Mayfair Practice

Inspection report

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

Overall summary

This service is rated as Inadequate overall. (Previous inspection 31 October 2018 – Compliant)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Mayfair Practice as part of our routine inspection programme. We inspected all five key questions.

Mayfair Practice provides a private GP service to paying patients alongside various aesthetic treatments.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Mayfair Practice provides a range of non-surgical cosmetic interventions, for example dermal fillers which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The lead clinician 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:

- There were inadequate systems in order to assess, monitor and manage risks to patient safety.
- There were not suitable medicines and equipment to deal with medical emergencies, including several medicines for heart attack, and paediatric defibrillator pads.
- The service did not have reliable systems for appropriate and safe handling of medicines.
- There were no comprehensive risk assessments in relation to safety issues and the service did not monitor or review activity in order to keep staff and patients safe.
- The service did not learn and make improvements when things went wrong**.**
- The provider did not have systems to keep clinicians up to date with current evidence-based practice.
- There was limited quality improvement activity such as audit and professional appraisal of clinical care.
- Clinical record keeping was insufficiently detailed and did not always include key information, for example about shared care arrangements.
- There was no complaint process for reporting, monitoring and management of complaints.
- Practice policies had not been adequately reviewed and updated regularly.
- There were no systems of accountability to support good governance and management.

Overall summary

- There was no clarity around processes for managing risks, issues and performance.
- Confidential data was not always stored appropriately.
- There was no use of external review to monitor performance quality.

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

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

- Managerial access to the online training platform should be rectified.
- A comprehensive induction process for new staff should be put in place.

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 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**.** The team included a CQC specialist adviser.

Background to Mayfair Practice

Mayfair Practice is located within the Mayfair area of London at:

12 Lees Place, W1K 6LW

It occupies the ground and basement floors of a converted period property and has been operating from this address for 10 years. The lead clinician has been providing services as Mayfair Practice within London since 1984. The practice offers a private GP service to paying patients and various aesthetic procedures. The practice has seen approximately 24,000 patients and treats both adults and children.

There is a lead GP and a second GP, both are male. There is a female doctor providing aesthetic treatments only. The practice had recently employed a practice nurse and a new practice manager.

The service offers appointments on weekdays between the hours of 10am and 6pm, these are booked through reception via telephone.

How we inspected this service

We inspected the service using evidence gathered on-site, staff interviews, and electronic documents sent to us by the practice.

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:

- Medicines were not appropriately stocked, risk assessed or destroyed. The practice did not keep stocks of several medicines suggested for emergency use and did not have risk assessments in place for their omission.
- There was evidence that, care had been provided out of scope or practice, and that high-risk medicines were not prescribed nor monitored safely.
- There was no system in place for monitoring and implementing MHRA and other safety alerts
- The service did not identify or monitor risk in order to keep staff and patients safe, and no fire risk assessment or health and safety risk assessment had been carried out since 2012.
- Oversight of staff training and vaccination records was not well managed: staff had been recruited without evidence of vaccination history.
- There was no formalised and adequate induction plan for new and/or temporary staff.
- Clinical records did not always include sufficient detail to check that patient management, for example, referrals had been made appropriately.

Safety systems and processes

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

- The provider did not conduct appropriate safety risk assessments. It had safety policies; however, these had not been adequately maintained, reviewed or updated. Safety policies were not being followed.
- Staff received safety information from the service as part of their induction and refresher training.
- The service had systems in place to safeguard children and vulnerable adults from abuse. However, discussion with the clinical lead for safeguarding did not assure us that concerns around vulnerable adults would be promptly escalated.
- The service did not have systems in place to assure that an adult accompanying a child had parental authority.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- There was no recent testing nor reporting on fire risk assessment, health and safety risk assessment or legionella risk assessment and testing.
- The provider had systems in place to ensure that the facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider did not carry out appropriate environmental risk assessments which considered the profile of people using the service and those who may be accompanying them.

Risks to patients

There were not systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.

