

# Dr Fiona McAndrew, Private GP

## Inspection report

10 Pennant Mews  
London  
W8 5JN  
Tel:

Date of inspection visit: 18 Jan 2023  
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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           | Good |  |
| Are services safe?                         | Good |  |
| Are services effective?                    | Good |  |
| Are services caring?                       | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led?                     | Good |  |

# Overall summary

**This service is rated as Good overall.**

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 Dr Fiona McAndrew, Private GP on 18 January 2023 as part of our inspection programme.

Dr Fiona McAndrew, Private GP is an independent provider of GP services to adults and children.

The clinical lead 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 was an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and monitored.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- There was a system in place to receive safety alerts issued by government departments such as the Medicines and Healthcare products Regulatory Agency (MHRA).
- Staff had the skills, knowledge, and experience to deliver effective care and treatment.
- Staff assessed patients’ needs and delivered care in line with current evidence-based guidance.
- To ensure and monitor the quality of the service, the service completed audits which showed the effectiveness of the service.
- Information about services and how to complain was available and they were easy to understand.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs. However, the clinic had limited access to patients with mobility impairments; patients with mobility impairments were seen in a private hospital next to the clinic.
- The service held a range of policies and procedures which were in place to govern activity; staff were able to access these policies.
- We saw there was leadership within the service and the team worked together in a cohesive, supported, and open manner.
- The service proactively sought feedback from patients, which it acted on.

# Overall summary

**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 GP specialist advisor.

## Background to Dr Fiona McAndrew, Private GP

Dr Fiona McAndrew, Private GP is located at 10 Pennant Mews, Kensington, London W8 5JN.

The provider offers private GP services to adults and children including medical consultations, health checks, travel vaccinations, specialist referrals, cryotherapy and childhood immunisations.

The clinical team at the service is made up of a full-time female private GP clinical lead, a full-time male associate private GP and a part-time female associate GP. The non-clinical practice team consists of a practice manager and a clinic administrator.

The service is open between 8:30am and 6pm Monday to Friday. Out of hours cover is offered by an external company during 6pm and 8am on weekdays and 24hrs on weekends and bank holidays.

### How we inspected this service

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

During our inspection we:

- Spoke with the practice manager and clinic administrator remotely through video conferencing.

During our site visit we:

- Spoke with staff (clinical lead, associate GP, practice manager and clinic administrator).
- Reviewed personnel files, practice policies and procedures and other records concerned with running the service.
- Reviewed a sample of records.
- Looked at information the service used to deliver care and treatment plans.

To get to the heart of clients' 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.

# Are services safe?

## We rated safe as Good because:

*The provider had systems and procedures which ensured that users of the service and information relating to patients were kept safe. Information needed to plan and deliver care was available to staff in a timely and accessible way.*

## Safety systems and processes

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

- The service had systems to safeguard children and vulnerable adults from abuse. It had appropriate safety policies, which were regularly reviewed and communicated to staff.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service had 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. Chaperones could also be requested from the private hospital next to the clinic; however, the provider informed us they had never requested chaperones from the private hospital. The provider had not risk assessed the use of chaperones and informed us that they would risk assess this in collaboration with the private hospital.
- There was a system to manage infection prevention and control (IPC) and the provider undertook regular IPC audits. However, the patient chairs in the waiting area could not be wiped clean.
- They had no separate treatment room to perform minor surgical procedures such as cryotherapy. The provider informed us that they do not undertake any procedures that involved loss of blood and the procedures could be carried out in consulting rooms and that a separate room was not required.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The provider carried out appropriate environmental risk assessments (fire, legionella, health and safety and premises).
- There was a fire procedure in place which was displayed in the waiting area.

## Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- During the inspection we reviewed the recruitment records of two members of staff (one clinical and one non-clinical) and found them to be satisfactory.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities 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.
- There were medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. However, there was no defibrillator in place; the provider informed us that they had access to the crash team

# Are services safe?

and defibrillator from the private hospital next to the clinic when required and we saw evidence to support this. The provider informed us that they had never used the crash team and that they had a checklist on what items the crash team would bring if they had to call them; however, they had not risk assessed this. The provider had not risk assessed the use of crash team and informed that they would risk assess this in collaboration with the private hospital.

## Information to deliver safe care and treatment

### Staff 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 service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## 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 vaccines, controlled drugs, emergency medicines and equipment minimised risks.
- Staff prescribed, administered 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

## Track record on safety and incidents

### The service had a good safety record.

- There were risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## 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. Staff understood their duty to raise concerns and report incidents and near misses. Leaders supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. There was a system in place to review and act on medicines and safety alerts.

# Are services effective?

## We rated effective as Good because:

*The provider had systems and procedures which ensured clinical care provided was in relation to the needs of patients. Staff at the service had the knowledge and experience to be able to carry out their roles. The service undertook clinical audits or quality improvement activities where improvements were implemented and monitored.*

## 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.**

- 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.
- Staff assessed and managed patients' pain where appropriate.
- The practice had regular meetings where they discussed clinical audits, clinical updates, medicines and safety alerts significant events and complaints. The clinicians also attended case review and clinical update meetings with external consultants in the private hospital next to the clinic.

