

# Private GP Clinic Ltd

# Private GP Clinic

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 2 November 2017 to ask the service the following key questions; are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found that this service was 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.

Private GP Clinic provide private healthcare services, including private GP services, health checks, ear wax removal and aesthetic treatments. There are two GPs (one male, one female) and a visiting GP who specialised in minor surgery. One GP is also the medical director. Private GP Clinic is also supported by a health care practitioner, laser practitioner, director/registered manager, office manager and reception/administration staff. The service is provided from the second floor of the West Byfleet Health Centre, which is a purpose built health care building. The service has two consulting rooms, one treatment room and administrative areas. Services are offered Monday to Friday 9am to 5.30pm and alternate Saturdays 9am to 1pm. The Private GP Clinic provides services to adults and children under 18.

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 service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities)

# Summary of findings

Regulations 2014. At Private GP Clinic the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore we were only able to inspect the treatment for private GP services and minor surgery but not the aesthetic cosmetic services.

On the day of inspection it was not entirely clear from the provider's website what services it actually offered as the website was also promoting a number of other services that run from the same address. Since the inspection the provider has removed references to all services that they do not provide themselves.

The non medical 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.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. Patients told us that they were treated professionally in a caring manner.

## **Our key findings were:**

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based research or guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

There was one area where the provider could make improvements and should:

- Review protocols and procedures

# 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 providing safe care in accordance with the relevant regulations.

The service had safe systems, processes and risk assessments in place to keep staff and patients safe. Staff had the information they needed to provide safe care and treatment and shared information as appropriate with other services. The service had a good track record of safety and had a learning culture, using safety incidents as an opportunity for learning and improvement.

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### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

The service provided care and treatment in line with research based guidelines, and had systems in place to ensure that all staff had the skills and knowledge to deliver care and treatment. Information to plan and deliver care and treatment was available to appropriate staff. Consent was recorded prior to treatment, and the service routinely monitored performance.

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### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

The service treated patients courteously and ensured that their dignity was respected. The service involved patients fully in decisions about their care and provided all information, including costs, prior to the start of treatment.

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### **Are services responsive to people's needs?**

We found that this service was providing responsive care in accordance with the relevant regulations.

The service actively monitored complaints, compliments and suggestions to ensure that the services offered and appointment times met the needs of their patients.

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### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

We found that improvements should be made relating to the governance arrangements. This was because one of the protocols, the liquid nitrogen handling protocol, we saw did not match what the staff were actually doing.

The provider had a clear vision and strategy for the service and the service leaders had the knowledge, experience and skills to deliver high quality care and treatment. The service had systems and processes in place to identify and manage risks and to support good governance. However, we saw one protocol which did not reflect what staff actually did. The service actively engaged with staff and patients to support improvement and had a culture of learning.

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# Private GP Clinic

## Detailed findings

### Background to this inspection

The inspection on 2 November was led by a CQC inspector who was accompanied by a GP specialist advisor.

Information was gathered from the provider and reviewed before the inspection.

We informed Healthwatch that we were inspecting the service; however we did not receive any information of concern from them.

During our visit we:

- Spoke with a range of staff, including the medical director, aesthetic laser practitioner, director/registered manager and office manager.
- Observed how patients were being cared for in the reception area.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.
- Reviewed documents relating to 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?

## Our findings

### Safety systems and processes

All clinical staff and staff whose role included patient contact had received checks through the Disclosure and Barring Service (DBS). (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). Where possible clinical staff were used as chaperones; all staff who acted as chaperones were trained for the role and had received a DBS check. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. All clinical and non-clinical staff had received level three child safeguarding training. The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. All clinical staff were up to date with their professional revalidations and the service checked annually to assure themselves that professional registrations were current.

The service had its own risk assessments, systems and processes in place to ensure the safety of patients and staff. The service also had sight of the Legionella risk assessment and other risk assessments and monitoring that was carried out by the landlord. The service ensured that where mitigating actions were identified they were completed. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There was an effective system to manage infection prevention and control.

### Risks to patients

All staff received annual basic life support training and there were emergency medicines available in the treatment room.

The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

The provider had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

The provider held copies of the professional indemnity arrangements for all clinical and medical staff.

### 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 and were available to relevant staff in an accessible way.

The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

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

The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.

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

The practice had a good safety record.

