Sutton Medical Consulting Limited

Inspection report

Ashfurlong Medical Centre
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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	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

This service is rated as Requires improvement **overall.** (We inspected Sutton Medical Consulting Limited on the 5 September 2018 but did not rate the service).

The key questions are rated as:

Are services safe? – Requires improvement Are services effective? – Requires improvement Are services caring? – Good Are services responsive? – Good Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Sutton Medical Consulting Limited as part of our inspection programme to rate independent health providers on 15 May 2019.

CQC inspected the service on 5 September 2018 and asked the provider to make improvements regarding governance. We checked these areas as part of this comprehensive inspection and found most had been resolved. However, we found other issues and have asked the centre to improve.

Sutton Medical Consulting limited is a private consulting clinic that provides a range of surgical and medical specialities and allied health clinics such as psychotherapy and physiotherapy.

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 consulting centre director 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 :

- Systems to ensure that patients were safeguarded from abuse were established. However, administration staff records we looked at on the day did not demonstrate completion of formal safeguarding training. The lead staff member for safeguarding had not completed training appropriate to their role. Following the inspection the centre informed us that all employed staff had no completed relevant safeguarding training.
- The centre did not have an effective system to ensure accuracy and completeness of records.
- We received positive patient feedback relating to access to care, treatment, services and appointments.
- The centre organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- Governance systems and processes were not effective in identifying risks and managing performance.
-

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

(Please see the specific details on action required at the end of this report).

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

Overall summary

- Consider if intervals between policy reviews are appropriate.
- Consider a formalised process to document induction for all staff.
- Explore if all relevant incidents are being considered for learning and quality improvement.
- Consider a comprehensive oversight of the quality improvement and assurance processes relating to the service.

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 and CQC GP specialist advisor.

Background to Sutton Medical Consulting Limited

Sutton Medical Consulting is a limited company registered with CQC since 2010. It is a private consulting clinic located in the Sutton Coldfield area of the West Midlands. Based on data from Public Health England the service is located within the 20% most affluent areas nationally. Patients can access a range of surgical and medical specialities and allied health clinics such as psychotherapy and physiotherapy at the clinic. The service contracts with local private hospitals, NHS Hospital trusts and private clinicians who rent rooms and facilities within Sutton Medical Consulting clinic to provide outpatient care and treatment for patients over the age of 18 years. Referrals are made through patients usual GP or tertiary referrals from other health and care professionals and less frequently self-referrals.

The service is located on the first floor of a health centre which it shares with two GP practices located on the ground floor of the building. There is lift access to the first floor. The service has seven consulting and therapy rooms and a treatment room in which minor surgical procedures under local anaesthetic are undertaken.

For more information about the service please refer to the consulting centre website;

The service is led by two Company directors who are also GP partners from the two practices that share the health centre and managed by a Consulting Centre Director. The service employs two nurses, two healthcare assistants and a team of four administrative staff who support the consultants and clinicians. Consultants working at the service on a private basis do so through 'practising privileges' (permission granted through legislation to work in an independent hospital clinic). The service also acts as a satellite clinic for two NHS hospital trusts and a local private hospital (There are Service Level Agreements (SLAs) with these hospitals to rent rooms out and carry out non-invasive procedures for ear nose and throat (ENT), rheumatology as well as follow up consultations for patients who received breast implants.

The service is open for appointments Monday to Thursday 8am to 8pm, on a Friday between 8am and 5pm and on a Saturday between 9am and 12 noon.

During 2018 the provider saw approximately 16,200 patients, around 70% of these were private patients and 30% NHS patients referred via the NHS e-referral system.

The service is registered to provide the regulated activities of diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury.

How we inspected this service

Before visiting, we reviewed a range of information we hold about the service.

During our visit we:

- Spoke with a consultant working under practising privileges.
- Spoke with the centre director.
- Spoke with the senior sister/lead nurse
- Spoke with a reception staff member.

Looked at the systems in place for the running of the service.

- Viewed a sample of key policies and procedures.
- Explored how clinical decisions were made.
- Made observations of the environment.

- Reviewed feedback received from patients including CQC comment cards.

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.

Requires improvement

Are services safe?

