

# Richmond Practice

## Quality 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.

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 21 March 2016 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

#### Our findings were:

#### Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

#### Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

#### Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

# Summary of findings

## **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations.

## **Are services well-led?**

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

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was providing caring services in accordance with the relevant regulations.

- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal apology and are told about any actions to improve processes to prevent the same thing happening again.

### **Are services effective?**

We found that this service was providing caring services in accordance with the relevant regulations.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with external partners to understand and meet the range and complexity of people's needs.

### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

### **Are services responsive to people's needs?**

We found that this service was providing caring services in accordance with the relevant regulations.

- Appointments with the doctors were always available and there was continuity of care, with urgent appointments available when requested.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available for patients.

# Summary of findings

## Are services well-led?

We found that this service was providing caring services in accordance with the relevant regulations.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on.

# Richmond Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor.

## Background to Richmond Practice

The Richmond Practice provides private integrated family health services to local and international families in Richmond Surrey. The services offered range from GP services, urgent medical care, health checks, ultrasound, gynaecology and paediatrician care.

The practice has around 19,000 active patients registered with them.

One of the practices' directors/doctors 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.

The practice has two directors, both clinicians with managerial responsibility who work full time, three female gynaecologists and obstetricians. In addition there were two male GPs, one female GP, a male radiologist and two male paediatricians. The rest of the practice staff consist of two clinical assistants, two and a half secretaries also working as business development assistants and a part time cleaner.

Richmond Practice is open Monday, Wednesday, Friday from 08:00am until 18:00hrs and Tuesday and Thursdays from 08:00am until 20:00hrs and on Saturdays from 09:00am until 17:00hrs.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. Patients reported that they had received an excellent service and the staff were caring and helpful. Many comments expressed satisfaction at being listened to and found the reception staff friendly, efficient and helpful. All patients also commented on the cleanliness of the practice. We spoke with two patients on the day of inspection who also provided positive feedback about the service.

- Our key findings were:
- There was an effective system in place for reporting and recording significant events.
- Risks to patients were always assessed and well managed, including those relating to recruitment checks.
- The practice had a number of policies and procedures to govern activity.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named healthcare professional and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Detailed findings

- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

## Why we carried out this inspection

We carried out this inspection as part of our pilot of independent health providers.

## How we carried out this inspection

The inspection was carried out on 21 March 2016. Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor.

During our visit we:

- Spoke with a range of staff including, administration and reception staff and spoke with patients who used the service.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

There was an effective system in place for reporting and recording significant events:

- Staff told us they would inform the directors of any incidents and there was also a recording form available.
- The practice carried out a thorough analysis of significant events.
- We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice reviewed their vaccinations administering procedure after a child who had been brought in by a parent was given a vaccination slightly earlier than required.
- 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 When there were unexpected or unintended safety incidents.
- The practice had systems in place to monitor all medical alerts that were received.

### Reliable safety systems and processes (including safeguarding)

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Medical staff were trained to Safeguarding level 3 and all other administrative staff to level 2.

- A notice in the waiting and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (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).
- We reviewed eight personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Medical emergencies

- The practice had adequate arrangements in place to respond to emergencies and major incidents. Emergency calls could be placed through the intercom attached to the telephone system.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

### Staffing

- The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service.

# Are services safe?

- Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure they were enough staff on duty.
- Staff told us there were usually enough personnel to maintain the smooth running of the practice, and there were always enough staff on duty to ensure patients were kept safe.

## Monitoring health & safety and responding to risks

There were procedures in place for monitoring and managing risks to patient and staff safety.

- The practice had up to date fire risk assessments and carried out regular fire drills.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- We checked and found that for all medical practitioners, indemnity arrangements were in place to cover potential liabilities that may arise. There was also appropriate employer's liability and indemnity insurance.

## Infection control

- We observed the premises to be clean and tidy and there were cleaning schedules in place. Patients feedback we received on the day of the inspection highlighted that all patients found the practice clean and had no concerns about cleanliness or infection control.

