Dr A I McKenzie

Inspection report

172 Whitham Road
Broomhill
Sheffield
S10 2SR
Tel: 01142662112
www.privategpsheffield.co.uk

Date of inspection visit: 7 to 23 June 2022
Date of publication: 27/07/2022

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires Improvement
Are services caring?	Requires Improvement
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Overall summary

This service is rated as Inadequate overall.

The key questions are rated as:

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

We carried out an announced comprehensive inspection at Dr A I McKenzie between 7 and 23 June 2022 as part of our inspection programme. We last inspected this location on 11 June 2018 but did not award a rating following this inspection.

Dr A I McKenzie is an independent GP who provides privately funded care from a surgery located in Broomhill, Sheffield. Services offered include private GP consultations, occupational health assessments, and a travel vaccination service.

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 general 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) Regulations 2014. At Dr A I McKenzie, certain services are provided to patients under arrangements made by their employer. These types of arrangements are exempt by law from CQC regulation. Therefore, at Dr A I McKenzie, we were only able to inspect the services which are not arranged for patients by their employers.

Our key findings were:

- The service did not have systems to keep people safe and safeguarded from abuse; systems to assess and manage risks to patient safety were ineffective; the service did not have reliable systems for the appropriate and safe handling of medicines; and the service did not always learn and make improvements when things went wrong.
- There was limited involvement in quality improvement activity; there was not a coordinated approach with other organisations to deliver effective care and treatment; and patient records did not always provide an accurate and contemporaneous record of all care and treatment decisions. However, staff were consistent and proactive in empowering patients and supporting them to manage their own health.
- Where patients did not always speak English it could not be assured that they were always involved in decisions about care and treatment as the service did not offer patients any interpreters, translators or chaperones when required. There was also no process in place to collect and review patient feedback. However, patients were treated with kindness, respect and compassion and patient's privacy and dignity were respected.
- The service organised and delivered services to meet patients' needs; patients were able to access care and treatment when required; and the service took complaints and concerns seriously. However, disabled access arrangements required improvement and there was no information relating to how to make a complaint available in the surgery or the website.
- Governance and management processes were limited; and processes for the management of risks, issues and performance were ineffective. The service did not act on all appropriate and accurate information; the service did not involve patients and external partners in their service; and there was a limited focus on continuous improvement and innovation.

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

Overall summary

- Ensure care and treatment is provided in a safe way to patients
- Ensure patients are protected from abuse and improper treatment
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Ensure information is easily available to patients on how to raise a complaint about their care and treatment.

We will add full information about our regulatory response to the concerns we have described to a final version of this report, which we will publish in due course.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection team comprised of a CQC inspector and a GP specialist adviser. The team were supported by a CQC medicines inspector.

Background to Dr A I McKenzie

Dr A I McKenzie is an independent GP who provides privately funded care from a surgery located in Sheffield, South Yorkshire at:

- 172 Whitham Road, Broomhill, Sheffield, S10 2SR

The provider is registered with CQC to deliver the Regulated Activities; services in slimming clinics; treatment of disease, disorder or injury; and diagnostic and screening procedures.

Key services offered include private GP consultations to a small number (approximately 50) of regular local people. Occupational health assessments which fall into regulation where they are privately funded. Occupational health assessments provided directly for an employer for an employed person are exempt from regulation. Also provided is a small travel vaccination service.

The service did not routinely see people under the age of 18.

Dr McKenzie is supported at the surgery by a secretary who also acts as a receptionist. There are also cleaning staff employed by the provider. Appointments are available between 8.30am and 12pm on Mondays, Wednesdays and Fridays.

How we inspected this service

This inspection was led by a CQC inspector, who was supported on-site by a GP specialist adviser. The team were supported remotely by a CQC medicines inspector.

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.

Inadequate

Are services safe?

We rated safe as inadequate because; the service did not have systems to keep people safe and safeguarded from abuse; systems to assess and manage risks to patient safety were ineffective; the service did not have reliable systems for the appropriate and safe handling of medicines; and the service did not always learn and make improvements when things went wrong.

