Private GP Care Birmingham

Inspection report

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Date of inspection visit: 30 April 2019
Date of publication: 27/06/2019

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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good **overall.** The previous inspections were conducted in March and July 2018 and were not rated.

At this inspection, the key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Private GP Care Birmingham on 30 April 2019. This was part of our inspection programme, in order to rate independent health services throughout England.

The Care Quality Commission (CQC) inspected this service on 22 March 2018 and found breaches in regulation. As a result, we issued requirement notices as legal requirements were not being met and asked the provider to send was a report of the actions they were going to take to meet legal requirements. We checked these areas as part of the follow-up inspection on 25 July 2018 and found that these and found this had been resolved. The full comprehensive report of our previous inspections can be found by selecting the 'all reports' link for Private GP Care Birmingham on our website at

Private GP Care offered private GP services to a wide range of patients. The population group of patients were few in number and transient in nature.

This service was registered with CQC under the Health and Social Care Act 2008 in respect of all of the services it provided.

The main GP was 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 :

- Systems were in place to support the safety of patients and ensure patients were safeguarded from abuse.
- The provider demonstrated a program of quality improvement activities used to routinely review the effectiveness and appropriateness of the care provided.
- The provider ensured that emergency medicines and equipment were in place and that chaperones were available. The provider had updated their policy to include offering alternative appointments if chaperones were not available.
- The provider had established systems to support the gathering and analysis of patient feedback but was unable to demonstrate any feedback relating to how much patients felt involved in their care and treatment, or how satisfied they felt regarding access to care and treatment. We were told that this was due to the low numbers of patients seen.

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

- The provider should continue to review systems to ensure that clinical waste is managed appropriately.

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

Our inspection team

Our inspection team consisted of a lead CQC inspector and a GP Specialist Advisor (SPA).

Background to Private GP Care Birmingham

Private GP Care Birmingham is located in the Smethwick area of Birmingham. It offers private GP services for a small transient patient population group. These patients are typically visiting the city from other parts of the country or from other countries.

The service occupies a single consulting room in a larger dentist facility. Private GP Care Birmingham is able to use the facilities throughout the building to support the delivery of care and treatment that they provide. There is one GP working at the practice, with cover provided by another GP when necessary.

The provider's website is;

The provider offers a bespoke, seven days a week service dependant on patient need.

We inspected this provider on 30 April 2019 and our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser

Prior to the inspection, we reviewed all information available including the provider website, the previous report, information provided to us by the provider and intelligence we gathered from other sources, including stake holders.

The method we used to inspect included being open to talking to people using the service and their relatives, interviewing staff, observations and review of documents.

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.

Good

Are services safe?

We rated safe as Good because:

The provider demonstrated that systems were in place to ensure the safety of patients and had comprehensive arrangements to ensure patients were safeguarded from abuse. We identified a gap in the management of clinical waste, but this was rectified soon after our inspection. The likelihood of this happening again in the future was low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care were minor.

The provider should continue to review systems to ensure that clinical waste is managed appropriately.

Safety systems and processes

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

- The provider had appropriate safeguarding policies, which were regularly reviewed. They outlined clearly who to go to for further guidance.
- The provider had comprehensive systems to safeguard children and vulnerable adults from abuse.
- The provider had systems in place to assure that an adult accompanying a child had parental authority.
- The provider worked with other agencies to support patients and protect them from neglect and abuse. It took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out appropriate checks on an ongoing basis for the locum GP that was used infrequently. Disclosure and Barring Service (DBS) checks were undertaken. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The provider had assured themselves that clinical staff from the dentist surgery, who acted as chaperones were trained for the role and had received a DBS check. They received up-to-date safeguarding and safety training appropriate to their role. The clinician we spoke with knew how to identify and report concerns.

Risks to patients

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

- The provider understood their responsibility to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities, medical indemnity insurance was in place and up to date.
- There was a generally effective system to manage infection prevention and control.

The provider was unaware of Legionella but gained assurances during our visit that legionella tests had been conducted and water was safe to use.