We rated safe as Requires improvement because:

- Systems to ensure that patients were safeguarded from abuse were established. However, administration staff had not completed formal safeguarding training (both adult and children). The lead staff member for safeguarding had completed formal safeguarding training but not to a level appropriate to their role.
- Not all emergency medicines were stocked at the time of the inspection. For example, the centre carried out minor surgery and relevant emergency medicine required was not kept and a risk assessment had not been carried out to support the decision making. However, the clinic took action to acquire those missing on the day.

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- The service did not see or treat anyone under the age of 18 years. The provider had policies and procedures in place covering safeguarding to provide support and guidance to staff. The policies contained contact details for relevant agencies responsible for investigating safeguarding concerns.
- The senior nurse was the safeguarding lead for the service. Administration staff had not completed formal safeguarding (adults and children) training. In-house training was delivered by the safeguarding lead and staff were assessed on their knowledge of safeguarding process following the training. However, the safeguarding lead had completed level 1 safeguarding training for adults (and children). This was not in line with the revised intercollegiate guidance of level 3 safeguarding training. The consulting centre responded by booking the nurse for level 3 training on the day. Training for other employed staff had also been arranged. Following the inspection the centre informed us that all employed staff had no completed relevant safeguarding training.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. We reviewed the personnel files for two employed (one clinical and one administrative) staff members. Records we looked at demonstrated that appropriate employment checks were carried out before these staff members started their role. For example, 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).
- We also looked at personnel files for two clinicians working under practising privileges and saw that appropriate checks were in place. Clinicians working under practising privileges were required to provide appropriate recruitment information for approval before they were allowed to see patients which included qualifications and background checks. Audits were carried out annually by the administrative team to check information on clinicians was up to date and correct.
- There was an effective system to manage infection prevention and control. We observed the premises to be visibly clean and tidy. Staff had access to personal protective equipment. Spill kits for the cleaning of bodily fluids were available. Cleaning was carried out by an external cleaning company and cleaning schedules were in place. We saw infection control audits were undertaken. The latest infection control audit was carried out in March 2019 with a score of 96%. Staff had access to a range of infection control policies and procedures and training was provided by the lead nurse as part of the induction process for new staff.
- We found the premises appeared well maintained and arrangements were in place for the safe removal of healthcare waste.
- Health and safety risk assessments had been carried out in November 2018 and a fire risk assessment was completed in December 2018. We saw evidence of regular checks of fire equipment were undertaken. Fire alarms were tested regularly; fire drills were undertaken to ensure staff knew what to do in the event of a fire.
- Staff and cleaners had access to appropriate risk assessments such as data sheets for control of substances hazardous to health (COSHH).
- The consulting centre (located on the first floor) shared the building with two other NHS GP services located on the ground floor and any maintenance issues identified were raised with the building's maintenance support team. Risks relating to the premises were also managed for the whole health centre.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to

manufacturers' instructions. Records showed that where relevant equipment had undergone electrical safety testing and calibration checks to ensure it was in good working order.

Risks to patients

The systems to assess, monitor and manage risks to patient safety were not effective.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- 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. Staff received annual basic life support training as part of the centre's mandatory training. The centre held emergency equipment including a defibrillator and oxygen. Records seen showed these were regularly checked to ensure they were in working order.
- The consulting centre did not stock all relevant emergency medicines. For example, emergency medicines related to suspected bacterial meningitis, analgesia, epileptic fit and hypoglycaemia were not kept. The provider immediately made arrangements to purchase the relevant medicines.
- There were appropriate indemnity arrangements in place to cover all potential liabilities for relevant employed staff. Clinicians working under practising privileges were required to provide details of their medical indemnity before seeing patients. There were systems in place to review this annually to ensure they were up to date.
- Personnel files looked at demonstrated that staff immunisations were maintained.