Safety systems and processes

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

- The provider did not conduct regular safety risk assessments and did not review these when recommended. For example, the provider last conducted a fire risk assessment in 2018, which highlighted several concerns that included a lack of fire policy, lack of emergency procedures, lack of staff training records, lack of fire drills and a lack of testing of fire equipment. There was limited evidence that any of these recommendations had been actioned, and a repeat re-assessment had not been completed in 2019 despite being a recommendation.
- The provider did not have appropriate safety polices in place and policies were not always reviewed regularly. For example, the provider did not have a safeguarding policy in place at the time of our inspection that outlined how staff could raise safeguarding concerns. Although copies of some local and national safeguarding information were available, these were largely out of date with some dating back to 2001.
- The provider did not have effective systems in place to safeguard children and vulnerable adults from abuse, and did not always work with other agencies to support patients or to protect them from neglect and abuse. Although staff had contact numbers for some organisations saved onto their mobile phones, there was no formalised process in place for staff to make safeguarding referrals, such as to their local authority, or to share information and concerns to other services, such as to the patient's NHS GP or other community service.
- The provider did not maintain staff personnel files for the secretary and cleaning staff. Evidence was not available to demonstrate the provider had undertaken all key recruitment checks as required by their duty as an employer, such as the verification of each applicant's identity or their right to work in the UK.
- Disclosure and Barring Service (DBS) checks were not always 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). The GP provided a copy of their own DBS check, which had been countersigned by a local private hospital. However, no DBS checks were undertaken for other staff employed by the service, and no risk assessment had been completed to determine if a check was required or not.
- There was not an effective system to manage infection prevention and control. The provider had an infection prevention and control policy in place, which was dated 2017. The policy was due for review within two years of issue; however, no review was evidenced. The practice employed a cleaner who undertook weekly cleans of the practice building, with the provider cleaning clinical equipment and high touch points after each patient visit. The practice area comprised of a waiting area and a consultation room, which both had carpeted floors, and a toilet. The practice generally appeared visibly clean, although some areas of mould and dirt were observed on the sink. There were no cleaning schedules maintained that outlined the frequency with which items required cleaning, and there were no arrangements in place for the carpets to be deep cleaned, either at set frequencies or after contamination.
- The provider did not carry out appropriate environmental risk assessments and review these when recommended. For example, the provider last undertook a legionella risk assessment in 2018, which highlighted how their cold water tank "very dirty inside" and required cleaning. There was no evidence this had been actioned, and a repeat re-assessment in 2019 had not been completed despite being a recommendation. The provider did not complete any assessments as required under the Control of Substances Hazardous to Health Regulations (COSHH), despite holding hazardous substances such as bleach and disinfectants.

Inadequate

Are services safe?

- The provider did not ensure that all facilities and equipment were safe. Although regular portable appliance testing was seen to be undertaken for all electrical equipment, other required actions, such as to address fire safety and legionella concerns, were not undertaken.
- There were systems for safely managing healthcare waste. Staff had access to dedicated clinical waste bins and sharps bins, which were collected and disposed of by an external company. However, sharps bins were stored on the floor in the consultation room, which could pose a risk if these were knocked over.

Risks to patients

There were no systems to assess, monitor and manage risks to patient safety.

- The provider employed three members of staff, which comprised of a GP, a secretary and a cleaner. No other clinical staff were employed, and the provider did not use bank or agency staff to cover periods of annual leave or absence.
- Although the service did not generally see acutely unwell patients, not all staff were adequately trained to manage emergencies or to recognise those in need or urgent medical attention. For example, the secretary (who saw patients face to face on arrival at the premises) did not undertake any regular training, such as basic life support. This was not in line with guidance issued by the Resuscitation Council UK, which recommends staff, including non-clinical staff, to "undergo regular training in resuscitation of both adults and children".
- The provider did not hold any emergency equipment, such as a defibrillator or oxygen, to deal with unexpected medical emergencies. Although the provider had completed a risk assessment, this was limited in nature with the only mitigating action being for staff to call for an ambulance if a patient deteriorated. The risk assessment largely outlined how the risk of a patient deteriorating was deemed to be very low due to the practice's patient demographics and the low numbers of patients seen. However, the assessment also outlined how on "at least three separate occasions" an ambulance had been called due to patients being acutely unwell.
- There were appropriate insurance and indemnity arrangements in place.

