Dr Buyanovsky Ltd

Inspection report

121 Gloucester Place
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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 to people's needs?	Good
Are services well-led?	Inadequate

Overall summary

This service is rated as Requires improvement overall.

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? – Inadequate

We carried out an announced comprehensive inspection at Dr Buyanovsky Ltd as part of our inspection programme and to provide a rating for the service. The service provides online and in-person General Practice (GP) consultations for adults and children including travel immunisations.

Our key findings were:

- The practice did not always provide care in a way that kept patients safe and protected them from avoidable harm. We found no evidence of unsafe patient care or patient harm but identified concerns including management of safety alerts and a lack of medicines and equipment for the event of a medical emergency.
- Risks to patients were not always assessed, monitored or managed effectively. This included clinical record keeping, prescriptions management, and chaperoning.
- Records we inspected indicated patients received effective care and treatment that met their needs, but records were incomplete including to ensure appropriate referrals and follow up. There were no arrangements in place to ensure or improve clinical governance or the quality of clinical care.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs.
- The provider did not have appropriate insight or capacity to lead, manage and promote the delivery of sustainable high-quality care. The provider recognised a need to improve and immediately began to increase its capacity including with additional staffing and external resource.

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector that attended on site on 1 and 13 March 2023**.** The team included a CQC GP specialist adviser that attended with the lead inspector on 13 March 2023.

Background to Dr Buyanovsky Ltd

Dr Buyanovsky Ltd registered with the Care Quality Commission (CQC) as an organisation in May 2022 for the regulated activities of Treatment of Disease, Disorder or Injury, and Diagnostic & Screening Procedures in May 2022. The service is located near Baker Street tube station in London at office 9,121 Gloucester Place, London W1U 6JY. The service is open Monday to Friday 10am to 5pm and outside these hours if required in accordance with patients' needs.

The provider has a sole and lead male doctor that is registered the General Medical Council (GMC) Specialist Register for General (internal) medicine. The lead doctor is not working within the NHS but may work at any grade in the NHS, including at consultant level in accordance with his registration.

The service provides private in person and home visiting services for adults and children over 5 years of age and over 90% are adults. Services include general medical check-ups, blood tests, electrocardiograms (ECGs), management of long-term conditions including hypertension (high blood pressure) and diabetes, and sexual health screening with referrals to secondary and specialist care where needed. The lead service does not offer surgical procedures, female pelvic examinations, cervical screening, obstetric care or vaccinations.

The service receives patients by word-of-mouth recommendation only and the lead doctor sees patients in person wherever possible. The provider's website is under construction but shows the lead doctor's mobile phone number where patients can access him directly. The lead doctor does not see walk in patients or more than a maximum of seven patients per day (except in an emergency), to allow time for management the service. The provider does not employ any staff but a full-time female practice manager with a clinical background was due commence employment on 14 March 2023, this was slightly delayed due to personal circumstances.

The lead doctor is the CQC registered manager and nominated individual for the provider. 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.

How we inspected this service

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre-inspection information which we reviewed.

During our inspection we:

- Gathered information through interviews with the lead doctor on site and remotely.
- Completed clinical records reviews and discussed findings with the provider.
- Reviewed patient records to identify issues and clarify actions taken by the provider.
- Requested evidence from the provider.
- Undertook site visits.

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 due to a range of concerns including chaperoning, safety alerts, clinical record keeping, prescriptions, and medicines and equipment for in the event of a medical emergency.

