

## Sloane Medical Practice Limited

# Sloane Medical Practice

### Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 13 August 2018 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 not 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.

##### **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.

#### **Background**

We carried out this 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.

Sloane Medical Practice is an independent health service based in the Royal Borough of Kensington and Chelsea that provides patient consultations, treatment and referrals for adults and children. Dr Sabrina Pao is the registered manager and one of the two GP business partners. 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:**

- Patients were safeguarded from abuse but there were gaps in safety arrangements such as infection control and staff fire safety training.
- Systems were in place to protect people from avoidable harm. When mistakes occurred, lessons were learned, and action was taken to minimise the potential for reoccurrence. Staff understood their responsibilities under the duty of candour.
- The service had arrangements in place to respond to medical emergencies.

# Summary of findings

- The service implemented clinical governance systems and had put processes in place to ensure the quality of GPs and non-clinical service provision.
- Staff we interviewed were aware of current evidence-based guidance. Staff were qualified and had the skills and experience to deliver effective care and treatment.
- The service's patient survey information and patient feedback we received indicated that patients were very satisfied with the service they received.
- Information about services and how to complain was available, lessons were learned, and improvements made in response to complaints and patient survey results.
- There was a clear leadership structure and staff felt supported by management and worked well together as a team.
- There was a clear vision to provide a personalised, high quality service.

We identified regulations that were not being met and the provider must:

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

You can see full details of the regulations not being met at the end of this report.

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

- Continue to review and improve Controlled Drugs prescribing.
- Review and improve systems for searching patient's information.
- Review and improve systems to ensure good governance in accordance with the fundamental standards of care, such as checking for gaps or weaknesses in existing systems and processes.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was not providing safe care in accordance with the relevant regulations.

- Patients were safeguarded from abuse but there were gaps in processes and systems in place to keep patients safe including infection control and fire safety training.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- The provider had systems in place to support compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- There was evidence of shared learning across organisation and through dissemination of safety alerts and guidelines.

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### **Are services effective?**

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

- Competence and knowledge was recognised as being integral to ensuring that high quality care was delivered by the service.
- The service carried out assessments and treatment in line with relevant and current evidence-based guidance and standards.
- There was a program of quality improvement and audits were used to drive service improvement.
- The service operated an effective and timely referral process.
- Written consent was not sought for cryotherapy procedures, but staff otherwise understood and implemented the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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### **Are services caring?**

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

- During our inspection we observed that members of staff were courteous and helpful. Staff we spoke with demonstrated a patient centred approach to their work. In addition, completed CQC comment cards were very positive and indicated that patients were treated with kindness and respect.
- Results of the services customer satisfaction survey highlighted positive satisfaction rates with regards to the service provided.
- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

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

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

- The premises were suitable for the service provided and telephone translation services were available.
- Patients had a choice of time and day when booking their appointment.

# Summary of findings

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- Results of the services latest customer satisfaction survey indicated that patient satisfaction levels were high.
  - The service had a complaints policy in place and information about how to make a complaint was available for patients. We saw that complaints were appropriately investigated and responded to in a timely manner.
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## **Are services well-led?**

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

- The leaders had the capacity and skills to deliver high quality, sustainable care and were aware of and receptive to making necessary improvements.
  - The provider had a clear vision to deliver high quality care and promote good outcomes for patients.
  - Most processes for managing risks, issues and performance were effective.
  - There was a positive and professional working culture at the service. Staff stated they felt respected, supported and valued.
  - The service took on board the views of patients and staff and used feedback to improve the quality of services.
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# Sloane Medical Practice

## Detailed findings

### Background to this inspection

Sloane Medical Practice operates under the provider Sloane Medical Practice Limited which was formed in 2009 to deliver easily accessible clinical care to adults and children from a private GP.

The Sloane Medical Practice Limited provider website is [www.sloanemedicalpractice.com](http://www.sloanemedicalpractice.com). The provider is registered with the Care Quality Commission to carry on the regulated activities of treatment of disease, disorder or injury, and diagnostic and screening procedures. The location site address that we visited as part of this inspection is Sloane Medical Practice, 82 Sloane Street, Kensington, London SW1X 9PA. The services' opening hours are 9am to 6pm Monday to Friday.