Information to deliver safe care and treatment

Staff did not have the information they needed to deliver safe care and treatment to patients.

- Individual care records were not always 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 not always available to relevant staff in an accessible way. For example, each patient had a separate file in which all information was stored chronologically. However, there was no overview or summary, which meant key information such as a patient's allergies, previous medical history or current medications could not easily be reviewed.
- The service did not have effective systems in place for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Although the provider could refer patients for specialist care privately, there was limited communication with other organisations, such as the patient's NHS GP or local hospital.
- There was a particular concern regarding the prescribing of medicines and management of patients with long-term conditions, as guidance issued by the General Medical Council advises for doctors consulting with patients outside of the NHS to ensure there is adequate sharing of information to support patient safety. However, during our review of clinical records, there was no evidence that key information was shared, or that risk assessments were undertaken prior to prescribing where patients refused consent for information to be shared. This meant there was a potential risk that patients could access multiple organisations to obtain medicines, with no central record of those supplies.

Inadequate

Are services safe?

- If a patient required a referral for specialist care, the service could refer patients to local private hospitals and/or specialists. If the patient declined or wished to be referred to their local NHS hospital, the provider issued patients with a consultation letter which the patient could share with their NHS GP. However, this information was not usually shared directly with their NHS GP and there was no follow up process in place to ensure that required referrals had been acted on.
- The service did not have a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading. There was no established retention process in place that outlined how long medical records should be retained for, such as in the event of a patient death or a patient leaving the service.

Safe and appropriate use of medicines

The service did not have reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment did not always minimise risks. Although the provider maintained a supply of emergency antibiotics, other emergency medicines were not available. The provider did not have an anaphylaxis pack (an emergency kit used to manage patients suffering from suspected anaphylaxis), although travel vaccinations and immunisations were offered. This was not in line with the '*Immunisation Against Infection Diseases: The Green Book*' guidance from the UK Health Security Agency that states, 'a protocol for the management of anaphylaxis and an anaphylaxis pack must always be available whenever vaccines are given'. However, following our inspection, we saw the provider had obtained a stock of adrenaline.
- The service had a medicines fridge for the storage of medicines and vaccines that were temperature sensitive. During our inspection, the fridge was seen to be used for the storage of food and drink. However, no medicines or vaccines were stored at that time and staff explained the fridge would be cleared if any vaccines were received. Staff explained how they checked the temperature of the fridge daily. However, no records of fridge temperature checks were held, and staff were not fully aware of which temperatures would be out of range.
- The service prescribed Schedule 2 controlled drugs, such as morphine, and Schedule 3 controlled drugs, such as phentermine and gabapentin. Controlled drugs are medicines that have the highest level of control due to their risk of misuse and dependence. The provider did not store any medicines on their premises, with the exception of phentermine, which was held under appropriate safe custody requirements.
- Prescriptions for controlled drugs were issued on appropriate prescription stationery, which were stored securely. However, no records were maintained to allow for effective reconciliation of all blank prescriptions. Prescriptions for all other medicines were issued on the provider's own stationery, and were written by hand to minimise the risk of prescription fraud.
- Staff prescribed, administered and/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. For medicines dispensed by the provider, staff applied a label to each bottle that outlined the name and any statutory precautions related to the use of the medicine in line with the Human Medicines Regulations 2012.
- Some of the medicines this service prescribed for weight loss are unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are no longer recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians for the treatment of obesity. The British National Formulary states that 'Drug treatment should never be used as the sole element of treatment (for obesity) and should be used as part of an overall weight management plan'. We saw patients prescribed this medicine by the provider were issued with an appropriate information leaflet, which outlined key information regarding their treatment.

