

EssexPrivateGP

Inspection report

58 Laindon Road
Billericay
CM12 9LD
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced inspection at EssexPrivateGP as part of our inspection programme and to provide a rating for the service.

EssexPrivateGP provides an independent GP consulting and treatment service to children and adults of all ages.

The Lead GP 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:

- The service had clear systems to keep patients safe and safeguarded from abuse.
- Staff had the information they needed to deliver safe care and treatment to patients.
- The provider sought assurance from those responsible for the premises to ensure the safety of patients and staff.
- The service routinely reviewed the effectiveness and appropriateness of the safety and quality of care it provided to ensure treatment was delivered according to evidence-based guidelines.
- Patients were treated with respect and staff were kind, caring and involved them in decisions about their care.
- Patients were able to access efficient and effective care and treatment from the service, with appointments available on the same day.
- The service demonstrated a culture which focused on the needs of patients and commitment to driving improvement.
- There was a clear leadership structure in place and staff felt supported by management.
- The service had a governance framework and had established processes for managing risks, issues and performance.

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

- Work with those responsible for the premises to continue to monitor and mitigate risks associated with legionella bacterium contamination of water systems.
- Continue to indicate the lead responsible individual at the service in all policies.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser.

Background to EssexPrivateGP

Essex Private GP is an independent GP consulting and treatment service whose medical staff are on the GP register at the General Medical Council. The service has been registered since March 2021 to deliver the following regulated activities: Diagnostic and screening, Family planning and Treatment of disease, disorder or injury.

The service is located on the ground floor of Oakdin Surgery, 58 Laindon Road, Billericay, CM12 9LD. Oakdin Surgery provides the clinical consulting room, some administrative support and use of their equipment under a service level agreement. Oakdin Surgery also holds a separate CQC registration and are in the process of changing their name with the CQC, to Oakdin Clinic.

Staff working at this location include four independent GP's who work at the clinic under practicing privileges. A non-clinical administrative staff member works remotely, is employed by the provider and is responsible for patient bookings and queries.

The clinic is open Monday to Friday 9am to 6pm and Saturday 9am to 12.30pm.

Face to face and home visit appointments are available during clinical hours, out of hours appointments are available on an ad hoc basis. Service users can book appointments online or by calling EssexPrivateGP.

How we inspected this service

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 requesting evidence from the provider before and after the inspection. We then conducted a short site visit to inspect the building, review additional evidence, conduct on site interviews with staff members and review patient records. We conducted a remote interview following our onsite visit with the GP administrator who works remotely for the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff.
- 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. We saw all staff had received safeguarding training appropriate to their roles and in line with the intercollegiate guidance Safeguarding Children and Young People: Roles and Competencies for Healthcare staff.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- We reviewed clinical and non-clinical staff personnel files and found that the clinic carried out appropriate recruitment and staff checks. This included checks such as the General Medical Council (GMC) professional register, appraisals, medical indemnity and staff training.
- There was an effective system to manage infection prevention and control. The service had an infection control policy which was regularly reviewed and updated. We saw an infection prevention control risk assessment in place which covered areas of possible risk such as the management of waste, sharps bin and annual completion of the host's infection prevention and control audit. There were appropriate controls in place to mitigate possible risks as well as next review dates to assess if the risk was being managed appropriately.
- There was a system in place to regularly review and record the immunisation records of staff.
- On 21 July 2022 a legionella risk assessment was undertaken by the host organisation, Oakdin Surgery, for the premises. The clinic was awaiting the report therefore we did not review this during our inspection. Following the inspection, the host organisation sent us the recommendations from the risk assessments and the actions taken to address them.
- 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 checks to assure themselves in relation to the management of premises and environmental risks undertaken by the host organisation, Oakdin Surgery.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.

Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The service did not provide urgent care, staff would direct patients to other appropriate emergency and urgent services if their condition meant they could not wait for an appointment. We saw that staff had received training in basic life support within the last 12 months.
- We saw there was appropriate indemnity arrangements for clinical staff to cover potential liabilities.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly by Oakdin Surgery. We also saw evidence of regular checks completed by the provider for assurance.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The provider used a cloud based clinical system, which enabled staff to access patient records remotely if required.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines including emergency medicines and equipment minimised risks.
- The service had secure systems in place for generating and issuing private prescriptions.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- Our review of clinical records found appropriate prescribing in place.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The provider utilised the premises under a service level agreement (SLA) with Oakdin Surgery who maintained the premises and provided service support to EssexPrivateGP. The SLA clearly set out responsibilities.
- EssexPrivateGP actively sought assurance from Oakdin Surgery that risks in relation to safety issues were being effectively managed.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

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 supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. We saw examples of the four incidents reported in the last 12 months that had been reviewed and investigated appropriately. For example, a patient was not booked to see a GP following a scan. The service took appropriate action to ensure such incidents did not occur again. Clear instructions of the communication process with Oakdin Surgery were also outlined so all staff were aware of their responsibility to Essex Private GP following a report, urgent or abnormal result.
- The service learned and shared lessons identified themes and took action to improve safety in the service. Staff we spoke with were aware of the incident reporting process, they were able to share the action taken and learning that was identified from this incident which was discussed at staff meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- 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.

Are services effective?

We rated effective as Good because:

The service had established a range of systems and processes to deliver effective care that met patients' needs.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. All repeat prescriptions went to the lead Doctor.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- The service made improvements through the use of regular audits and reviews. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The service had a regular audit programme of daily, weekly, monthly, quarterly, annual and standalone audits. We saw evidence that the service regularly assessed themselves against these audits.
- GP prescription writing was audited to measure conformance against the clinics medication and prescription management policy and the national standard as per NICE guidelines. A sample of prescriptions generated by each GP were randomly selected and assessed against the NICE standards. The study found 4 out of 22 prescriptions indicated 'as directed' or 'as required' did not specify the maximum daily dose. Prescriptions generated by the system did not state if a patient was under the age of 12 or older than 60. All other parameters such as date, patients surname and forename, GP details, dose in numbers, quantity or length in treatment were present on all prescriptions generated.
- The clinic shared a retrospective audit to assess if pathology requests were read, processed and communicated to patients and completion was recorded in the patients notes. The practice also recorded if patients were contacted within 24-48 hours from the date results were received. The results of the study found that for most patients, results were communicated within the timescales that patients were advised and shared with patients. Two patients out of 62 who had their tests done were called but there was no clear documentation in the patients record of the patient being called regarding their results, however there was evidence that the results were shared. Learning points following the audit included discussing the practices policy on calling patients including the number of days following results that calls should be made, and then sharing results through email or text as per the patients preference if they are unable to reach the patient. All staff were reminded to keep records in the patients notes if patients were called and where voicemail messages were left, to also send a written message to the patient.

Effective staffing

Are services effective?

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff, and we saw examples of these.
- Doctors were registered with the General Medical Council (GMC) and were up to date with revalidation. This is the process by which the GMC confirms the doctor's license to practice in the UK.
- The GP's also worked in the NHS and were able to use this experience at the practice.
- 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.
- The provider maintained records of the skills, qualifications and training acquired by staff. The provider had identified mandatory training requirements and we saw evidence that staff had completed this.

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.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- 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.
- We saw evidence of alerts in place for patients on high risk drugs. The results of a Methotrexate prescribing audit showed the practice was aware of patients who were prescribed the medicine by the GP's working at the clinic or prescribed the medicine through the NHS. The practice had also documented where patients were receiving their follow up in secondary care including the details of the date and place. The clinic recorded all medication reviews and monitoring and were aware of their duty to be aware and have alerts in place as these were patients on their list that clinicians were prescribing acute medications to.
- The service monitored the process for seeking consent appropriately if required.