- The provider could demonstrate that they had gained assurance that facilities and equipment were safe and maintained according to manufacturers' instructions.
- Systems for safely managing healthcare waste were not fully effective. We found that the sharp bin had been used for 12-months without being changed. Following our inspection, the provider updated their policy to include measures for appropriate clinical waste management.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Information to deliver safe care and treatment

The provider had 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 information needed to deliver safe care and treatment was available in an accessible way.
- The provider had systems for sharing information other agencies to enable them to deliver safe care and treatment.
- The provider had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- The clinician made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Good

Are services safe?

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including emergency medicines and emergency equipment minimised risks. Emergency equipment was maintained by the dental practice, but the provider assured themselves that these were maintained appropriately. For example, defibrillator and oxygen cylinders.
- The clinician prescribed, administered and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and records of medicines were kept accurate.
- There were effective protocols for verifying the identity of patients. Children were not seen in isolation.

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments in relation to safety issues and concerns.

The service assured themselves that activity was monitored and reviewed to ensure that services were delivered safely. For example, no infection control audits had been

- completed by the provider but they gained assurances that the dentist practice had conducted these.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. The provider understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. There had been no examples of this but the service had systems embedded to support learning and sharing lessons of identified themes and to act to improve safety in the service when necessary.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider demonstrated a culture of openness and honesty. Systems were in place for being aware of notifiable safety incidents.
- The provider had a system to ensure that it acted on and learned from external safety events as well as patient and medicine safety alerts where necessary.

Good

Are services effective?

We rated effective as Good because:

Through review of consultations the provider demonstrated effective, evidence based best practice and appropriate clinical care to patients.

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had 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. For example, searchable records on the bespoke clinical system.

Monitoring care and treatment

The service has systems to be involved in quality improvement activity.

- The provider had systems in place to use information about care and treatment to make improvements. The provider was able to demonstrate quality improvement activity such as reflective case reviews, which were done as part of clinical appraisals. The provider had not conducted any clinical audits as we were told these were not meaningful due to low numbers of patients.

Effective staffing

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

- The lead GP was appropriately qualified. The provider had a system to induct any newly appointed staff.
- The provider had assured its self that the covering GP and the dental nurses that worked with the main GP were registered with the General Medical Council (GMC) and Nursing and Midwifery Council and were up to date with revalidation.
- Up to date records of skills, qualifications and training were maintained.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. The provider referred to, and communicated effectively with, other services when appropriate. For example, all patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Before providing treatment, the clinician at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

Supporting patients to live healthier lives

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

- Where appropriate, the provider gave people advice, so they could self-care.
- There were systems in place to allow risk factors to be identified, highlighted to patients and where

appropriate highlighted to their normal care provider for additional support. The provider had never needed to do this due to the comprehensive triage system and the low numbers of patients seen.
- Where patients needs could not be met by the service, the provider redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- The provider understood the requirements of legislation and guidance when considering consent and decision making.
- The provider supported patients to make decisions. Where appropriate, there were systems to support the assessment and recording of a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

Good

Are services caring?

We rated caring as Good because:

The provider demonstrated through review of clinical consultations that they provided a caring service for patients. Although the provider was not able to demonstrate any patient feedback, we saw that systems were in place to support this should any patient wish to register any feedback, including complaints.

Kindness, respect and compassion

The provider treated patients with kindness, respect and compassion.

- The provider had systems in place to gather feedback from patients but due to the low numbers of patients seen the provider they had not yet received any patient feedback.
- The provider demonstrated that it understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The provider gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Staff we spoke with knew how access interpretation services for patients who did not have English as a first language. However, patients who could not speak English would typically be referred to other services as the risk of misinformation due to mistranslation was felt to be too great by the provider.
- Information leaflets could be obtained in easy read formats, to help patients be involved in decisions about their care when necessary.
- Although there was a system in place to gather patient feedback, the provider was unable to demonstrate any feedback from patients to confirm 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.
- For patients with learning disabilities or complex social needs, the provider would typically refer, at triage stage, to other services who had specialist knowledge and experience to best support these patients.
- Systems were in place to allow the provider to communicate with people in a way that they could understand, for example, communication aids and easy read materials could be obtained where necessary.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The provider recognised the importance of people's dignity and respect.
- The provider knew that if patients wanted to discuss sensitive issues or appeared distressed they could be discussed in private.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

The provider demonstrated that it offered a bespoke service to patients that fell within parameters set by the provider to ensure safety and that the provider was working within scope of experience.