Inadequate

Are services safe?

Track record on safety and incidents

The service did not have a good safety record.

- The provider did not have comprehensive risk assessments in place in relation to safety issues. Where risk assessments had resulted in required actions, appropriate remediation work was not always taken in a timely manner, and repeat assessments were not always completed when recommended.

Lessons learned and improvements made

The service did not always learn and make improvements when things went wrong.

- Although there was no policy in place for the recording and acting on significant events, the provider explained how all incidents were reported and investigated through an independent GP organisation with whom they were a member. At the time of our inspection, the provider advised the last incident they reported was around 15 years ago. However, during the inspection, we were made aware of a recent safety incident that had not been recorded as a significant event.
- Due to the nature of the service, the provider advised they were not generally involved in the sharing of learning from incidents that they were not directly involved in. However, the GP learnt of key incidents and case studies through yearly training conferences they attended.
- The provider was aware of the requirements of the Duty of Candour, and explained how they maintained a culture of openness and honesty. Where there were unexpected or unintended safety incidents, the provider explained how they would offer affected people an apology. However, the provider did not have a formalised process or policy in place regarding the Duty of Candour, or regarding the management of notifiable safety incidents.
- The service did not have an effective process in place to ensure all patient and medicine safety alerts were acted upon. The provider explained they received key safety alerts through government websites and independent GP organisations, and reviewed all safety alerts upon receipt. However, no records were maintained to record when safety alerts were reviewed, and there was no process for historic safety alerts to be reviewed. As all patient clinical records and prescriptions were paper-based, this posed a potential concern if a medicine safety alert was issued as the provider was not able to easily review or identify any patients potentially affected.

Requires Improvement

Are services effective?

We rated effective as requires improvement because; not all staff had the skills and knowledge to carry out their roles; there was limited involvement in quality improvement activity; there was not a coordinated approach with other organisations to deliver effective care and treatment; and patient records did not always provide an accurate and contemporaneous record of all care and treatment decisions. However, staff were consistent and proactive in empowering patients and supporting them to manage their own health.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. However, evidence that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance was limited to due to the quality of patient records.

- The provider generally assessed needs and delivered care in line with relevant and current evidenced based guidance and standards, such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The provider explained they attended yearly medical conferences to keep up to date with any changes to clinical guidance, and provided evidence of their last attendance in 2021.
- As part of our inspection, we reviewed a sample of patient clinical records to review how patients' immediate and ongoing needs were assessed. We saw no evidence of discrimination when care and treatment decisions were made. Clinicians generally had enough information to make or confirm a diagnosis.
- However, not all records provided a clear, accurate and contemporaneous record of any care and treatment provided. Of the five records we reviewed, only one record provided a clear overview, with four records not providing an effective overview of a patient's previous medical history, allergies or prescribed medications. Only two records contained an appropriate and documented review of any red flag symptoms, with only three records having a documented diagnosis or clinical impression recorded. Where patients had received a vaccination, we saw the provider had applied the label from the vaccine onto their record card, but did not see any further information documented within their record. We saw examples whereby the provider had referred patients to other services, but did not include key information, such as the patient's previous medical history or allergies, within the referral letter.

Monitoring care and treatment

There was limited involvement in quality improvement activity.

- The provider explained how they proactively reviewed the outcome of any completed patient referral in order to make any adjustments or improvements to their clinical practice. Examples of changes made as a result of this included the provider clearly separating the facts and their clinical opinions when making a referral.
- There was a limited use of clinical audit at the service to improve the quality of care and outcomes for patients. The provider explained as part of their occupational health activity, they submitted an anonymised report on a quarterly basis to an occupational physician who reviewed and commented on their work. However, we did not see a comprehensive and regular programme of clinical audit that covered all areas, such as medicines usage and prescribing. There was no evidence of any internal quality improvement programmes or activities being undertaken.

Effective staffing

Not all staff had the skills, knowledge and experience to carry out their roles.

Requires Improvement

Are services effective?

