

Dr Sandeep Bolia Private Medical Services

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 11 December 2018 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 not 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.

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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The provider 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:

- Children were accompanied by an adult during consultations. However, the provider did not undertake checks to ascertain whether the adult had parental authority.
- The provider's emergency medicines bag contained out of date emergency equipment.
- The provider did not keep a separate log of prescriptions that had been issued to patients.

Summary of findings

- The provider had reviewed the effectiveness and appropriateness of the care provided. Care and treatment was delivered according to evidence based guidelines.
- The service had clear systems to manage risk so that safety incidents were less likely to happen.
- Patients reported being treated with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Patient feedback was encouraged and considered in the running of the service.
- Risks to patients were managed and mitigated.

There were areas where the provider must make improvements:

- Ensure care and treatment is provided in a safe way to patients

There were areas where the provider could make improvements and should:

- Review the degree and scope of quality improvement activity within the service to ensure patients consistently receive high quality care.
- Review method of patient record keeping in order to improve case management and quality improvement capability.
- Regularly review the decision to not hold oxygen as an emergency treatment option.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Dr Sandeep Bolia Private Medical Services

Detailed findings

Background to this inspection

Dr Bolia Private Medical Services provides private mobile general practice services to children and adults who require private consultations, physical examination and prescribing medication. The service has been registered with the CQC to provide the regulated activities: Diagnostic and screening procedures and Treatment of disease, disorder or injury, since December 2011. The inspection was carried out at the provider registered business address, 203m Camberwell Grove, London, SE5 8JU.

The provider sees a small volume of patients per week; services operate Monday to Friday, between 9am and 5pm. The service's patient list is 100. The majority of the service's patients are from overseas.

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

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

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

Safety systems and processes

The service had some systems to keep people safe and safeguarded from abuse. That said, there were areas requiring development.

- We saw that, the service had systems in place to assure that an adult accompanied a child during consultations. However, the provider did not undertake checks to ascertain whether the adult had parental authority.
- The provider conducted safety risk assessments; it had appropriate safety policies. The service had systems to safeguard children and vulnerable adults from abuse. Policies outlined clearly who to go to for further guidance.
- The provider had undertaken a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The provider had up-to-date safeguarding and safety training appropriate to the role and knew how to identify and report concerns. The service did not offer a chaperone; patients were made aware of this prior to appointments and were referred to a more appropriate service, if required.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. Although, oversight of stock control required improvement.

- The service had the recommended emergency medicines for treating medical emergencies. However, we found that the provider's emergency medicines bag contained out of date urine strips and venous cannulas. We informed the provider of this and were told that this was an oversight. The provider immediately removed the items and replaced them with new stock.

- The provider understood their responsibility 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.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.
- The provider kept a record of personal immunisation status.

Information to deliver safe care and treatment

The provider had the information 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 on the day of inspection, showed the information needed to deliver safe care and treatment. We reviewed two annual case reviews and saw that the provider had highlighted areas for improvement. For example, a review of a consultation carried out in March 2018, revealed that the provider had documented that the patient did not have any symptoms but had not detailed what symptoms were being checked for. This had been identified as an area for improvement by the provider.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with best practice in the event that they cease trading.
- The provider made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- There was an appropriate system for the management of test results.

Safe and appropriate use of medicines

The service had systems for appropriate and safe handling of medicines. However, there were areas that required refinement.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely; however, the provider did not keep a separate log of prescriptions issued to patients.

Are services safe?

- The provider 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 the provider kept accurate records of medicines in patient records. We saw that, where there is a different approach taken from national guidance the provider documented a clear rationale.
- The provider had a process for receiving medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw these were acted on as necessary.
- To safeguard against polypharmacy, the provider referred to the current British National Formulary (BNF) interactions checker. (Polypharmacy is the concurrent use of multiple medications by a patient).
- Processes were in place for checking medicines and the provider kept accurate records of medicines. The provider has a service level agreement with a local pharmacy to collect out-of-date medicines.
- The service did not keep oxygen cylinders for medical use. This decision was risk assessed. Additionally, the service did not keep a defibrillator; we were told that provider carried out a telephone triage with each patient prior to carrying out a home visit and would refer a patient to the appropriate service if symptoms appeared severe.

Track record on safety

The service had a good safety record.