There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Since the service registered with CQC there had only been one significant event, where a patient fainted during treatment, and we saw evidence that this was handled appropriately in a timely manner and learning points were shared with all staff.

There was a system for receiving and acting on safety alerts. There was a clear log of all alerts received and the actions taken, it was also recorded when no action was required.

The practice 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 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

When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Effective needs assessment, care and treatment**

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 and other international guidelines.

### **Monitoring care and treatment**

The provider had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The clinical staff regularly attended national and international conferences that were relevant to their specialism. We saw evidence that the service had a culture of audit to monitor performance.

### **Effective staffing**

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those who were doing ear wax removal procedures have been on specific training courses for microsuction ear wax removal.

Staff administering vaccines had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and external training courses. All staff had received an appraisal within the last 12 months.

Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house training and external training.

### **Coordinating patient care and information sharing**

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. This included medical records and investigation and test results. When information was received into the service it was reviewed by a GP and then scanned onto the patients records in a timely manner. Where patients had given consent the clinician wrote to the patients GP to inform them of treatment the patient had received. Clinicians told us that if patients did not give consent for their GP to be informed of information that they thought the GP should be told they would refuse to treat the patient.

### **Supporting patients to live healthier lives**

The provider promoted healthy living and gave advice opportunistically or when requested by a patient about how to live healthier lives, such as smoking cessation.

### **Consent to care and treatment**

Staff sought patients' consent to care and treatment in line with legislation and guidance.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment. The service had consent forms in place for different procedures and the process for seeking consent was monitored through patient records audits.

The service ensured that children under 18 years were only treated where consent had been given by an appropriate adult, for example; a parent or legal guardian had to give consent for childhood vaccinations.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Patients could be treated by a clinician of the same sex and chaperones were available on request.

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the provider offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

### **Involvement in decisions about care and treatment**

The service ensured that patients were provided with all the information, including costs, that they required to make decisions about their treatment prior to treatment commencing.

### **Privacy and Dignity**

The service respected and promoted patients' privacy and dignity. Staff recognised the importance of patients' dignity and respect. There were private consultation and treatment rooms with privacy curtains and the service operated a clear desk policy to ensure all confidential information was stored securely. The service complied with the Data Protection Act 1998.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting people's needs**

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences. The provider understood the needs of its patients and tailored services in response to those needs. The facilities and premises were appropriate for the services delivered.

### **Timely access to the service**

Patients were able to access care and treatment from the service within an acceptable 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.

The provider completed regular reviews of patient satisfaction which included their satisfaction with appointment and waiting times. These demonstrated that patients were satisfied with the convenience of appointments and the waiting times.

### **Listening and learning from concerns and complaints**

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care. One complaint was received in the last year, which was not actually about the provider but a service that provides their pathology service. This complaint was satisfactorily handled in a timely manner and was also passed to the service that the complaint was about.

# Are services well-led?

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

## Our findings

We found that improvements should be made relating to the governance arrangements. This was because one of the protocols, the liquid nitrogen handling protocol, did not match what the staff were actually doing.

### **Leadership capacity and capability;**

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

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

### **Vision and strategy**

The provider 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 provider 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.

### **Culture**

The culture of the service encourages candour, openness and honesty. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. Staff stated they felt respected, supported and valued. They were proud to work in the practice.

### **Governance arrangements**

There were clear responsibilities, roles and systems of accountability to support good governance and management. The service had structures, processes and systems to support good governance and management were clearly set out, understood and effective and assured themselves that they were operating as intended. However,

we noted that the liquid nitrogen handling protocol did not match what staff were actually doing, for example the protocol stated that written authorisation should be in place for each member of staff who handled liquid nitrogen and the service told us this was given verbally following training but not recorded. The staff we spoke with described how they handled liquid nitrogen safely.

### **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 a plan in place and staff were trained to handle major emergencies. The management team had oversight of MHRA alerts, incidents, and complaints.

### **Appropriate and accurate information**

The practice acted on appropriate and accurate information. 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.

### **Engagement with patients, the public, staff and external partners**

The service involved patients and staff and external partners to support high-quality services.

A full and diverse range of patients' and staff views and concerns were encouraged, heard and acted on to shape services and culture. For example; the reception staff suggested changes to the layout of the reception area to improve efficiency and confidentiality which the provider put in place.

### **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation. The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance and staff told us the management were very supportive in developing their staff.