- Although staffing was limited in this service with just the provider, a secretary and a cleaner, the provider did not understand the learning needs of staff, and did not provide specific training opportunities for them. Non-clinical staff had not undertaken any regular training, such as safeguarding or resuscitation training. This was not in line with national guidance, such as the intercollegiate guidance document on safeguarding, which recommends for all clinical and non-clinical staff who have patient contact to undertake a minimum of level two safeguarding training.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

Although staff worked well together, there was not a coordinated approach with other organisations to deliver effective care and treatment.

- Before providing treatment, the doctor at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. The reason for each appointment was taken during the appointment booking process, and where it was not appropriate for the service to see or treat a patient, the patient would be advised of this prior to the appointment being confirmed.
- However, where appropriate patients did not always receive coordinated care, as the provider did not have effective systems in place for the sharing of information with other organisations. Although appropriate processes were in place for patients to be referred to other services, such as private hospitals and specialists, there was limited sharing of information to other services, such as to the patient's NHS GP if they had one. Patients were not routinely asked for consent for the provider to share details of their consultation and any medicines prescribed with their registered GP. We did not see any evidence that treatment and prescribing decisions had been risk assessed where patients had declined for their information to be shared or where they were not registered with an NHS GP, particularly where medicines were prescribed that were liable to abuse or misuse or were for the treatment of long-term conditions.
- If a patient required specialist care, the provider usually referred patients to a local private hospital or specialist. We reviewed completed referrals as part of our inspection and saw these to be completed in a timely manner, with an update or outcome provided from the receiving service and retained within each patients' notes. However, there was limited interaction with other organisations and services, particularly regarding the care and treatment of patients in vulnerable circumstances. For example, there was limited evidence of interactions between other organisations and agencies, such as local authority safeguarding teams, community healthcare services or the patient's NHS GP where appropriate.

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, people were given advice so they could self-care. For example, patients were provided with medicine information leaflets when medicines were prescribed and dispensed by the service.
- The provider helped patients to live healthier lives. For example, during our review of clinical records, we saw how the provider had supported patients to reduce their consumption of alcohol.
- 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.

Requires Improvement

Are services effective?

- Staff understood the requirements of legislation and guidance when considering consent and decision making. The provider explained how verbal consent was obtained for most care and treatment decisions; however, written consent was taken where necessary, such as for certain occupational health consultations.
- Staff supported patients to make decisions. The provider explained how they did not generally see acutely unwell patients, and it was rare that an assessment of a patient's mental capacity was required. In the event that concerns were raised regarding the patient's mental capacity to make a decision, this would be discussed with the patient's relatives.

Requires Improvement

Are services caring?

We rated caring as requires improvement because; staff did not help all patients to be involved in decisions about care and treatment as the service did not offer patients any interpreters, translators or chaperones when required; and there was no process in place to collect and review patient feedback. However, staff treated patients with kindness, respect and compassion and respected patient's privacy and dignity.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service did not seek feedback on customer satisfaction, or the quality of clinical care patients received. The provider explained they had a loyal group of patients that regularly used their service, and that patients were generally always very thankful after each consultation. However, there was no process in place for feedback from patients that presented for occupational health or vaccination services to be collected and reviewed.
- On the days of our inspection, there were no patients using the service, which meant we were unable to speak directly with patients about their recent experience of using the service.
- Prior to our inspection, we requested for the provider to share our online feedback service with any patients who had recently used the service. However, we did not receive any responses to this from patients.
- Feedback from patients shared on online reviews was largely positive of the service, with patients reporting how staff were "polite" and "professional". Negative comments largely related to fees and invoicing.
- Staff understood patients' personal, cultural, social and religious needs. However, the provider explained they did not see children aged under 18, or female patients where the appointment was due to illness or whereby physical examinations were required.

Involvement in decisions about care and treatment

Staff did not help all patients to be involved in decisions about care and treatment.