Inadequate

Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were appropriate indemnity arrangements in place
- There were not suitable medicines and equipment to deal with medical emergencies, for example the practice did not keep several suggested medicines to treat myocardial infarction (heart attack), hypoglycaemia (low blood sugar), bacterial meningitis, opioid overdose, severe pain or childhood croup. There was no risk assessment in place to inform the omission of these medicines. Other emergency medicines were stored appropriately and checked regularly.

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 written and managed in a way that kept patients safe. The care records we saw showed that most information needed to deliver safe care and treatment was available to relevant staff in an accessible way. However, it was not always clear from the patient record system that clinicians had made appropriate and timely referrals or that patients were being managed under a shared care arrangement with specialists.
- The service did not have systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- It was not clear that the service had a system in place to retain medical records in the event that they cease trading. The provider told us that medical records were stored securely in a purpose-built premises off-site and that an external security company was employed to maintain safety.

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, controlled drugs, emergency medicines and equipment did not always minimise risks. For example, the provider had significant out-of-date stocks of opiate painkiller which had not been disposed of since 2020. This was recorded and stored securely, however the provider had made no significant attempt to arrange destruction of the medicine. The service kept prescription stationery securely and monitored its use.
- The service did not carry out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff did not prescribe, administer or supply medicines to patients nor give advice on medicines in line with legal requirements and current national guidance. For example, we found evidence of patients prescribed isotretinoin (a medicine for short term use to treat severe cystic acne) where there had been no clear discussion on the risks and no onward referral to a dermatology team.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of patients.

Some of the medicines this service prescribed 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 not recommended by the National Institute for Health and Care Excellence (NICE) or other appropriate professional bodies. There was no evidence to show that patients receiving unlicensed medicines had been made aware of any risks.

Track record on safety and incidents

Inadequate

Are services safe?

The service did not have a good safety record.

- There were no comprehensive risk assessments in relation to safety issues.
- The service did not monitor or review activity. This helps providers to understand risks and gives a clear, accurate and current picture that would lead to safety improvements.

Lessons learned and improvements made

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

- There was no system for recording and acting on significant events. Staff did not properly understand their duty to raise concerns and report incidents and near misses. Leaders and managers did not support formal recording of incidents.
- There were no systems for reviewing and investigating when things went wrong. The service did not learn or share lessons, identify themes or take action to improve safety in the service. For example, during the inspection it was noted that several incidents had taken place: a patient had seen several doctors to obtain extra prescriptions of benzodiazepines. This was intercepted by the pharmacy and was raised with the practice, it was not logged on an incident record and there was no evidence the practice had reviewed and put systems in place to prevent this happening again.
- The provider was aware of the requirements of the Duty of Candour. The service did not have systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- There were no records of safety incidents, significant events or complaints.
- The service did not act on nor learn from external safety events or patient and medicine safety alerts. The service did not have an effective mechanism in place to disseminate alerts to all members of the team.

Inadequate

Are services effective?

We rated effective as Inadequate because:

- There were not systems in place to keep clinicians up to date with current evidence-based practice.
- There was evidence of limited quality improvement activity such as audit and professional appraisal of clinical care.
- Patient records did not include key information about appropriate referrals, or test results to support effective clinical decision-making.

Effective needs assessment, care and treatment

The provider did not have systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians did not assess needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Patients' immediate and ongoing needs were assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians did not always have enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- While staff attended training courses, there was no evidence these led to improvements in care and treatment provided.

The service provided limited evidence of audit activity but did not have a programme of two-cycle clinical audit.

Effective staffing

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

- All staff were appropriately qualified. The provider did not have an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council/ Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together to deliver effective care and treatment.

- Patients received coordinated and person-centred care.
- Before providing treatment, doctors at the service did not always ensure they had adequate knowledge of the patient's health, any relevant test results and their medicines history.

Inadequate

Are services effective?

- The provider told us that referrals to other services were made in a timely and appropriate way but these were not always clearly included in the relevant patient records.
- The provider told us that they encouraged patients to share information with their NHS GP or any other treating doctors. Verbal consent for information sharing was taken.
- The service had recently monitored the process for seeking consent appropriately.

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.
- Risk factors were identified and highlighted to patients such as obesity and smoking.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Good

Are services caring?