The staff team are two full time lead GPs who are the business partners (one male and one female), two further GPs (one female working full time and the other male working two sessions per week) and three reception and administration staff.

The service treats between 200 and 500 patients per month and the amount seen within the last three years is approximately 3,500 patients.

There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in

Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Services that were provided including a nutrition and dietary based slimming programme are exempt by law from CQC regulation and did not fall into the scope of our inspection.

The inspection was led by a lead CQC inspector and included a GP specialist adviser. Prior to the inspection we reviewed information requested from the provider about the service they were providing. During the inspection we spoke with a both partner GPs and all three non-clinical staff members. We analysed documentation, undertook observations and reviewed completed CQC comment cards. Feedback gathered from patients through speaking to them directly and CQC patient comment cards showed patients found the service accessible and were satisfied with their care and treated with dignity and respect.

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

### Safety systems and processes

The service generally had systems to keep patients safe and safeguarded from abuse but there were gaps in arrangements for infection control and fire safety training.

- The service conducted safety risk assessments including Legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings) and had safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed, accessible to all staff and outlined clearly who to go to for further guidance. The service had a system to verify patients' identities, including checking that adults attending with children had parental responsibility. 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 Disclosure and Barring Service 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).
- 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 carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. DBS checks were undertaken where required.
- Arrangements were in place for staff appraisal and the revalidation of doctors.
- There were weaknesses in systems to manage infection prevention and control (IPC) and for safely managing healthcare waste. For example, annual infection control audits were undertaken by non-clinical staff during 2017 and 2018. Some remedial action had been taken such as mounting hand washing signs in clinical areas but not all risks were identified such as a swivel plug in a

clinical room sink and lack of appropriate sharps containers for sharps used when administering hormones. We also found there were no IPC audit action plans. There was no log of cleaning of clinical equipment such as the ear irrigator, but staff told us this was done regularly, and it was visibly clean. After our inspection the service sent us evidence it had removed the swivel plug, obtained an appropriate sharps bin, and implemented a new log to ensure regular cleaning of the ear irrigator.

- The service ensured that premises and equipment were safe, and that equipment was maintained according to manufacturers' instructions.

### Risks to patients

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective staff induction system in place.
- There was a recent premises and fire risk assessment. Fire safety signage and extinguishers were in place and fit for use. However, not all staff were fire safety trained and fire drills showed no evidence of relevant on-site learning. After our inspection the service sent us evidence five staff had recently undertaken fire safety training.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- Staff received annual basic life support training and there was a defibrillator and emergency use oxygen on site with adult and child masks that were regularly checked.
- The service kept an appropriate stock of emergency medicines that were in date, regularly checked and first aid kit was available.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening (smear test) programme. The service had systems to follow up women with an abnormal or inadequate result.
- The service had an appropriate comprehensive business continuity plan in place for major incidents such as power failure or building damage.

### Information to deliver safe care and treatment

# Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

- The information needed to plan and deliver care and treatment was available to staff.
- 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 to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters such as to patients own GPs included all the necessary information.

## Safe and appropriate use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The service dispensed medicines to patients, including anti-malarial treatment and antibiotics for treatment of infections and provided patients with appropriate information verbally and through patient information leaflets. There were no Controlled Drugs kept on the premises.

- Prescriptions were secured and monitored appropriately including for Controlled Drugs.
- There was a policy for ensuring refrigerated medicines were kept at the required temperatures which described the action to take in the event of a temperatures going out of range. The service completed daily monitoring of the medicines refrigerator temperatures.

## Track record on safety

The service generally had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed most activity. This helped it to understand risks and gave a picture that led to safety improvements except for elements of infection control, fire safety and emergency equipment for children.

## Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

- The provider was aware of the Duty of Candour. The provider encouraged a culture of openness and honesty and had systems in place for knowing about notifiable safety incidents and significant events. For example, after the wrong vaccine was administered to a patient in error, no harm came to the patient. The service telephoned the patient to apologise, explain what had occurred and offer them the correct vaccine. This event was investigated and attributed to human error, it was discussed with information and learning shared during a staff meeting. A new vaccine labelling system was implemented to prevent recurrence.
- There was a system for receiving and acting on safety alerts. The service learned from external safety events as well as patient and medicine safety alerts.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

Current evidence-based guidance and standards were cascaded to clinicians, such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. GPs we interviewed provided evidence that they assessed needs and delivered care in line with evidence-based guidance and standards. Updates to guidelines were assessed for relevance, discussed and shared across the clinical team. The service offered a range of in-house diagnostic tests and used diagnostic services run by other independent providers. The service had developed links with a range of specialists to facilitate appropriate referrals.