Information to deliver safe care and treatment

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

- The consultation centre offered appointments with consultants for various specialties including aesthetics and cosmetics, audiology, cardiology, dermatology, genecology, ophthalmology, orthopaedics amongst other specialities. Patients were seen by consultants on practising privileges. Most patients were seen on a private basis, but NHS patients were also seen. Patient information was held by the individual clinicians who remotely accessed systems used by their hospital. Most clinicians managed their own notes and for some clinicians, paper records were maintained, and these were securely stored in lockable facilities at the clinic for the clinician as required.
- 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 they ceased trading.
- We were told that patients who had undergone a procedure at the centre were given written post-operative instructions and advice. This included what to do if they had any concerns when the centre was closed. We were told that clinicians who worked under practising privileges also shared their contact details with their patients.

Safe and appropriate use of medicines

The service did not have an effective system for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including emergency medicines did not minimise risks. The consulting centre did not stock all relevant emergency medicines. For example, the centre carried out minor surgery and relevant emergency medicine required was not kept.
- The service kept prescription stationery securely and monitored its use. There were systems in place for maintaining an audit trail of prescriptions used. These were allocated and signed for by clinicians when attending the clinic.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety and incidents

The service had a good safety record.

The provider had some systems for monitoring safety in the service. This included:

- Systems for managing incidents and complaints.
- The service monitored and reviewed activity. For example, the Medical Advisory Committee (MAC) reviewed prescribing of clinicians.
- There were comprehensive risk assessments in relation to safety alerts.

Lessons learned and improvements made

Requires improvement

Are services safe?

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. Leaders and managers supported them when they did so.
- There were no recorded incidents for 2019. However, four incidents were recorded for 2018 and these were discussed at staff meetings, learning was identified, and actions were taken in response to help minimise the risk of re-occurrence. This included changes to policies and procedures.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. We saw evidence where the consulting centre provided truthful information and a written apology following a complaint. The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. Alerts were received and acted on by the lead nurse and disseminated to relevant consultants.

Requires improvement

Are services effective?

We rated effective as Requires improvement because:

- The centre was unable to demonstrate an effective system of oversight to ensure care being delivered by consultants working under practising privileges was safe, effective and in line with best practice.
- The centre was unable to demonstrate a system in place to assure itself that clinicians working under practising privileges were up to date with all relevant training.
- Patient records were not always fully completed with diagnosis, treatment outcomes and administration of medicines such as joint injections.

Effective needs assessment, care and treatment

The centre could not demonstrate that they had processes in place to assure themselves that clinicians working under practising privileges were up to date with current evidence-based practice.

The consulting centre provided specialist care and treatment from consultants and clinicians that worked under practising privileges. The consulting centre provided the consultants with the level of support they requested such as nursing or administration support. Clinic staff told us that they took the lead from the consultants they worked with. The Medical Advisory Committee (MAC) had some oversight of their work such as some prescribing audits. Generally, consultants working at the centre were responsible for keeping themselves updated.

Monitoring care and treatment

The service was involved in some quality improvement activity.

- There was evidence the centre made improvements through the use of completed audits. We saw evidence of monitoring through audits such as blood pressure monitoring audit and infection prevention and control audits. Individual consultants carried out specific clinical audits. However, the centre did not have access to these.
- The MAC had some oversight of clinicians work through audits of their prescribing. However, the centre was unable to demonstrate processes in place to assure themselves that clinicians working under practising privileges were delivering care according to current evidence-based practice.
- Patient feedback was the main way of monitoring the quality of the service and outcomes for patients and all new patients were requested for feedback on their visit to the service.

Effective staffing

The centre was unable to always demonstrate staff had training, knowledge and experience to carry out their roles.

- Staff files we reviewed demonstrated that they were appropriately qualified. Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council (NMC) and were up to date with revalidation. Consultants working under practising privileges were expected to share their annual appraisal with the consulting centre. We reviewed staff files for two consultants and saw up to date appraisals were in place.
- There was an effective induction system for agency staff (and consultants working under practising privileges) tailored to their role. However, records we looked at did not demonstrate that a formal induction was in place for administration staff. We were told that there was an induction process for new staff. However, staff files we looked at did not demonstrate this.
- There was evidence of training for employed staff. The senior nurse took on the lead role to deliver in-house training to administration staff. For example, they had attended training for sepsis and infection control and then shared learning with other employed staff. There was an assessment process to ensure staff understanding.
- The lead nurse also delivered safeguarding training to administration staff. However, they had completed level 1 safeguarding adult (and children) training. This was not in line with the revised intercollegiate guidance of level 3 safeguarding training. The consulting centre had booked the nurse on level 3 training on the day. Following the inspection, the centre informed us that all employed staff had no completed relevant safeguarding training.
- There were no records of training for the consultants working under practising privileges. The centre told us they ensured that consultants' annual appraisal (carried out as part of their revalidation process) were up to date as a way to assure itself that relevant training was up to date.

