency occur in the clinic staff would not be equipped to deal with this.

Staffing

With the exception of the receptionists most staff had been subject of disclosure and barring service (DBS) checks. However, the DBS checklist provided by The Hospital Group head office indicated that these should be renewed every three years and that the checks for three members of staff had passed their renewal date.

Two members of staff had been identified as chaperones and had undertaken disclosure and barring service (DBS) checks, although one had passed its renewal date. There was no evidence of one of these staff members undertaking any formal chaperone training.

The clinic nurse reported that she was supported in her continual professional development and revalidation. Staff were given the opportunity of an annual appraisal during which training and personal development requirements were identified.

We reviewed recruitment information and found that the group were following standard recruitment policies and procedures. We saw evidence of photographic identification, references and proof of qualifications being sought.

Staff we spoke to in the clinic felt there were sufficient numbers of suitably qualified and skilled staff employed in the clinic.

Monitoring health & safety and responding to risks

The Provider had a health and safety policy which was available to all staff on the intranet system. Despite the policy stating that it should be reviewed every 12 months or earlier if required the copy we were supplied with by head office had last been reviewed in March 2014.

Staff had not received health and safety or fire safety training. Fire extinguishers were serviced annually and fire alarm testing was carried out on a six weekly basis. The clinic did not carry out fire evacuation drills. A member of staff had received training to enable them to carry out the role of fire marshall. However, this training had passed its renewal date of November 2015.

The clinic had a defibrillator, oxygen and emergency medicines on site. Staff had not received training on how to administer emergency medicines. Only one member of staff had undertaken basic life support training but this had been due for renewal in June 2016.

Infection control

An infection control policy and procedure was available and the clinic nurse had been identified as the lead for day to day infection control matters. Infection control audits were carried out by the Provider's lead nurse for infection control from head office. The last audit had been carried out in July 2015 during which a number of action points had been identified. This included the need to order new equipment such as a dressing storage trolley, alcohol gel, antibacterial wipes and clinical waste bins. However, although the audit showed that the majority of this equipment had been ordered in November 2015, some four months after the audit, there was no note on the audit that these action points had been completed and the equipment obtained.

The clinic/registered manager told us that a cleaning contract was in place with a firm of cleaning contractors and that the premises were cleaned on a daily basis with a

Are services safe?

deep clean being carried out every six months. Clinicians were responsible for cleaning their own room's and equipment in-between patients. Monthly cleaning audits were carried out by the cleaner's supervisor and the clinic manager carried out more informal regular visual checks.

There was an adequate supply of liquid soaps and paper hand towels throughout the practice. Sharps bins were signed and dated and had not exceeded their identified storage capacity. A clinical waste contract was in place and waste matter was appropriately stored until collection. We saw evidence of waste consignment notes from an approved contractor.

A supply of personal protective equipment (PPE) was available for staff in treatment and consultation rooms. The Provider had a needle stick injury policy which clinical staff were aware of.

Members of staff we spoke with were unaware of whether there was a register of staff vaccinations to record whether they had received inoculation against Hepatitis B. They could not recall having their immunity status checked. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise the risk of blood borne infections.

The clinic/registered manager was unable to tell us whether there had been a legionella risk assessment for the premises or whether legionella checks were completed and informed us that this was something that would be dealt with by head office. We queried this with the head office who supplied us with a copy of their legionella policy and blank generic log book to record when assessments and checks had been carried out. The policy clearly stated that the clinic registered managers were responsible for carrying out appropriate weekly, monthly and quarterly checks, recording the findings in the water treatment log book and reporting any out-of-specification results to the facilities manager at head office. There were no documented checks at the Newcastle clinic.

Premises and equipment

The premises were leased from the local authority who were responsible for any external maintenance. Any required internal repairs were reported to the groups head office for action. When we visited the Newcastle Clinic on 2 August 2016 the toilet seat in the patient/disabled toilet was broken. We were told that this had been reported for repair but it was still broken when we visited again on the 10 August 2016.

Portable appliance (PAT) testing had last been carried out in November 2012. Although there are no specific regulations stipulating how often portable appliance testing should be carried out, the Provider's health and safety policy states that all portable appliances should be routinely examined by a health and safety advisor. In addition, a premises/infection control audit carried out by a staff member from head office in July 2015 identified that PAT testing was urgently required.

The clinic/registered manager told us that they did not have any equipment that required calibrating. Although they carried out bariatric (weight loss) surgery they did not have specialist scales.

Safe and effective use of medicines

Medical equipment was monitored to ensure it was in working order and in sufficient quantities. Records of checks carried out were available for audit purposes.