### Monitoring care and treatment

The service had systems in place to monitor the quality of care and treatment such as audits of GPs medical record keeping and the adequacy of cervical smear taking.

The service had undertaken four clinical audits, two of these were completed cycle audits to monitor and improve care and treatments. For example:

- The service undertook an audit to ensure controlled drugs (CD) prescribing was in line with their standard operating procedures and NHS best practice standards. The first cycle undertaken February 2018 showed 44% of patient's CD prescriptions were for a period of longer than 30 days and only 5% documented the reason for this. Learning from the audit was shared and GPs refreshed on best practice guidelines and reviewed patients prescribed CDs. The second cycle audit was undertaken in August 2018 and showed CD prescriptions that were for a period of longer than 30 days had fallen to 12%, and of those 84% had clear reasons documented.
- A further two cycle audit had been undertaken to improve patients uptake of Hepatitis A booster vaccination. The audit showed uptake had improved from 8% of patients receiving a booster in the first cycle to 41% in the second cycle.

### Effective staffing

- Staff generally had the skills, knowledge and experience to carry out their roles, but infection control needed better clinical and management oversight and fire safety training and drills needed to be improved.

- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of staff skills, qualifications and training were maintained.
- Staff were encouraged and given opportunities to develop and the service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating patient care and information sharing

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.

### Supporting patients to live healthier lives

The service supported patients to live healthier lives by providing same day doctor access for patients, including those unable to take time off to attend their local GP or obtain a same day appointment. The service was also available for patients who worked in London but did not have an NHS GP, or who preferred to access a private doctor or visiting from abroad. These patients were able to access a doctor, receive a diagnosis and medication where required in a single quick and convenient appointment with results being sent to the patient by their preferred method. If the provider was unable to provide a service to a patient, they would refer them to other relevant services. There was no health promotion information in the reception area, but the service offered patients dietary and nutrition advice, and health promotion information leaflets at their first appointment that included cancer screening and serious and common ailments.

### Consent to care and treatment

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



# Are services effective?

(for example, treatment is effective)

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service undertook the process for seeking consent appropriately including parental or guardian authority for children.

# Are services caring?

## Our findings

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

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect. All feedback we saw about patient experience of the service was positive. We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received feedback from 18 patients all of which was consistently positive and indicated that patients were treated with kindness and respect. Comments included that patients felt the service offered was excellent and that staff were caring and professional. The service had also undertaken two surveys, one in 2017 and one in 2018 to assess whether patients found its services caring. This feedback was in line with the positive patient feedback we received. Staff we spoke with demonstrated a patient centred approach to their work.

The service 2017 patient survey of 100 patients showed 100% of patients said reception staff were friendly and welcoming, 100% felt happy with the treatment they received

The service 2018 survey of 36 patients for a partner GP showed 35 patients said politeness was very good and the remaining patient said this was satisfactory. All patients surveyed said they felt at ease with the GP.

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

Patient's feedback indicated that staff listened to patients concerns and involved them in decisions made about their care and treatment. The service had a hearing loop for deaf or hard of hearing patients.

The service 2017 patient showed 100% of patients said GPs had clearly explained tests and treatments, and 99% felt listened to with no answer recorded for the remaining one patient.

The service 2018 patient survey showed 100% of patients were involved in decisions about their treatment.

### **Privacy and Dignity**

Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Staff were aware of the importance of protecting patient privacy and confidentiality.

The service 2017 patient showed 99% of patients felt the consultation room was private one 1% gave a neutral response. 91% of patients felt their visit was dealt with in a confidential manner and the remaining 9% did not answer.