Requires improvement

Are services effective?

- Employed staff received annual appraisals inhouse which enabled them to discuss any concerns or development needs. Staff files we looked at demonstrated that appraisals had been carried out over the last 12 months.

Coordinating patient care and information sharing

The system to share patient information between consultants working under practising privileges and the centre was not always effective.

- Patients were referred to the consulting centre through the patients GP or a tertiary referral from another clinician or service. Some patients accessed the service directly through the consulting centre.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Clinicians shared patient information relevant to their care and treatment with other health professionals as appropriate.
- The provider had service level agreements in place with laboratories used and had systems in place to monitor samples sent to ensure they were not lost and reviewed and acted upon in a timely manner. The consulting centre had access to results or diagnosis which were recorded on patient notes. Consultants were able to refer or book patients for further tests through the clinics established processes. Consultants could also use processes outside of the clinic; where this occurred, the clinic did not have sight of the results or patient outcome as these were not routinely shared. For example, we spoke with one clinician who used an electronic (encrypted) application used to send letters and referrals to their secretary who then took appropriate action. Patients received a letter or results of tests directly from the clinician's secretary. This do not ensure patient information needed to plan and deliver care and treatment was available to the centre in a timely and accessible way. The consulting centre director told us that they would be discussing this with the MAC to review and action.
- We saw records were kept of patients who had been administered joint injections. While relevant information such as name of medicine or dose was documented, the batch number of the medicine was not recorded. Following the inspection, the consulting centre informed us that they had amended the templates to record batch numbers.

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.

- Patients who used the clinic attended for specialist care and treatment. Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.
- Where appropriate, clinicians gave people advice, so they could self-care. One of the consultants we spoke with told us that they were delivering a talk in their area of specialism at the clinic to educate and raise awareness in both staff and patients.

Consent to care and treatment

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

- Staff we spoke with understood the requirements of legislation and guidance when considering consent and decision making.
- There was a consent policy in place and systems for obtaining written consent from patients for treatment, investigation or procedures carried out at the clinic. The consent form included details of the procedure being undertaken and any benefits and risks.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Good

Are services caring?

We rated caring as Good because:

Patients whose feedback we viewed was clear that the provider showed caring services and that they felt involved in their care and treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We received nine CQC comment cards. Feedback from patients were all positive about the way staff treated people. People were very complimentary about the service they had received and the way they were treated by staff. Patients said staff were friendly and professional and that they were treated with respect.
- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.

The provider carried out ongoing patient satisfaction surveys which they analysed on a quarterly basis. The centre had received 113 responses from January to March 2019 for NHS patients and 53 responses from both NHS and private patients. Feedback received was positive, for example;

- 98% of NHS patients rated the quality of their consultation as excellent and 2% of patients rated it as good.
- 91% of NHS patients rated the quality of attention received from reception staff as excellent and 9% rated it as good.
- 83% of private patients rated the quality of attention received from reception staff as excellent and 17% rated it as good.
- 89% of private patients rated the quality of the care received from nursing staff as excellent and 11% were good.

Involvement in decisions about care and treatment

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

- Feedback received from the people who used the service through the completed CQC comment cards told us that clinical staff took the time to involve them in their care and that they felt listened to.

The inhouse survey (January to March 2019) found:

- 41% of private patients rated the consultant they saw as excellent for involving them in decisions about their care, 9% good and 47% not applicable.
- 41% of private patients rated the nurses they saw as excellent for explaining their health needs, 7% as good and 51% as did not apply.
- Interpretation services were available for patients who did not have English as a first language. However, we were told that they rarely needed to use this service as most patients were able to speak English.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Information about the various specialties available could be found on the provider's website. Patients were also able to ask for further information and ask questions about the service through the provider's website or by telephone.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patient feedback through the in-house survey was positive as patients felt they were treated with dignity and respect. Comment cards we received also aligned with this.
- Patient information was held in lockable facilities.
- Privacy screens were provided in the consulting and treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consulting room and treatment room doors were closed during consultations and conversations taking place in them could not be overheard

Good

Are services responsive to people's needs?

