

Roseneath Medical Practice

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection at Roseneath Medical Practice in March 2018. We found that this service was not providing well-led care in accordance with the relevant regulations and we issued a Requirement Notice in respect of Regulation 17 (Good governance) of the Health and Social Care Act 2000. The full report for the comprehensive inspection can be found by selecting the 'all reports' link for Roseneath Medical Practice on our website at www.cqc.org.uk.

Following the comprehensive inspection the practice submitted an action plan, outlining the action they would take in order to comply with regulations. This inspection was an announced focused inspection, carried out on 25 October 2018 to confirm that the practice had effectively implemented their plan. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Roseneath Medical Practice provides a private GP and paediatrics service to patients. The practice is situated in premises which are shared with a dental practice, which is owned by the same partnership but did not form part of the inspection.

One of the partners 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 findings were:

Are services well-led?

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

Our key findings were:

- There were formal arrangements in place to signpost patients to alternative sources of medical care when doctors at the practice were absent. We were told that when the GP was absent from the practice they would check and action incoming test results remotely; however, there were no safety netting arrangements in place to ensure that incoming test results requiring urgent action were processed in circumstances where the GP was unable to work (e.g. if they were unexpectedly very ill).
- Failsafe processes had been put in place to ensure that correspondence with, and about, patients conducted outside of the patient records system was promptly saved to the patient's record.
- The practice followed GMC guidance in dealing with patients who did not consent for details of their care and treatment to be shared with their registered NHS GP.

Summary of findings

- The practice had a clearly defined process for managing patient safety and medicines alerts, and maintained records of action taken in response to these.
- The practice monitored their service to ensure that care was delivered in accordance with guidance and best practice. They had carried out audits on re-calling patients for cervical screening and ensuring that patient records contained a comprehensive audit trail of all correspondence and actions taken.
- Processes were in place to remind patients that they were due for a routine cervical smear.
- Processes were in place to ensure that all staff kept up to date with the training required for their role.
- All clinical equipment was calibrated in order to ensure that it was working correctly.
- Arrangements had been put in place to allow patients to access language translation services where required.
- Appropriate operational policies were in place and were followed,

- Processes were in place to ensure that the practice knew the identity of patients, and checks were carried-out to ensure that adults providing consent to treatment on behalf of children had the authority to do so.

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

- Include all members of clinical staff on the log of medicines and safety alerts to ensure a complete audit trail of alerts being read and actioned.
- Review the need for safety netting arrangements to ensure that incoming test results requiring urgent attention can be actioned in instances where clinicians are away from the practice and unable to check the system remotely.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Roseneath Medical Practice

Detailed findings

Background to this inspection

Roseneath Medical Practice provides a private general practice and paediatrics service in Richmond, South West London to approximately 1070 patients. The practice is owned by a two-person partnership, who also own the dental practice which is located in the same building (which was not inspected on this occasion). There is one GP and one, recently appointed, paediatrician working for the practice, who are supported by an administrator/receptionist.

The practice provides appointments seven days a week by appointment. Appointments were available from 8:30am to 5:30pm Monday to Friday with extended hours opening until 8pm on Tuesdays. On Saturdays the practice was open from 9am to 1pm and on Sundays from 10am to 2pm. We were also told that the practice could accommodate appointments outside of these times if required by a patient.

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of

our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

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?

The previous comprehensive inspection of this service in March 2018 found that the service was providing a safe, effective, caring and responsive service; therefore we did not look in detail at these areas during this inspection, which focussed on considering whether the service was well led.

Are services well-led?

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

Our findings

During the previous inspection in March 2018 we found that the practice was not well-led, as some areas in respect of governance required review and development in order to ensure that safety arrangements were failsafe and that processes were in place to monitor the effectiveness of the service.

We found that these areas had improved when we returned to inspect the practice in October 2018 and the practice was now providing well-led care in accordance with the relevant regulations.

Governance arrangements

During the previous inspection of the practice we found that not all policies were practice-specific and fit for purpose, and that the practice did not always monitor compliance with policy. When we returned to the practice in October 2018 we found these issues had been addressed.

- During the previous inspection we found that the practice's recruitment policy was not always followed in respect of pre-employment reference checking. The policy had stated that two references should be obtained, but we found that in some instances the practice only requested one reference; they explained that in circumstances where the member of staff had been in their current post for a number of years, they felt that a single reference from their current employer was sufficient to determine their suitability for a role. Following the previous inspection, the practice had amended their recruitment policy to specifically state that where a member of staff had been in their current post for eight years or longer, they would only require a single reference from their current employer. Since our previous inspection the practice had employed one new member of staff and we found that their recruitment policy had been followed.
- At the time of the previous inspection we found that the practice did not have processes in place to monitor whether their cleaner was adhering to the cleaning schedule. When we returned to the practice we saw evidence that a detailed cleaning schedule had been put in place and that the practice was monitoring that this was being followed.