The service 2018 patient survey showed 94% of agreed or strongly agreed their confidentiality was respected and the remaining 6% said this was not applicable or were neutral.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

- The provider made it clear to patients on their website what services were offered and the limitations of the service. For example, childhood and travel immunisations were provided including Yellow Fever and the service was registered with the NaTHNaC (The National Health and Travel Network Centre).
- The service offered consultations to anyone who requested and paid the appropriate fee and did not discriminate against any client group.
- Discussions with staff indicated the service was person centred and flexible to accommodate people's needs.
- Staff told us their patients so far had been English speaking; however, translation services available for the event a patient needed this service.
- The service mostly provided for working people and families settled in the UK, and tourists with fluency in English. There were systems in place to enable appropriate communications for its international patients abroad including sending and receiving test results and to facilitate or deliver appropriate follow up care.

The service 2017 patient survey of 100 patients showed 99% of patients were confident with the treatment they received, and the remaining patient did not record an answer.

The service 2018 patient survey showed 94% of patients said their treatment was very good, 3% said it was good and 3% marked the answer as not applicable.

### Timely access to the service

Patients were able to access care and treatment within an acceptable timescale for their needs.

- The service was open 9am to 6pm Monday to Friday and had outsourced an out of hours provision for its patients

to a provider based on Harley Street in London, where the telephone automatically diverted when the service was closed. Staff told us the service had good links with other local private practices including some that opened weekends, and they worked collaboratively to ensure patients care needs were covered and met.

- The appointment system was easy to use, and patients could book over the telephone or face to face.
- The service did not accept walk-in patients but made a same day appointment always where clinically necessary, otherwise as soon as possible according to patient's convenience.
- Telephone consultations and home visits were available and appointments where GPs accompany patients to hospital where requested and appropriate.
- Waiting times, delays and cancellations were minimal and managed appropriately.

The service 2017 patient survey showed 85% of patients said they were seen the same day for an urgent appointment, 8% did not answer, 6% were neutral and 1% disagreed. 98% of patients were happy with the availability of the doctor when needed and 2% were neutral.

### 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.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We reviewed one complaint and found that it was satisfactorily handled in a timely way.
- The service investigated concerns and complaints and learned lessons from patient feedback. For example, the service had arranged for appointments to be extended to a 6pm final appointment in response to its patient survey feedback.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability

The service was led and overseen by the two partner GPs and one had just returned from long term leave. Leaders had the capacity and skills to deliver high quality, sustainable care. The service had managed through the period of long term leave of one of the partners and was focusing on clear priorities for maintaining the reputation, quality and future of the service. They understood the challenges facing the sector and had developed a strategy to address these. We were told by staff and patients that the service leads were visible and approachable.

### Vision and strategy

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

- There was a clear vision and set of values. The service was revisiting its strategy and plans for future development including a new IT system.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

### Culture

There was a positive and professional working culture at the service. Staff stated they felt respected, supported and valued. They told us they were able to raise any concerns and were encouraged to do so and had confidence that these would be addressed. The service arranged regular social outings and gathering with the whole team. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour with patients.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out and understood, except for infection control.
- Staff were clear on their roles and accountabilities and leaders were focused on making upgrading the IT system that allowed searches for clinical audit but had no facility to code patients such as for long term conditions. This meant that GPs needed to allow extra

time to review notes in detail prior to seeing patients; however, appointments were for 30 minutes and we found no clinical gaps or risks and the existing IT system allowed searches to follow up safety alerts.

### Managing risks, issues and performance

There were processes for managing risks, issues and performance except for limited gaps in fire training and infection control. There were otherwise effective processes to identify, understand, monitor and address current and future risks including risks to patient safety.

The management team had oversight of relevant safety alerts, incidents, audit results and complaints. There was clear evidence of action to change service to improve quality.

The service had trained staff for major incidents and had access to the premises business continuity plan including contact details for key contractors and utilities for in the event of major premises damage or similar disruption.

### Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans and actions to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- 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

# Are services well-led?

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

The service took on board the views of patients and staff and used feedback to improve the quality of services. For example, it had extended its final appointment to 6pm in response to patient feedback and created an effective stock chart system to better track equipment expiry dates in response to staff feedback. The most recent survey results showed patients were satisfied with the service.

## **Continuous improvement and innovation**

There was a focus on continuous learning and improvement at all levels within the service, through completed clinical audits and in response to patient and staff feedback.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>There was insufficient assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</p> <ul style="list-style-type: none"><li>- IPC audit did not identify risks or resolve identified risks.</li></ul> <p>Not all the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:</p> <ul style="list-style-type: none"><li>- Lack of fire safety training.</li></ul> <p>This was in breach of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.</p>