We rated responsive as Good because:

The consulting centre was able to demonstrate that services they delivered were responsive to patient needs.

Responding to and meeting people's needs

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

- The consulting centre understood the needs of their patients and improved services in response to those needs. A 'what you told us' and 'what we did' poster in the waiting room informed patients of the action taken following feedback. For example, the centre told patients that work was underway to add more colour in consulting rooms. Patients felt there was a lack of paediatric service in the area and the centre was working with other teams to explore ways to introduce non-invasive paediatric services. The centre had granted practising privileges to four additional therapists as a result of patient feedback.
- The facilities and premises were appropriate for the services delivered. The service was accessible to those with mobility difficulties. The clinic could be accessed via a lift and there was space for wheelchair access. There were chairs in the waiting room to assist patients who may have difficulty standing. Disabled toilet facilities and parking spaces were also available within the premises.

Timely access to the service

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

- Patient feedback and the services in-house survey suggested that patients had timely access to initial assessment and treatment.
- The centre had granted practising privileges to therapists following demand from patients and continued to monitor the demand.
- The service was open for appointments Monday to Thursday between 8am and 8pm, Friday between 8am and 5pm and on a Saturday 9am to 12 noon.
- Staff told us that patients were usually able to get appointments within a few days of requesting one.

The centre had carried out an in-house survey and feedback from 53 private and NHS patients showed;

- 9% of patients were able to get an appointment on the same day, 38% the next day, 40% within 2-4 working days, 7% 5 or more working days and 6% did not apply.
- 64% of patients said their wait time for consultation to begin was 5 minutes, 23% said 6-10 minutes and 13% said 11-20 minutes.
- Any urgent or complex care needs would be signposted to more appropriate services to manage their condition.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends and acted to improve quality of care. The centre had received four complaints in 2019. The centre was considering recording telephone calls to protect patients and staff following review of complaints.

Requires improvement

Are services well-led?

During our previous inspection we found the service was not providing well-led care in accordance with the relevant regulations.

- Risks in relation to the lack of emergency medicines available had not been fully considered.
- Staff training requirements, including the training requirements of staff who provide in-house training had not been fully assessed. For example, in areas such as safeguarding children.

We rated well-led as Requires improvement because:

The consulting centre had a clear developed leadership structure. There was a culture of openness and a focus on continual improvement and innovation. However, leadership team had not considered all aspects of the governance process to manage and mitigate risks to patient safety and effectiveness.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care. However, they had not considered all areas to manage and mitigate risks to patient safety and effectiveness.

- The service was led by the Consulting Centre Director supported by the lead nurse who reported to the company directors and the board.
- The leadership team was visible and approachable. Either the Consulting Centre Director or lead nurse was available on duty or contactable if needed.
- Patient care and experience was given high priority. The centre worked closely with the visiting clinicians to help meet patient needs.
- Leaders at the consulting centre were visible and approachable. They worked closely with employed staff and others to make sure they prioritised compassionate and inclusive leadership. However, they had not considered all parts of the service to deliver safety, quality and the ability to assure continuity of care. For example, there were gaps in staff training and completeness of some patient records.

Vision and strategy

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

- 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.
- It was clear that the consulting centre was continually exploring opportunities for expanding the range of services available to help secure the financial viability of the service. For example, patient feedback helped the centre identify gaps in the service and opportunities to expand.

Culture

The service aspired to deliver high-quality sustainable care. However, our findings did not demonstrate that mechanisms were well developed in all areas of the service.

- Staff felt respected, supported and valued. They were proud to work for the service. They told us that they were a small team that worked well together and supported each other. Staff also told us that there was always someone they could contact for advice and support if needed.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw evidence where the consulting centre provided truthful information and a written apology following a complaint.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were positive relationships between staff and teams.
- There were processes for providing all staff with the development they needed. Although, formal training in safeguarding adults for administration staff had not been considered, in-house training had been delivered.
- There was evidence of appraisal and career development conversations. Staff files we looked at confirmed that regular annual appraisals were undertaken in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.