- The practice's health care assistant was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. We saw evidence that an infection control audit was undertaken within the last 12 months. There was alcohol gel and liquid soap available for hand hygiene.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

## Premises and equipment

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

## Safe and effective use of medicines

- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were kept at the required temperatures. We saw records that confirmed the fridge temperatures were checked and recorded. All recordings for the past 12 months were within the required range. Action to take in the event of a potential failure was available and staff were able to confirm this to us.
- All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- The practice used blank prescription sheets and these were only printed and signed by the medical staff. The prescription pads were kept in secure cabinets.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Assessment and treatment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Where necessary they also used other guidances which were outside the recommendations of NICE but were evidence based and credible.
- The practice monitored that these guidelines were followed through risk assessments and audits.
- The practice had completed seven audits in the last two years. All of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, action taken as a result included improvements to the recording of patient notes and clinical diagnoses.

### Staff training and experience

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff that covered such topics as infection prevention and control, fire safety, health and safety and confidentiality. Clinical assistants also undertook an accredited programme to be qualified assistants.
- The practice also conducted a scoring test for administration staff during their induction before they could work under less supervision. Secretarial also sat an exam before they could take calls and formal training was delivered before this exam.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those conducting x-rays and imaging of patients.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, and appraisals, coaching and mentoring. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Working with other services

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice patient record system and their intranet system. This included care assessments, medical records, and investigation and test results.
- The practice shared relevant information with other independent services in a timely way, for example when referring people to other private services. The practice also asked each patient at registration if they wanted their GP to be informed of the attendance. A GP template letter was also available for doctors to send to the NHS if this was requested by the patient.

### Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the medical staff assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two patients on the day. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

### **Involvement in decisions about care and treatment**

Patients reported that they felt involved in decision making about the care and treatment they received. They also told us 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. Patient feedback on the comment cards we received was also positive and aligned with these views.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs.

- All patients attending the practice referred themselves for treatment; none were referred from NHS services.
- There were longer appointments available for all patients and if required double appointments were offered.
- All practice staff worked beyond the expected hours if a patient required extra time.
- Same day appointments were available if required and the practice was flexible in offering alternative times if required.
- There were disabled facilities and the practice had arrangements for patients who could not use stairs to be seen in a consultation room downstairs.
- The Paediatrician's and GPs clinical rooms were decorated with popular children's characters and they also had full access to popular children's DVDs that encouraged children to relax whilst being given treatment.

### Tackling inequity and promoting equality

- The practice offered appointments to anyone who requested one (and had viable finance available) and did not discriminate against any client group.
- Staff told us that translation services were available for patients who did not have English as a first language.

### Access to the service

- The practice was open between 8:00am and 18:00hrs on Monday, Wednesday and Fridays. On Tuesday and Thursdays from 08:00am until 20:00hrs and on Saturdays 09:00am -17:00hrs.
- Saturdays for the working patients.
- Patients feedback demonstrated that patients were able to get appointments when they needed them.

### Concerns & complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance for independent doctors in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information about how to complain was displayed on ground floor in the reception area. After each appointment each patient received an automated email with an invitation to provide feedback and/or to complain about the service they had received. In addition all outgoing emails invited patients with an image of smiley faces and a link to give feedback to the practice.
- We looked at nine complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way. The practice demonstrated an open and transparent approach in dealing with complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.
- All complaints were discussed at weekly meetings and actions agreed and corroborated.

# Are services well-led?

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

## Our findings

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

- The directors of the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. The directors were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.
- The directors were aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- When there were safety incidents the practice gave affected people reasonable support, truthful information and a verbal or written apology.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the provider in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The culture of the service encouraged candour, openness and honesty.

### Learning and improvement

- The practice were open to feedback and offered patients the opportunity to reflect on their experiences. The practice encouraged learning from complaints and significant events.
- The practice doctors also maintained other roles with other organisations such as the NHS and this gave them an opportunity to have a wealth of experience and to access other training.
- Formal training focussed on essential skills such as safeguarding and basic life support and continuous learning was mostly managed through significant event analysis and learning from complaints.
- All doctors also attended one week external training each year. The practice also held consultant led talks with external speakers each month.

### Provider seeks and acts on feedback from its patients, the public and staff

- The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.
- It had gathered feedback from patients through surveys and complaints received. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.