Safety systems and processes

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

- The provider conducted safety risk assessments including a fire safety risk assessment in June 2021 and a legionella risk assessment for water safety in March 2023. Related actions were taken to improve safety in accordance with risk, such as fire extinguishers testing and commencing a water testing logbook for legionella.
- There were appropriate safety policies and procedures including an accident and incident reporting with guidance. Risks were managed such as posting a "mind the step" sign after a trip hazard was identified.
- The service had systems to safeguard children and vulnerable adults from abuse. There was no popup alert facility on the provider's patient recording system, but there was a space to add safeguarding concerns on the front page of the patient record to alert staff to vulnerable patients, should the need arise. The provider told us there had been no safeguarding cases since they registered in May 2022.
- The provider had arrangements in place to work with other agencies to support patients and protect them from neglect and abuse, including contact details of the local safeguarding authority in its policy.
- Systems were in place to assure that an adult accompanying a child had parental authority, but the method of check was not consistently documented. We reviewed two clinical records for children, and both stated parental ID was checked, one recorded the method of ID check (which was a passport) but the other did not. The provider amended its patient registration form on the day of our inspection to include a prompt to record the type of ID seen, such as driving licence or passport.
- The provider was aware of chaperoning considerations and told us this was a challenge because the lead doctor was the only member of staff. A female colleague that was a qualified doctor oversees had previously worked at the service and on the second day of our inspection, the provider arranged for them to resume employment as soon as possible, including to cover the chaperoning role and we saw evidence this had occurred by 20 March 2023. In the interim, the lead doctor had minimised the likelihood of the need for a chaperone by not undertaking any intimate examinations. The lead doctor assessed the potential need for a chaperone by discussing patients' reasons for their appointment, prior to their attendance. If the need for a chaperone was apparent the lead doctor signposted patients to a suitable alternative provider.
- The provider had systems to carry out staff checks at the time of recruitment and on an ongoing basis including Disclosure and Barring Service (DBS) checks. (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 saw evidence of enhanced DBS checks for both staff within the last 3 years.
- Staff received up-to-date safeguarding and safety training appropriate to their role.
- The provider had systems in place to ensure appropriate training for new staff.
- Safeguarding policies directed and guided staff on how to identify and report safeguarding concerns.
- Safeguarding policies and all policies were accessible in digital format and hard copy and were accessible to staff.
- The provider ensured facilities and equipment were safe such as electrical safety and calibration checks for portable electrical appliances and clinical equipment, and premises fire extinguishers checks.
- There was an effective system to manage infection prevention and control and the premises and equipment were clean and tidy.

Risks to patients

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

Requires Improvement

Are services safe?

- There was a locum induction pack but no formalised induction system for non-clinical staff. The lead doctor engaged help from an external consultant to review a number of policies, including the recruitment policy. We saw the recruitment policy was subsequently amended to include an induction process as an integral extension, and this was implemented for the newly appointed practice manager. No temporary staff were employed.
- The lead doctor understood their responsibilities to manage emergencies and recognise those in need of urgent medical attention.
- The lead doctor knew how to identify and manage patients with severe infections and sepsis. We were not able to interview the newly appointed practice manager because they were not recruited until after our inspection visits. However, the provider sent us evidence of the new practice manager's overseas medical training and also confirmed this staff member would not be undertaking those medical activities as they are not currently qualified or registered to do so in the UK.
- There was a lack of equipment and medicines to deal with medical emergencies on site. Several items recommended in national guidance were either not on site or not fit for use, and there was no risk assessment to inform this decision. The provider immediately acted and rectified this by undertaking a risk assessment and either obtaining items required the same day or arranging for the fastest delivery possible. We saw evidence all items required were subsequently received including aspirin (for the event of suspected heart attack) and a salbutamol inhaler (for the event of an asthma attack). We asked the provider what it intended to do whilst various items arrived particularly for children such as the paediatric defibrillator pad, and it opted to temporarily to pause appointments for children until the pad was delivered. We saw evidence all items were subsequently delivered.
- The provider implemented an improved checking system for emergency medicines and equipment, and we will check its effectiveness at the next inspection.
- The lead doctor had professional medical indemnity insurance in place.
- The provider had systems in place to ensure patients were appropriately directed, for example an emergency department in a medical emergency.

Information to deliver safe care and treatment

Systems for managing patient records were ineffective. There was no evidence of patient harm or unsafe clinical care. The provider took immediate steps to improve in response to our feedback.