## Monitoring care and treatment

**The service was involved in quality improvement activity.**

- The service used information about care and treatment to make improvements.
- For example, the provider undertook an audit to ascertain if patients with type 2 diabetes were reviewed according to evidence-based guidelines. In the first cycle of the audit (January 2021), they found that only 52% of patients had their annual review. Following the audit, reminders were sent to these patients to attend a review. The provider found that most of the patients had their review through their NHS GP. In the second cycle of the audit (March 2022), the provider found that 67% of patients had their annual review which was an improvement when compared to the first cycle of the audit; however, below the 70% target set by the practice. Following the audit, the provider had sent reminders for patients to attend a review. The provider informed us that they were planning to undertake this audit on a yearly basis to improve patient compliance with annual reviews.

## Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical) were registered with the General Medical 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 and qualifications were maintained.

# Are services effective?

- Staff 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**

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, 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.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

## **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, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, 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.**

- 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.



# Are services caring?

## **We rated caring as Good because:**

*The service sought to treat patients with kindness, respect and dignity. The service involved patients in decisions about their treatment and care. Staff we spoke with demonstrated a patient-centred approach to their work.*

### **Kindness, respect and compassion**

#### **Staff treated patients with kindness, respect and compassion.**

- Feedback from patients was positive about the way staff treat people. The service sought feedback from patients on the quality of care they received. The provider undertook a survey between March and April 2022 for a three-week period and received a response from 10 patients. The results indicated the following:
- Scored 98% for overall care provided by the doctor.
- Scored 100% for overall bedside manner of the doctor.
- Scored 98% for doctor explaining proposed treatment and supporting the patients in making decisions about their care and treatment.
- Scored 100% for the doctor treating the patients with dignity and respect.
- 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.
- Patients 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.
- Staff communicated with people in a way that they could understand.

### **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.

# Are services responsive to people's needs?

## We rated responsive as Good because:

*The provider was able to provide all patients with timely access to the service. The service had a complaints procedure in place, and it used patients' feedback to tailor services to meet user needs and improve the service provided.*

## 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.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. However, the clinic had limited access to patients with mobility impairments; the provider informed us that patients with mobility impairments were seen in a private hospital next to the clinic.

## 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.
- They offered video consultations to patients.
- The provider used a mobile application which allowed the clinician to send prescriptions electronically to a company who then arranged for payment from the patient and hand delivered the medicines.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way.

The service sought feedback from patients on the quality of care they received. The provider undertook a survey between March and April 2022 for a three-week period and received a response from 10 patients. The results indicated the following:

- Scored 98% for ease of booking an appointment.
- Scored 98% for getting an appointment in the time scale they wanted.
- Scored 98% for helpfulness of the reception staff over the phone.
- Scored 100% for appointments were on time.
- Scored 100% for health advice or instructions given.
- Scored 100% for prompt communication of results and correspondence.
- Scored 98% for satisfaction with the billing/payment procedure.
- Scored 96% for how likely they would recommend the clinic to their friends and family.
- Scored 100% for overall bedside manner of the doctor.

## Listening and learning from concerns and complaints

**The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

# Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available in the provider's website. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. There had been six complaints in the past 12 months; during the inspection we reviewed the complaints and found they were satisfactorily handled in a timely manner.

# Are services well-led?

## We rated well-led as Good because:

*Leaders were able to articulate the vision and strategy for the service. Staff worked together to ensure that patients would receive the best care and treatment that would allow patients to lead active lives. There were good systems in place to govern the service and support the provision of good quality care and treatment.*

### Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

### Culture

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

- Staff felt respected, supported and valued.
- Staff were supported to progress within the organisation.
- The service focused on the needs of patients.
- Leaders 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.
- Staff were supported to meet the requirements of professional revalidation where necessary. They were given protected time for learning and development.
- Staff were supported to progress in their role within the organisation.
- There was a strong emphasis on the safety and well-being of all staff.
- Staff had received equality and diversity training.

### Governance arrangements

# Are services well-led?

## **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 understood and effective.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The service had information technology systems. All clinical records were completed on the computer.

## **Managing risks, issues and performance**

### **There were processes for managing risks, issues and performance.**

- 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.
- Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had derailed plans in place and had trained staff for major incidents. However, their business continuity plan did not have contact details of staff working at the clinic. Following the inspection, the provider included these details and sent us evidence to support this.

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance.

## **Engagement with patients, the public, staff and external partners**

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

- Patients, staff and external partners' views and concerns were heard and acted on. For example, the provider had made some improvements in the premises in response to patient feedback.
- Staff reported their views were heard and were happy to work at the service.

## **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. For example, they were in the process of changing the flooring of the entire clinic and had plans to change the layout of the reception area and also to improve their website.