- Interpretation services were not available for patients who did not have English as a first language. The provider explained patients were responsible for arranging their own professional interpreter if this was required. However, at the time of our inspection, the provider advised they did not have any regular patients who required this.
- Information leaflets and notices were also only available in English, and alternative formats such as large print, Braille or easy read versions were not available. This meant some patients could not be as involved in decisions about their care and treatment.
- The provider explained that they did not generally see acutely unwell patients at their service. However, care and treatment decisions could be discussed with a patient's family or relatives where this was appropriate.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- During our inspection, we saw staff closed consultation room doors when speaking with patients by telephone to ensure their privacy and confidentiality was maintained.

Requires Improvement

Are services caring?

- However, the service did not offer patients a chaperone. The provider explained patients were welcome to bring a friend or relative to their appointment if desired. In our review of patient clinical records, we did not see any evidence that a chaperone had been discussed or offered in any of the five records we reviewed. The provider did tell us that he did not generally see female patients that were acutely unwell or where they would need an examination and therefore a chaperone.

Good

Are services responsive to people's needs?

We rated responsive as good because; the service organised and delivered services to meet patients' needs; patients were able to access care and treatment when required; and complaints and concerns appeared to be taken seriously. However, disabled access arrangements and access to complaints information were lacking.

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. However, disabled access arrangements were lacking.

- The provider understood the needs of their patients and improved services in response to those needs. For example, the provider explained how they had remained open for face-to-face appointments throughout the COVID-19 pandemic, as they had identified how patients had found it more challenging to access face-to-face appointments at other services during this time. The provider had also adapted their service, offering telephone appointments to existing patients where requested.
- The facilities and premises were generally appropriate for the services delivered. The practice was located within a 1900s converted residential building, which was shared with another service. However, the building was not wheelchair accessible, due to a stepped front entrance and manually opening doors. The provider explained it was very unusual for a person with a wheelchair to use the service but if a patient who was a wheelchair user attended the service, they would be required to bring any required ramps to use the building. This would be discussed at the time the appointment was made.

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. The provider explained they aimed to see most patients within two working days of their appointment request. Where additional tests were required, such as blood or urine tests, the results were usually shared with patients within two working days. However, there was no established process for the results of these to be shared with other providers, such as the patient's NHS GP where needed.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. Most patients were seen within two working days of their appointment request. However, if an urgent appointment was required, the provider explained they would usually see the patient the same day. However the provider did not generally see acutely unwell patients.
- The provider explained they gave patients who attended their service for private GP appointments or who were prescribed medicines their direct contact information, in the event they had any queries or concerns regarding their care and treatment. The provider explained patients could contact them at any time, including outside of their opening hours and at evenings and weekends. They explained no cover was required during periods of sickness or annual leave, as patients could continue to contact them directly.
- 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. However, information was not readily available on how to make a complaint.

Good

Are services responsive to people's needs?

- The service had complaint policy and procedures in place, which included the involvement of other organisations and agencies, such as independent GP organisations.
- As the last complaint received by the service was several years ago, we were unable to review the provider's response to any concerns raised. However, the provider explained how they took all concerns seriously and offered patients an apology where appropriate.
- Patients could raise concerns by speaking with a member of staff or by putting their concerns in writing. However, information about how to make a complaint or raise concerns was not readily available. For example, there was no information on the provider's website or in their waiting area on their complaints process.

Inadequate

Are services well-led?

We rated well-led as inadequate because; the provider did not have a vision or strategy in place. As the provider was a sole GP, there were very limited governance and management processes in place. Processes for the management of risks, issues and performance were ineffective; the service did not always act on appropriate and accurate information; the service did not involve patients and external partners in their service; and there was a limited focus on continuous improvement and innovation.

Leadership capacity and capability;

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- The provider was a sole GP who did not always understand all the challenges around providing a registered service or take appropriate steps to address the regulations required to ensure the safe care and treatment of patients. For example, during our inspection we identified several risks and concerns that had not been identified or mitigated by the provider.
- The provider employed a secretary and cleaner. He was visible and worked closely with his staff.