We rated caring as Good because:

- The practice treated patients with kindness and respect, and involved patients in decisions about their care and treatment.
- The practice recognised the importance of maintaining patient privacy and dignity.
- Patients reported that they felt supported by staff and that there was sufficient time during appointments to discuss their needs.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service did not seek feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients reported through online feedback, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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.

Requires Improvement

Are services responsive to people's needs?

We rated responsive as Requires improvement because:

- There was no complaint process for reporting, monitoring and management of complaints. A complaints policy was in place but not being used or reviewed.
- Information on how to make a complaint was not available to patients.
- The practice was unable to learn or improve following concerns raised as complaints were not being recorded. There was evidence that complaints had been made but not recorded or acted upon.

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, for example longer appointment times, choice of home visits and virtual appointments where required.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

Patients were able to access care and treatment from the service within an 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 system was easy to use.

Listening and learning from concerns and complaints

The service did not take complaints and concerns seriously and did not respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was not available.
- The service did not inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place, however there was no evidence that these were being followed as the provider had never kept a complaints record.
- The service did not learn lessons from individual concerns, complaints or from analysis of trends.

Inadequate

Are services well-led?

We rated well-led as Inadequate because:

- Leaders were not knowledgeable about issues, priorities and risks relating to the quality and future of services and did not actively identify and monitor challenges.
- Practice policies had not been adequately reviewed and updated regularly.
- There were no systems of accountability to support good governance and management.
- There was no clarity around processes for managing risks, issues and performance.
- Confidential data was not always stored appropriately.
- There was no use of external review to monitor performance quality.

Leadership capacity and capability

Leaders had some capacity and skill to deliver high-quality, sustainable care.

- Leaders were not knowledgeable about issues and priorities relating to the quality and future of services.
- Leaders did not actively identify and monitor challenges to care in order to address them.
- Leaders at all levels were visible and approachable. They worked closely with staff to make sure they prioritised compassionate and inclusive leadership.
- The provider had taken steps to develop leadership capacity and skills, such as external staff training. No formal planning for the future leadership of the service had taken place.

Vision and strategy

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

- There was not a formal clear vision and set of values. The service did not have a realistic strategy and supporting business plans to achieve the vision.
- Staff were able to articulate that excellent patient care and customer service were the provider's main aims.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the wishes of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- Staff had received equality and diversity training. Staff felt they were treated equally.

Inadequate

Are services well-led?

- There were positive relationships between staff and teams.

Governance arrangements

There were 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 effective.
- Staff were mostly clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety however these were not regularly or appropriately updated, nor followed.
- The provider used feedback from patients as the primary method of assessing performance.
- The service did not always submit data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems however, we found some notes were being stored on the premises inappropriately, in particular, patient notes were kept in a non-secure cupboard behind reception.

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.
- The service did not have processes to manage current and future performance. Performance of clinical staff could not be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders did not have oversight of safety alerts, incidents, and complaints.
- No clinical audit was carried out in order to affect positive impact on quality of care and outcomes for patients. There was no clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service did not always act on appropriate and accurate information.

- Operational information was discussed in team meetings.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the patients and staff via team meetings and patient feedback forms.
- Staff could describe to us the systems in place to give feedback such as paper and online surveys, verbally, via email or via online reviews. We saw evidence of feedback opportunities for staff.

Inadequate

Are services well-led?

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement via continuing professional development courses for staff.
- The service did not make use of internal and external reviews of incidents and complaints. Learning was unable to be shared and used to make improvements as no incident or complaint records were kept.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or investigation.** **Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity** **How this regulation was not being met:** The registered person had failed to ensure that any and all complaints received were investigated and that necessary and proportionate action was taken in response to any failure identified by the complaint or investigation. In particular: • Complaints had not been dealt with according to practice policy. The registered person had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. In particular: • There was no system in place for recording and monitoring complaints.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

How this regulation was not being met:

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- There was no formal induction process for new staff.

The service provider had failed to ensure that persons employed were enabled, where appropriate, to obtain further qualifications appropriate to the work they performed. In particular:

- There was no current oversight and management of staff training.