- The lead doctor was able to recall and explain the information they needed to deliver safe care and treatment to patients, but all patient clinical records we inspected were either incomplete or not recorded appropriately.
- We reviewed 7 sets of patient notes on the provider's electronic recording system dating from September 2022 to March 2023, 3 records were from 2022 and the remaining 4 records were from 2023. Patient examinations and referrals were either not consistently documented or not documented appropriately. Patients' presenting symptoms were recorded for all sets of notes but safety netting (advice given to patients in case their condition should deteriorate) was not recorded on any of the records we inspected.
- The 3 patient records we reviewed dated during 2022 found:
- For 1 patient, some details of examination, observations and medicines prescribed were documented but there was no record of specific examinations where examinations would have been appropriate. We were therefore unable to evidence or verify whether examinations took place. Follow up conversations with the patient were recorded on a secured social media messaging platform in Russian. However, there was no corresponding record in English documented in the patient's clinical record. Similarly, we were unable to inspect or verify the patients' clinical follow up and plan.
- A second patient presented with pain, and we saw clinical observations were documented but no examination took place because it would have been an intimate examination that the lead doctor was not offering at the time, due to

not having a chaperone. The patient was referred to a specialist, but the referral was not documented, for example, by way of a referral letter. Again, follow up conversations with the patient occurred in Russian on a secured social media messaging platform and no corresponding entry was documented in the patient's clinical record. The patient did not attend to see the consultant because their pain disappeared, which was documented.

- A third patient's symptoms, diagnosis and medicines prescribed were documented on their record. Follow up conversations occurred with the patient in English via a secured social media messaging platform and showed the patient did not improve, and so they were sent for further tests, and we were told a referral to a consultant was completed verbally. These events were not noted in the patients' record and there was no referral letter. The consultant's report after seeing the patient was documented and stored in the patient's record.
- We saw the standard of clinical record keeping in 2023 was of a better standard than in 2022, but clinical record keeping arrangements continued to be ineffective. For example, there continued to be no safety netting documented for any of the 4 patients. One patient had no record of the duration or quantity for 1 of the medicines they were prescribed.
- For an adolescent patient, the record did not state which adult accompanied them; further tests were arranged but this was not documented, the patient referral was not documented. The outcome of no further treatment needed was discussed over the telephone and this was documented.
- For another patient that was a child the accompanying adult was documented. Relevant entries were made in the patient record including further tests, and a subsequent report with the interpretation and results that were sent to the parent.
- The provider fully acknowledged our feedback regarding patient records and improved from the outset of next patient interactions that occurred on 13 March 2023, where we saw evidence of relevant records being made contemporaneously and directly into the patient record, in English.
- Care records held were accessible to staff via the service electronic patient recording system.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment, but communications were not always documented as required for example referrals. The provider told us they would remedy this by ensuring written referral letters that would be stored on the patient's clinical record, he also implemented a referrals log as a failsafe to ensure referrals did not get lost or forgotten and to ensure patients were seen in line with referrals, and appropriate follow up arranged.
- The provider did not have a system in place to retain medical records in the event that it ceased trading, nor to ensure access in the absence of the sole and lead doctor. This consideration was included on its policy but there was no effective operational procedure to ensure implementation. The provider told us an informal agreement was in place with a peer doctor, but this did not constitute a sufficiently reliable or formalised method. We noted the provider reviewed and improved its information governance and record keeping policy. We also saw evidence the practice manager that had been recruited was delegated access to patient records, as appropriate, in the absence of the lead doctor.

Safe and appropriate use of medicines

- Some systems and arrangements for managing medicines were effective and some were not. For example, the service kept prescription stationery securely but did not monitor prescribing.
- Electronic prescriptions were stored on the provider's electronic patient recording system, but the system had no facility to search medicines prescribed. Paper prescriptions were stored securely in a safe but were not scanned onto the patient record and no corresponding log was kept. This meant prescribing could not be monitored.
- The provider immediately created a paper prescription monitoring log for recording all paper prescriptions.
- Prescriptions information that is legally required to be documented such as dose and quantity was recorded, but there were also gaps such as a recent prescription that did not include quantity. We brought this to the lead doctor's attention, and they were able to recall the precise quantity prescribed, due to the low number of patients seen and appointments offered.

Requires Improvement

Are services safe?

- The service did not hold or prescribe controlled drugs or unlicenced medicines, but this was not reflected in its policy which was written generically and not tailored to the service and was therefore not effective because it was not specific to operational arrangements. (Controlled drugs are medicines that have the highest level of control due to their risk of misuse and dependence). Other considerations were also not included in the providers prescribing policy; for example, regarding Short-Acting Beta Agonist (SABA) Overprescribing in Asthma the prescribing of DMARDs. DMARDs are disease modifying anti-rheumatic drugs and should be initiated (and initial monitoring undertaken) by a specialist in secondary care. The provider immediately gained external support to review and improve its prescription management policy and procedures and we saw improvements had been made.
- Although no prescribing audits were undertaken, patient records we inspected showed medicines were prescribed in line with current national guidance.