Vision and strategy

The service did not have a vision or strategy to deliver high quality care and promote good outcomes for patients.

- The provider explained they were committed to 'maintaining the patient experience', and focused on reducing waiting times, listening to patients, and giving them sufficient time to talk. However, there was no formalised vision, set of values, strategy or supporting business plan to achieve these priorities.

Culture

The service did not have a culture of high-quality sustainable care.

- The provider described how they felt 'very proud' to have run the service single-handedly for the past 30 years.
- Although the service did not have a formalised vision or set of values in place, the provider explained how any poor or inconsistent performance would be managed, and how their service was focused on the needs of their patients.
- As there was such a small team, although there was no process in place to allow staff to raise concerns externally in the event they did not feel comfortable raising these directly, staff felt very able to raise any concerns with the provider.
- There was no established process in place to provide all staff with the training and development they need, as we did not see any evidence that non-clinical staff had undertaken any formal training suitable for their role such as safeguarding or basic life support. The provider explained how they completed their appraisal regularly in order to meet required revalidation requirements, and held appraisal conversations with his staff. However, appraisals for non-clinical staff were completed as a verbal conversation with no documented record being maintained. We were therefore unable to verify when non-clinical staff last received an appraisal; however, the provider advised their last appraisals were completed around two years' ago.
- There was a strong emphasis on the safety and well-being of all staff. For example, the provider explained how they had improved lone-working and security arrangements at the practice to protect staff safety, following a recent safety incident.

Governance arrangements

Inadequate

Are services well-led?

There was no clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were not clearly set out, understood or effective.
- Although this service is small and run by a sole provider with minimal need for other staff input other than a secretary and cleaner there were limited policies, procedures or activities to ensure safety, or assure the provider they were operating as intended. Key policies and procedures, such as safeguarding, incident reporting and the Duty of Candour, were not present. There was not an effective process for the review of policies, as several policies were seen to have exceeded their recommended review dates by significant periods of time.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- There was not an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. Key risk assessments were not always completed when required, such as assessments required under the Control of Substances Hazardous to Health Regulations (COSHH). Other risk assessments undertaken by the service, such as legionella and fire safety risk assessments, were not reviewed when recommended. Key recommendations highlighted following risk assessments were not always acted upon, which could put staff or service users at risk. Some risk assessments completed by the service, such as an assessment to review emergency procedures, was not comprehensive and did not include appropriate review of all available mitigation actions.
- The provider had limited oversight of safety alerts, and incidents. Although the provider explained they received and reviewed safety alerts, there was no documented process in place to record when alerts had been actioned, and there was no process in place for the review of historic safety alerts.

Appropriate and accurate information

The service did not have appropriate and accurate information.

- The service did not have processes to manage current and future performance. For example, the provider did not have a process in place to collect and review patient feedback, or information on the performance of their service.
- Due to the small scope of the service, regular meetings were felt to be unnecessary so there was no formal opportunity to discuss quality and sustainability with staff. The provider however did talk to staff about these issues informally where necessary.
- The service submitted data or notifications to external organisations as required.
- The service stored patient information securely. All patient information and clinical records were paper-based, which staff stored securely in lockable filing cabinets and cupboards.

Engagement with patients, the public, staff and external partners

The service did not involve patients, the public, staff and external partners to support high-quality sustainable services.

- The service did not formally collect the views and concerns from patients, staff and external partners, and as a result could not act on these to shape services and culture.
- There was no established process in place for patients to provide feedback on their care and treatment, such as through comment cards or patient satisfaction surveys. As a result, there was limited evidence that any changes needed to be or had been made to the service as a result of patient feedback.

Inadequate

Are services well-led?

Continuous improvement and innovation

There was no evidence of systems and processes for learning, continuous improvement and innovation.

- The provider maintained his annual appraisals and attended conferences annually but had no plan in place to ensure his staff were given training and learning opportunities where necessary to help improve the service.
- The provider explained they reviewed incidents and complaints and used any learning to make improvements to their service. However, we were unable to review this due to the last incident or complaint being raised several years ago.