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 had systems in place to support the improvement of services in response to those needs when necessary.
- The provider had a system to ensure that all requests for appointments were triaged by a clinician. Any patient, whose needs fell outside of set parameters of safety and scope of clinician's experience would be referred to other services who might be better placed to support their needs. For example, patients who request addictive medicines, were referred to their own GP for discussion and patients with physical needs were referred to other services, whose facilities better supported them.
- The facilities and premises were appropriate for the services delivered.
- Using an upstairs single consultation room prevented the provider from being able to make adjustments so that people in some vulnerable circumstances could access and use services on an equal basis to others. For example, those patients with mobility issues. We were told that this would not be reasonably practicable and patients requiring this kind of support would typically be referred, at the point of triage, to another provider with the facilities available to offer them the support they required.

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.
- The appointment system was bespoke in relation to patient need and offered access seven days a week.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and had a system to respond to them appropriately to improve the quality of care should there be any.

- Information about how to make a complaint or raise concerns was available. Although no patients had made complaints we were assured that the provider would treat patients who made complaints compassionately.
- The provider had appropriate information for patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The provider had a complaint policy and procedure in place. The provider demonstrated proactive reflective practice and had systems in place to learn lessons from individual concerns, complaints and from analysis of trends.

Good

Are services well-led?

We rated well-led as Good because:

The provider demonstrated clear governance systems and processes, some of which were untested due to the low numbers of patients. A commitment to continuous improvement and an openness relating to the gap identified was demonstrated.

Leadership capacity and capability;

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

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. It understood the challenges and was addressing them.
- The provider did not have a documented succession plan and felt this was not necessary as the provider was a limited company with one main GP and one other GP that only became involved to cover sickness and absences.

Vision and strategy

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

- There was a clear but informal vision and set of values. The provider had a strategy and supporting business plans to achieve priorities and next steps.
- The provider monitored progress against delivery of the strategy.

Culture

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

- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated by the provider and although there had been no feedback from patients the systems were in place to support patients in this manner when responding to incidents and complaints.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The provider ensured that clinicians had received regular annual appraisals and were supported to meet the requirements of professional revalidation where necessary.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The provider had established proper policies, procedures and activities to ensure safety. We identified one area relating to the management of clinical waste that was not fully considered by the provider but following the inspection, this was shown to have been addressed.

Managing risks, issues and performance

There were systems and processes for managing risks, issues and performance were effective.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through ongoing appraisals. The provider had oversight of safety alerts.
- Clinical audits were not conducted due to the low numbers of patients seen and therefore could not demonstrate impact on quality of care and outcomes for patients. However, the provider demonstrated clear evidence of and a willingness to take action to change services to improve quality.
- The provider had plans in place for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The provider had systems in place to ensure that it submitted data or notifications to external organisations as required.

Good

Are services well-led?

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The provider had systems in place to be able to involve patients, the public, staff and external partners to support high-quality sustainable services.

- The provider encouraged views and concerns from the public, patients, staff and external partners and had systems to act on them to shape services and culture when necessary.
- The provider could describe to us the systems in place to give feedback. This was based on the provider website and could also be submitted in person or through email.
- The service was transparent, collaborative and open about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The provider had systems in place to make use of internal and external reviews of incidents and complaints. We were assured that these would be used as part of reflective practice to make improvements should there be any in the future.

There were systems to support improvement and innovation work based on patient need and systems to support the collection of feedback.