Track record on safety and incidents

The service had a good safety record in relation to premises safety and was improving wider arrangements for safety.

- There were comprehensive risk assessments in relation to premises safety issues.
- The provider had been undertaking regulated activities for eight months only at the time of our inspection and had not yet implemented all systems intended for monitoring and reviewing activity.
- The provider limited its scope and volume of activity by limiting the type of services and number of appointments offered. The lead doctor would not see any more than a maximum of 7 patients per day but generally only saw a few patients daily to release their capacity for service management.

Lessons learned and improvements made

The service learned and made improvements when things went wrong, but systems for acting on safety alerts needed to be improved.

- There was a system for recording and acting on significant events. This included a system for staff to understand their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. There had not been any clinically significant events; however, the service learned, and shared lessons, identified themes and took action to improve safety in the service. For example, after a person tripped on a step, an accident form was completed, and their wellbeing checked. The provider investigated and improved safety by mounting a mind the step sign.
- 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 had systems to give affected people reasonable support, truthful information, and a verbal and written apology.
- There were systems to keep written records of verbal interactions as well as written correspondence.
- The provider received patient and medicine safety alerts via the Independent Doctors Federation (IDF) but had no awareness of a relevant safety alert or system to ensure safety alerts would be followed up. The provider took immediate action to improve by implementing a logging system for safety alerts relevant to the provider's patient cohort that included a column to prompt record follow up actions for specific patients, where required. The lead doctor told us relevant notes would also be made in the patient notes, where applicable moving forward.

Requires Improvement

Are services safe?

- The provider undertook an immediate retrospective audit by reviewing the clinical records of every patient seen during the preceding month, to consider and manage the potential impact of safety alerts. This audit found of 29 prescriptions issued for 27 adults and 2 children (11 and 15 years old), no improvements or changes were needed. The provider sent us a copy of the audit. We were unable to verify the audit but indicatively found to be a reasonable interim measure to manage immediate risk.

Requires Improvement

Are services effective?

We rated effective as requires improvement due to concerns including a lack of effective systems to ensure care and treatment in line with best practice.

Effective needs assessment, care and treatment

The provider assessed and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service). However, there were no effective systems to ensure clinicians remain up to date with current evidence-based practice.

- Patient records we inspected indicated the provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards. Some components of information were not documented or only partially documented on the patient record such as safety netting, ongoing plans of care and referrals. We considered the lead doctor was seeing restricted amounts of patients, and other evidence such as letters from consultants that patients subsequently saw that demonstrated were appropriately referred, albeit verbally.
- The lead doctor's knowledge of patients indicated patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The lead doctor had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- The provider delivered services to patients with long-term conditions and patient records indicated care and treatment was appropriate.
- The lead doctor assessed and managed patients' pain where appropriate.
- The service referred patients to their own GP where appropriate and where needed.

Monitoring care and treatment

There was limited clinical quality monitoring and improvement activity. During our inspection the provider acted to improve, or initiate improvements.

- We considered the provider had only been operating for 8 months and had been seeing limited numbers of patients. However, there was no effective plan or activity to monitor or improve clinical care such as completed cycle clinical audit.
- The lead doctor had checked blood test results for four patients prescribed a specific medicine (clopidogrel for secondary prevention) after personally delivering blood platelet samples to the laboratory as agitation of samples during transit can affect the test results. The lead doctor found those patients' clopidogrel dose was causing appropriate aggregation of the platelets.
- The lead doctor undertook a general self-audit of his own records but there were no criteria set, such as to audit care and treatment standards in line with best practice guidelines.
- No other clinical quality checks had taken place or peer review.
- The lead doctor immediately arranged for a consultant colleague to undertake a general practice and a clinical practice peer review. We saw evidence this took place on 18 March 2023 with 10 patient records reviewed with no concerns found. The peer reviewer noted safety netting and ongoing plans recording had improved. The peer review also included general checks such as noting logs in place for referrals, prescriptions and safety alerts and checks on emergency medicines and equipment.

Effective staffing

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

Requires Improvement

Are services effective?