- 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

The provider learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events.
- There were adequate systems for reviewing and investigating when things went wrong. The service had not had any significant events, incidents or complaints within the last two years.
- The provider was aware of and complied with the requirements of the Duty of Candour. The service had systems in place for knowing about notifiable safety incidents

The service acted on patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- For example: 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 the Borough of Wandsworth guidelines for antibiotic prescribing.
- Patients' immediate and ongoing needs were fully assessed.
- The provider had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- The provider advised patients what to do if their condition got worse and where to seek further help and support.
- Patients were prioritised for appointments if their needs were deemed urgent.

Monitoring care and treatment

The provider had carried out quality improvement activity. However, we were provided with examples of where improvements could be made. For example:

- The provider had monitored the care provided via case reviews, patient feedback and clinical meetings. Case reviews included an assessment of: home visits, telephone consultations resulting in prescriptions and telephone consultations resulting in blood tests. However, the service's paper-based record keeping system did not lend towards enabling additional assessments such as medication reviews.
- Patient feedback was sought via questionnaires and surveys on the support and care provided.

Effective staffing

The provider had the skills, knowledge and experience to carry out the role.

- The provider was appropriately qualified and was registered with the General Medical Council (GMC) and up to date with revalidation.
- The provider had up to date records of skills, qualifications and training.

Coordinating patient care and information sharing

The provider aspired to deliver effective care and treatment.

- Before providing treatment, the provider ensured there was adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- Patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.

Supporting patients to live healthier lives

The provider was consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- For ongoing or suspected chronic conditions patients were frequently referred to consultants with expertise in specific areas, enabling patients to receive lifestyle advice and appropriate care planning.
- Where appropriate, the provider gave people advice so they could self-care.

Consent to care and treatment

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

- The cost of consultations was made clear to patients prior to appointments. When patients required additional tests or treatment the costs of these were advised in advance of consent to these procedures.
- The provider understood the requirements of legislation and guidance when considering consent and decision making.

The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

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

Kindness, respect and compassion

The provider treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the treatment received.
- The provider 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

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

- The service was offered on a private, fee-paying basis only and was accessible to people who chose to use it.
- Patients told us that they felt listened to and supported by the provider and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- The provider understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Privacy and Dignity

The provider respected patients' privacy and dignity.

- The provider recognised the importance of people's dignity and respect.

Patient records were securely stored.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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 their patients and improved services in response to those needs. For example, patients were provided a number to contact the provider 24 hours per day if required.
- Appointment times were scheduled to ensure peoples' needs and preferences were met.
- We saw evidence that the service referred patients to other services when appropriate. The provider had accompanied patients to referral appointments to provide additional support.

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.
- Patients reported that the appointment were easy to access.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service had processes in place to effectively manage patient feedback.

- Information about how to make a complaint or raise concerns was available.
- The complaint policy and procedures were in line with recognised guidance. The service had not received any complaints in the last two years.

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 this service was providing a well-led service in accordance with the relevant regulations.

Leadership capacity and capability;

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

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

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. The provider recognised the difficulty in carrying out comprehensive quality improvement activity while using a paper-based recording system and expressed an intent to adopt an IT-based recording system in the near future.
- The provider monitored progress against delivery of the strategy.

Culture

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

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The service respected equality and diversity.
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Governance arrangements

There were systems in place to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- The provider had established proper policies, procedures and activities to ensure safety.

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 decisions could be demonstrated through review of consultations, prescribing and referral decisions.
- The provider had processes in place to respond to major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service has systems in place to submit 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.

Engagement with patients, the public, staff and external partners

The service involved patients to support high-quality sustainable services.

- The service had a system in place to gather regular feedback from patients. The service conducted yearly patient surveys.
- The provider informed us that weekly consultations were undertaken with a clinical pharmacist to support advancement of clinical care and support patient outcomes.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. The provider has taken additional courses such as telephone consultations skills.
- The service made use of internal case reviews. Learning was used to make improvements.

Are services well-led?

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

- The provider demonstrated a strong willingness to implement changes to improve service delivery and provide quality care to patients.
- The provider had a special interest in male health and attended the Royal College of General Practitioners conference on Hyperbaric Oxygen Therapy.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>The provider had not ensured that adults had parental responsibility for children being assessed by the service.</p> <p>The provider had not kept a record of prescriptions issued to patients.</p> <p>The provider's emergency medicines bag contained out of date equipment.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>