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.

- The provider offered patient wellbeing checks as part of their service.
- Where appropriate, staff gave people advice during their consultation so they could self-care.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

Are services effective?

- Staff understood the requirements of legislation and guidance when considering consent and decision making. We saw staff had received training in relation to the Mental Capacity Act.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Evidence seen demonstrated that EssexPrivateGP provided a caring service in which people were treated with compassion, dignity and respect.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- We saw evidence of feedback from patients which was consistently positive about the way staff treat people, the helpful and professional service that was offered.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available to patients if required describing the services offered.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- The service audited patient feedback. Patient feedback questionnaire had 36 questions covering areas about the visit to the GP, the appointment and the booking system. All patients responded positively to the quality of the appointment such as the confidence in the GP, feeling involved in decisions about their care, clear explanations about the condition and treatment offered and having enough time for their appointment. Although the service offered appointments within 24 to 48 hours, two out of the 39 respondents were seen more than five days after they called to book an appointment. The service concluded this was due to patient preference of a specific GP.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff told us if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Doors were closed during appointments and conversations could not be overheard.

Are services responsive to people's needs?

We rated responsive as Good because:

Services were tailored to meet the needs of individual patients and were accessible.

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 provider understood the needs of their patients and improved services in response to those needs. We saw that the provider introduced an online booking system for patients following their analysis of patient feedback.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Home visits were available on request within core working hours.
- Patients could obtain an appointment with a preferred GP.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. The lead GP clinician was in regular daily contact with the administration staff who told us they felt confident in reaching out to all GP's if needed.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded/did not respond 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 complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. The service worked with Oakdin Surgery where complaints crossed organisational lines.

Are services well-led?

We rated well-led as Good because:

The service demonstrated a culture which focused on the needs of patients and commitment to delivering high quality and safe patient care that was in accordance with the relevant regulations.

Leadership capacity and capability;

The lead GP had the capacity and skills to deliver high-quality, sustainable care.

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

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for 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
- The service monitored progress against delivery of the strategy and the practice performance through regular meetings and audits.

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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- 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 all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. All staff were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We found that not all policies were personalised to the practice, this was immediately resolved following our inspection and we saw evidence that all policies clearly highlighted the responsible person for taking lead responsibility in all areas.
- The service used performance information which was reported and monitored.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audits such as prescribing.
- Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

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

- 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.
- There were systems to support improvement this included various audits and monitoring of the service provided.
- We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.

Are services well-led?

- The clinic analysed feedback from the '360' style appraisal conducted to gather the views of staff at the practice. All staff commented positively on the quality of care delivered, teamwork, patient access and the responsiveness of the team in dealing with complaints. We saw evidence that changes were made following feedback for example staff meetings were now face to face as well as virtual due to staff preferences. Out of Hour ad hoc appointments were also introduced as a result of staff recommendation.
- The service was transparent, collaborative and open with stakeholders about performance.
- Appropriate service level agreements were in place. They reviewed performance and assured themselves that the agreements in place supported high-quality sustainable services.

Continuous improvement and innovation

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

- The provider was keen to expand the clinical services to be able to utilise the skill set of their staff.
- There was a focus on continuous learning and improvement. Minutes from meetings showed all staff were encouraged to identify opportunities to improve the service delivered.
- The service had established regular monthly meetings for all staff to discuss areas relating to CQC's key line of enquiries such as safeguarding, risk management, staff and patient feedback, incidents, infection control and staffing. Updates relating to prescribing, alerts and policies were also discussed.
- The service had a comprehensive programme of clinical audits.
- During our interview with the Registered Manager, we were informed the clinic had contacted the local lead Pharmacist for information on the local prescribing of antibiotics data, to compare this with their own prescribing performance.
- Learning from incidents was shared and used to make improvements.
- Leaders encouraged staff to take time out to review individual and team objectives, processes and performance.