- The lead doctor was appropriately qualified, was registered with the General Medical Council (GMC) and was up to date with revalidation.
- The provider had an induction programme for newly appointed locum GP staff and created an induction process for non-clinical staff during our inspection.
- The provider understood the learning needs of staff. We saw evidence the newly recruited practice manager had undertaken relevant training including, safeguarding, chaperoning, information governance GDPR training.
- Up to date records of skills, qualifications and training were maintained.

Coordinating patient care and information sharing

The provider worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care.
- Standard test results such as blood tests were recorded and followed through.
- The lead doctor communicated with other services verbally and in writing and demonstrated improvements in documentation processes during our inspection. For example, by logging details of paper prescriptions and referrals to secondary care for to ensure follow up.
- The lead doctor ensured they had 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.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP where they had a GP and in line with GMC guidance.
- Systems and processes were in place to ensure care and treatment for patients in vulnerable circumstances was coordinated with other services.

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.

- Where appropriate staff gave people advice so they could self-care, such as guidance to support a good night's sleep.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients' needs could not be met by the service, the provider 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.

- The lead doctor understood the requirements of legislation and guidance when considering consent and decision making.

Requires Improvement

Are services effective?

- The provider had relevant knowledge and systems in place to support patients to make decisions, and where appropriate, to assess and record a patient's mental capacity to make a decision.

Good

Are services caring?

We rated caring as good.

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people. For example, a survey was undertaken during the period November 2022 to January 2023 when 15 patients were invited to give feedback on a comment card asking four questions. All 15 patients' feedback was 100% positive for satisfaction regarding the opportunity to discuss concerns, comfort, safety, doctors understanding, and outcomes.
- The lead doctor understood patients' personal, cultural, social and religious needs and 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.

- The lead doctor spoke English, Hebrew and Russian and interpretation services were available for patients who did not have English as a first language or needed support in other languages.
- Written information was available in easy read formats, to help patients be involved in decisions about their care.
- There was a hearing loop and a grab rail installed in the toilet for patients with mobility impairment. There were steps at the entrance and the provider told us a ramp was available from the landlord.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The lead doctor recognised the importance of people's dignity and respect.
- The lead doctor knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

We rated responsive as good.

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, such as by taking sensitive blood samples to the laboratory personally.
- During our inspection, the provider took action to recruit a practice manager who spoke an additional language to the lead doctor, and to be able to chaperone.
- The provider invited feedback from all its patients to help it review and refine the service.
- The provider facilities and premises arrangements were appropriate at the time of our inspection.
- Reasonable adjustments were made so that people with specific requirements could access and use services on an equal basis to others, such as a hearing loop and wheelchair access ramp that was available via the landlord.

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.
- There was no evidence of patients experiencing extended waiting times, delays or cancellations.
- Patients with urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service had systems in place to receive and act on complaints and improve the quality of care.

- The service had not received any complaints but information about how to make a complaint or raise concerns was available.
- The service complaints policy 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 systems to ensure it learned lessons from concerns and complaints.

Inadequate

Are services well-led?

We rated well-led as inadequate due to concerns we found across a range of considerations at the time of our inspection. Several were safety critical and indicated a lack of provider understanding regarding minimum requirements. The provider took action to improve but did not have effective systems to identify and mitigate risk, and we were not assured of improvements sustainability.

Leadership capacity and capability

The lead doctor had the capacity and skills to deliver high-quality clinical care. However, the provider had not implemented effective systems and processes to ensure safety or clinical care monitoring or improvement.

- The lead doctor was knowledgeable about issues and priorities relating to the quality of clinical care and was able to draw on external resources to deliver improvements. However, actions to improve were reactive at the time of our inspection which indicated the provider did not have effective systems and processes to identify risks and concerns.
- The provider acknowledged improvements were necessary and began the process of expanding capability and capacity by on boarding a practice manager. We saw evidence that the practice manager had commenced duty at the time of writing this report but had no evidence of medium to longer impact or outcomes in terms of sustainable improvement.
- There were no effective systems in place to sustain clinical leadership capacity and skills. The provider held evidence of the lead doctor's qualifications and mandatory training, but there was no method to ensure appropriate systems for clinical governance, or clinical quality monitoring or improvement. The provider arranged for a consultant colleague to undertake a peer review, this occurred during our inspection and in response to concerns raised. We saw evidence a peer review occurred on 18 March 2023.