Requires improvement

Are services well-led?

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. However, some areas of governance had not been considered to deliver a safe and effective care.

- Structures, processes and systems to support good governance and management were clearly set out and understood. Staff were clear on their roles and accountabilities. However, some governance arrangements had not been considered. The governance and management of partnerships, joint working arrangements and shared services did not promote interactive and co-ordinated person-centred care. For example, the processes in place to update patient records, test results and diagnosis were not effective. The service had recognised this on the day and told us that they would be working with consultants to improve the process.
- The centre had established policies and procedures to support the safety of the service and were accessible to all staff. However, there was no system to ensure policies were kept up to date.
- The centre had established formal opportunities for communicating key information, changes and learning to staff. Minutes of staff meetings we looked at indicated that formal meetings were regularly taking place. Staff told us that internal meetings took place on a regular basis.

Managing risks, issues and performance

Where risks were identified these were managed and mitigated. However, the centre was unable to demonstrate effective systems to manage and mitigate all relevant risks.

- The process to identify, understand, monitor and address current and future risks including risks to patient safety was not effective. For example, the service did not have a clear process to ensure effective oversight of clinical work. The centre did not have access to any clinical audits carried out by consultants working under practising privileges and so these could not be used to assess overall quality of the services delivered by the provider.
- We identified risks to patient safety as employed staff did not have safeguarding training appropriate to their role. The centre did not have a process to assure itself that consultants working under practising privileges were up to date with their training.
- The safeguarding policy had last been reviewed in 2016 and was next due for a review in 2020. This would not ensure any changes to the local authority safeguarding process would be incorporated in a timelier way.
- The centre was in the process of offering paediatric services but had not considered safeguarding children training for relevant staff.
- The process to identify risks from not having appropriate emergency medicines were not effective. For example, the centre carried out minor surgery and relevant emergency medicine required was not kept and a risk assessment had not been carried out to support the decision making.
- There was effective oversight of safety alerts, incidents, and complaints.
- The centre had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The centre did not always have appropriate and accurate information.

- Records relating directly to patient care and treatment were held by the individual clinicians. These were a mix of paper records which were kept in lockable facilities on site or the clinicians accessed IT systems such as those used at the NHS or private hospital. However, the centre did not have a system to ensure all relevant information regarding a patient's treatment, tests and diagnosis were available and records updated accordingly.
- 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 with the exception of the quality of clinical care delivered by clinicians (working under practising privileges).
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems in the centre. One clinician

we spoke with told us that they used an electronic encrypted application to send treatment outcomes and referral letters to their secretary. The centre did not have a system of oversight on how individual clinicians managed data although they were expected to adhere to the centre's policy on data protection.

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.

- The provider sought feedback from people who used the service on an ongoing basis through their patient satisfaction survey. Patients could also provide feedback through the clinic's website. The feedback was broken down into individual clinicians as well as NHS or private patients. Feedback received was positive in relation to questions about consultations, waiting times, and involvement. The feedback received was shared with relevant stakeholders. We saw action was taken in response to patient feedback.
- The provider regularly engaged with stakeholders to ensure the service was meeting their specific needs. New clinicians met with staff at the clinic so that they could accommodate their requirements.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement particularly in relation to the expansion of services. The clinic continuously sought opportunities to offer a variety of services. For example, it had recently offered practising privileges to four clinicians.
- The centre director told us that they were currently looking to offer non-surgical treatments for a range of conditions.
- The centre planned to offer private GP consulting service from June 2019.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 HSCA (RA) Regulations 2014 Good governance** **How the regulation was not being met:** There were a lack of effective systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular we found: • The arrangements for identifying, recording and managing risks and implementing mitigating actions were not operating effectively in relation to the management of emergency medicines. • The arrangement to maintain securely an accurate and complete record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided were not effective. • There was a lack of arrangements to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities. The centre was unable to demonstrate an effective system of oversight to ensure care being delivered by consultants working under practising privileges was safe, effective and in line with best practice. This was in breach of Regulation 17 (1) (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.