- During the previous inspection we found that all staff were up to date with the training necessary for their role, but that for some staff, training updates had been completed outside of the required timescales, and the practice did not have processes in place to monitor when staff were due training updates. When we returned to the practice we found that training software was being used which flagged when update training was due. The practice also told us that they intended to discuss staff training needs at the first monthly staff meeting of each year, when deadlines were given to staff for completing any required training.

Managing risks, issues and performance

During the previous inspection in March 2018 we found that some processes in place for managing risks, issues and performance were under-developed and not formalised. We found that these issues had been addressed when we returned to the practice in October 2018.

- During the previous inspection we found that the practice had arrangements in place to share information about patients with their NHS GP, should the patient consent to this when they registered with the service; however, there was no evidence of ongoing dialogue with patients about the benefits of information sharing with their registered GP during further appointments. When we returned to the practice we were told that doctors would ask the patient whether they consented to having details of their treatment shared with their NHS GP at appropriate intervals (e.g. when they presented with a new issue), and where the patient declined to provide consent, this was discussed with them further; we saw evidence that details of these discussions were recorded in the patients' notes.
- During the previous inspection we found that the practice had informal arrangements in place to check patients' identity and to check whether adults accompanying children to appointments had authority to consent to treatment on the child's behalf; however, these arrangements had not been formalised into clear guidance for staff, and no record was kept of these checks being completed. When we returned to the practice we saw evidence that their policy had been updated to specify the acceptable forms of identification for both individuals registering with the practice, and those accompanying children. We also saw

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evidence that the practice had amended their patient registration form to record which form of identification the patient had supplied, and the registration form was saved to the patient's electronic record.

- At the time of the previous inspection, the practice had not completed any clinical audits because they felt that the practice had not been operating for sufficient time to have generated a sample of patients which would be statistically significant. When we returned to the practice we found that they had completed an initial audit of patient re-calls for cervical screening, where recommendations for improvement had been made and a further audit was scheduled to measure the impact of the recommendations. We also saw evidence that the practice had begun the data collection for an initial audit of patient records to check that all correspondence and test results had been appropriately saved.
- During the previous inspection the practice explained the process for patient safety alerts being received and shared with relevant staff; however, this process was not formally documented, and no record was kept of the action taken in response to alerts. When we returned to the practice we found that a register of these alerts had been implemented, which recorded when each alert was reviewed by the GP and any action taken as a result. At the time of the inspection the practice had not included the newly-recruited paediatrician to the register, as they had only been working at the practice for a few weeks; however, they stated that they would be doing so.
- At the time of the previous inspection there was only one doctor working at the practice. We found that the practice had put some arrangements in place to minimise the impact of the doctor's absence during periods of planned leave, but that these arrangements were not formally documented, and they did not effectively mitigate the risks associated with patients being unable to access clinical care and advice. When we returned to the practice we found that the practice had put in place a reciprocal agreement with a nearby private GP practice where each practice would signpost their patients to the other on occasions where the GP was unavailable. Patients would be made aware that the alternative practice would not have access to their previous medical notes, but that with their consent, the alternative practice would share details of any treatment they received with their usual practice.

We were told that the service's GP would access and action incoming test results remotely when they were away from the practice; however, there was no safety netting system in place to ensure that test results requiring urgent action could be progressed should there be an occasion where the service's GP was unable to work (e.g. if they were to suddenly become too unwell to work).

- During the previous inspection we found that the practice did not have a process in place to remind patients who had attended the practice for cervical screening when their next routine test was due. When we returned to the practice we found that all patients who had attended the practice for cervical screening had been coded on their electronic records, which allowed a monthly report to be run which identified patients who were due a further cervical screening test; the practice then wrote to these patients to invite them to attend.

Appropriate and accurate information

During the previous inspection in March 2018 we found that overall, the practice acted on appropriate and accurate information; however, in some areas there was a lack of information gathered and maintained. When we returned to the practice in October 2018 we found that these issues had been addressed.

- Previously, we found that quality and operational information was used to ensure and improve performance, but that information on the quality of the service was limited to feedback from patients and did not include information on patient outcomes or adherence to guidelines or best practice. When we returned to the practice we found that the practice was in the process of conducting two audits to assure themselves that patients' information was accurate and complete on their patient records system, in order to ensure that patients received timely treatment and that a full audit trail of their care and treatment was in place.
- During the previous inspection we found that, in most cases, the practice's patient records system created an audit trail in respect of tests being ordered and results being received by the practice and shared with the patient, as emails could be sent via the patient records system, which would automatically save a copy into the patient's record. However, staff could also correspond with patients by email and view test results remotely, in

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which case, any emails sent or received had to be manually saved to the patient's record. During the previous inspection we found that the process for manually uploading correspondence was not fail-safe, and there had been instances where correspondence had not been saved to the patient's record. When we returned to the practice we found that their records

policy had been updated to include expectations in respect of the timescale for emails and test results being saved to patients' records. We also saw that the practice had introduced a log of all samples sent for testing, which recorded when results were received and when these were saved to the patient's record.