Vision and strategy

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

- The lead doctor told us they intended to keep the practice at a small scale of operation and limit services to a maximum of seven appointments on the days of opening.
- The provider's focus was to ensure accessible and personalised continuity of care and treatment for its patients.
- The strategy and priority were to continuously improve the quality of the service, rather than increase the number of patients seen.

Culture

The service values and focus were to deliver high-quality sustainable care.

- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated, and the provider was aware of and had systems to ensure compliance with the requirements of the duty of candour, which were set out within a policy and procedure.
- There were no staff except for the lead doctor at the time of our on-site inspection, but we noted a whistleblowing policy was in place and practice manager subsequently employed.
- The lead doctor had met the requirements of professional revalidation.
- The lead doctor had received anti radicalisation and equality and diversity training.

Governance arrangements

Systems to support good governance and management were variable.

Inadequate

Are services well-led?

- We were not able to inspect all the provider's structures, processes and systems during our inspection. However, we found that some supported good governance and were tailored to the service such as safeguarding and infection control, and some were not such as safety alerts and prescribing.
- The provider began reviewing various policies such as safety alerts (MHRA), governance and risk, recruitment, information governance and record keeping in response to our feedback.
- The lead doctor was the lead for all areas, roles and accountabilities.
- The practice manager job description indicated they would be delegated a significant proportion of those duties, in accordance with the role.

Managing risks, issues and performance

Processes for managing risks, issues and performance were variable in effectiveness.

- Some day-to-day consideration such as premises management were properly established. However, the provider had not established effective arrangements for chaperoning. This meant any patient that may need an intimate examination would to signposted elsewhere and could entail unnecessary delay or inconvenience for the patient. There was an occasion where a patient intimate examination was indicated at the time of their attendance, it did not occur. The patient was referred to a consultant.
- There was no effective plan or process for clinical quality monitoring or improvement.
- Prescribing could not be monitored because paper prescriptions were not logged and there was no search facility on the providers IT system.
- The provider had plans in place for major incidents but clinical cover/ signposting arrangements for when the lead doctor was absent were unclear.
- The lead doctor was responsible for management and oversight of all systems and processes including safety alerts, incidents including significant events, and complaints.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service had information relating to patient experience and satisfaction that it gathered through surveys. All patient feedback indicated 100% patient satisfaction on all questions asked.
- The provider had not identified any concerns or areas for improvement prior to our inspection but had also not evaluated or planned to evaluate the effectiveness of its systems.
- The service submitted data or notifications to external organisations as required.
- The provider was registered with the Information Commissioner's Office (ICO) and held patient records on a password protected cloud-based system. However, data management arrangements were ineffective. For example, there was no system to ensure accessibility to patient records in the absence of the lead doctor, except for a verbal agreement with a peer consultant doctor which was not reliable because it was not formalised.
- There was no formalised arrangement in the event that the provider ceased trading. The provider amended their policy and told us the newly recruited practice manager would be able to access records in the absence of the lead doctor.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from patients. For example, through capturing patient feedback through surveys and ensuring an effective system for receiving and action on complaints.

Inadequate

Are services well-led?

Continuous improvement and innovation

There was limited evidence of effective systems and processes for learning, continuous improvement and innovation at the time of our inspection.

The provider was focused on developing sustainable and effective systems and arrangements moving forward.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users. How the regulation was not being met: • There was a lack of effective medicines and equipment in the event of a medical emergency, and there was no related risk assessment. • The provider was unable to demonstrate an effective system to act on patient and medicine safety alerts. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: There were no systems, or ineffective systems, in place to assess, monitor and mitigate the risks to patients and staff and improve the quality and safety of the services being provided. In particular: • To ensure effective clinical governance including prescriptions management and oversight of prescribing. • There was no effective method to monitor and improve the quality of clinical care. • The provider did not maintain securely an accurate, accessible, complete and contemporaneous record in respect of each service user. • There were no appropriate arrangements for chaperoning.

This section is primarily information for the provider

Requirement notices

- The provider had not established and embedded effective protocols.
- The provider was unable to demonstrate that governance processes, risk management, performance, and strategic planning ensured high quality and sustainable care.

This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.