Medicines in use at the practice were stored and disposed of in line with published guidance. Staff were aware of where emergency medicines were kept and the medicines we checked were in date. However, no staff members had been trained in the administration of emergency medicines.

Are services well-led?

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

Our findings

Governance arrangements

The Head of Clinical Services and Hospital Manager for Dolan Park Hospital was the nominated individual on behalf of the company and was based at the head office address. The clinic manager/patient care co-ordinator acted as registered manager for the Newcastle clinic and was responsible for the day to day running of the service.

We were not assured that the Newcastle Clinic had an effective approach for identifying health and safety concerns or of any local oversight of potential risk. For example, we saw no evidence of any health and safety risk assessments or legionella risk assessments being carried out and the registered manager was not involved in analysing trends or themes or lessons learned from incidents or complaints.

A health and safety policy was in operation but there was no evidence of staff having received health and safety or other relevant training. The registered manager was unable to tell us what training staff had undertaken.

Clinic meetings were informal and not documented. There was no evidence of discussion at meetings to ensure lessons learned from incidents or complaints were embedded with staff.

Leadership, openness and transparency

The clinic manager was aware of regional and national management arrangements and was able to tell us of the process for escalating concerns or requesting advice.

Staff told us there was an open culture within the clinic and that they felt confident to raise any concerns or issues as and when they occurred and felt assured that appropriate action would be taken.

The clinic manager told us that the Provider encouraged candour, openness and honesty. However, as there was no local involvement in investigating or responding to incidents or complaints we were unable to find evidence of adherence to Duty of Candour requirements at clinic level.

Provider seeks and acts on feedback from its patients, the public and staff

The clinic ensured that patients were involved in making decisions about their care and treatment and this information was recorded in their records as part of the consent and pre-assessment questionnaire process.

Several endorsements, case studies and positive comments from previous patients, including a number of celebrities, appeared on the provider's website. However, we saw no evidence of a comment box for patients in the clinic or of patient satisfaction survey results being displayed. Staff told us that patients were able to give feedback at any time they visited by informing reception staff or the member of staff they were seeing. Information provided by the group after the inspection confirmed that they did carry out inpatient and outpatient satisfaction surveys. Their most recent inpatient satisfaction survey for the period April to June 2017 indicated that an average of 97% of respondents rated their experience in terms of the ward, theatre, anaesthetist, surgeon and journey to theatre as being good or excellent. The outpatient satisfaction survey for the same period indicated that almost 99% of respondents rated the discharge process as being good or excellent.

Complaints received by, or concerning the Newcastle Clinic were forwarded to the Governance and Risk department at company head office to be dealt with. The clinic registered manager was unable to tell us how many complaints concerning the clinic had been received and was not involved in analysis of trends, themes or lessons learned. The registered manager told us that lessons learned were disseminated by head office in the form of briefing notes. Although we saw evidence of this we did not see any evidence of implementation of learning or action points being monitored. Following our inspection we received information from company head office informing us that 15 complaints had been recorded in respect of the Newcastle Clinic for the period August 2015 to August 2016:

- One complaint in respect of administrative issues (i.e. appointments; missing medical records; failure to return a telephone call)
- One complaint regarding in-patient care (i.e. nursing care; catering; attitude of staff)
- Four complaints in respect of out-patient care (i.e. aftercare; communication; support)
- One complaint regarding policy (i.e. hospital policy; cancellation of surgery)

Are services well-led?

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

- One complaint in respect of sales (i.e. package; price; payment information)
- Seven complaints regarding surgery or treatment (i.e. results of surgery; post-operative complications; attitude; waiting time)

The only lesson learned identified as a result of these complaints appears to be in relation to patient care where a patient was fitted with support stockings which were too tight and painful. As a result a memo was circulated to the nursing team reminding them of the importance of ensuring that stockings were fitted correctly.

The Newcastle Clinic did not hold formal documented staff meetings so there was no evidence of staff being kept abreast of any shared learning, developments or updates.

Staff told us that they were able to share concerns and issues with management as and when they arose or through the staff appraisal process.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** Care and treatment was not being provided in a safe way for service users. Risks were not assessed appropriately or at a local level. Staff members providing care or treatment to service users did not have all of the competence, skills or training to do so safely.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** Systems or processes were not established and operated effectively to ensure compliance with requirements. The registered manager was not involved in assessing, monitoring or improving the quality and safety of the services provided.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** Persons employed by the service provider in the provision of a regulated activity did not receive such appropriate training as is necessary to enable them to carry out the duties they are employed to perform. This included infection control, safeguarding, health and safety, fire safety and basic life support training.