

Moore Medical Practice

Inspection report

272 Kings Road

London

SW3 5AW

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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?

Requires Improvement



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? – Requires improvement

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 Moore Medical Practice on 07 November 2022 as part of our inspection programme.

Moore Medical Practice 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. However, recruitment checks, mandatory training for staff, actions following risk assessments and infection prevention and control procedures should be improved.
- 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); however, there was no system in place to evidence the actions taken.
- 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 in the provider's website 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.
- 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

The areas where the provider **must** make improvements as they are in breach of regulations are:

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

(Please see the specific details on action required at the end of this report).

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

- Consistently maintain immunisation records for staff.
- Consistently maintain mandatory training records for staff.

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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 Moore Medical Practice

Moore Medical Practice is located at First Floor, College House, 272 Kings Road, Chelsea, London SW3 5AW.

The provider offers private GP services to adults and children including medical consultations, health checks, childhood immunisations, COVID-19 testing, travel advice, nutritional medicine, acupuncture, cryotherapy and influenza vaccinations.

The clinical team at the service is made up of a male private GP clinical lead, two male and four female part-time private GPs and a doctor in nutritional medicine. The non-clinical practice team consists of a practice manager, assistant practice manager and two administrative or reception staff members.

The service is open between 8:30am and 6pm Monday to Friday. The provider uses an external service for out of hours cover. They also offer walk-in on the day appointments for patients.

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, assistant practice manager, two private GPs remotely through video conferencing.

During our site visit we:

- Spoke with staff (clinical lead, practice manager and a receptionist/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 Requires improvement because:

The provider had systems and procedures which ensured that users of the service and information relating to patients were kept safe. However, there were gaps in recruitment checks, mandatory training for staff and actions following risk assessments; infection prevention and control procedures in place were not consistent. The provider was able to address some of these issues immediately following the inspection. 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 name of the safeguarding lead was not included in the child safeguarding policy and local safeguarding contact details were not included in the adult safeguarding policy; however, the provider had the local safeguarding contact details separate to the policy which was accessible to all staff members and staff we spoke to during the inspection confirmed this. Following the inspection, the provider updated the safeguarding policies with this information and sent us evidence to support this.
- 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 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.
- There was a system to manage infection prevention and control (IPC), however, we did not see any evidence of IPC audits being undertaken. Following the inspection, the provider completed an IPC checklist for all the areas in the practice and sent us evidence to support this; they informed us that these checklists would be completed on a monthly basis.
- The IPC policy did not have a lead name and did not detail the training requirements for staff; the provider informed us that IPC training was not mandatory for non-clinical staff. Following the inspection, the provider updated their IPC policy with this information and sent us evidence to support this; they also informed us that IPC training was made mandatory for all members of staff.
- During the inspection, we found gaps in IPC training for staff. Following the inspection, the provider informed us that they were awaiting training certificates from staff.
- During the inspection, we saw that the privacy curtains were replaced in October 2022; however, the provider informed us that the privacy curtains were only changed on a yearly basis unless they were visibly unclean. Following the inspection, the provider informed us that curtains would be changed every six months.
- All the areas in the clinic were carpeted except the areas where the patient couch and equipment was located; 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 patient chairs in the waiting area and consulting rooms could not be wiped clean.
- One of the staff we spoke to were not sure on how to deal with spillage of bodily fluids such as urine, blood or vomit and they were unsure if spill kits were in place. Following the inspection, the provider informed us that this staff had been given training and this information would be included as part of the new employee induction.

Are services safe?

- During the inspection we found that the immunisation records were not consistently maintained for staff. Following the inspection, the provider obtained the immunisation records of clinical staff and sent us evidence to support this; the provider did not maintain immunisation records for non-clinical staff.
- The provider shared with us a risk assessment in relation to the use of Personal Protective Equipment during the COVID-19 pandemic.
- 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. However, we were unsure if the actions following the legionella risk assessment (dated February 2022) were addressed; the provider informed us that water temperatures were checked on a weekly basis.
- There was a fire procedure in place; however, this was not displayed in the waiting area. The provider informed us that they had two fire marshals in place and they would guide the patients out of the premises in case of a fire. Following the inspection, the provider informed us that the fire procedure was displayed in the waiting area and sent us evidence to support this.

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 three members of staff (two clinical and one non-clinical) and found there were gaps in their recruitment checks. There was no record of proof of ID and CV for one clinical member of staff, and no references and confidentiality agreement in place for two clinical members of staff. Following the inspection, the provider sent us the proof of ID and signed confidentiality agreement for one member of staff and CV for another member of staff; they informed us that references for clinical staff were obtained over telephone and that written references were not required for clinical staff employed by the practice. Following the inspection, the provider informed us that they had implemented a detailed recruitment checklist as part of their recruitment policy.
- 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.
- The practice did not stock medicines to manage seizures or croup in children; however, the provider had undertaken a risk assessment to determine the need to stock these medicines. Following the risk assessment, the provider had decided to stock the medicine to manage seizures and had already ordered this and were awaiting delivery of this during the site visit; they informed us that they had decided not to stock the medicine to manage croup in children as they could get this medicine from their local pharmacy readily if required.
- We saw a box of eye drops in the medicines cabinet which expired in April 2022; during the inspection the provider discarded these medicines appropriately.

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.

Are services safe?

- 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 comprehensive 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; however, there was no system in place to monitor the implementation of actions in response to medicines and safety alerts. Following the inspection, the provider put a system in place and sent us evidence to support this.

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 clinical meetings and had external speakers delivering talks in topic such as laparoscopic inguinal hernia repair; mental health disorders; arthritis and myalgia in primary care.

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 managed according to evidence based guidelines. The provider found that all the patients audited had their blood glucose in the acceptable target range and this was an improvement when compared to the first cycle of the audit; however, they found that only 75% of patients were within the target range for their blood pressure. The provider informed us that they were planning to audit the patients with diabetes every six months to ascertain if the patients had improved blood pressure control.
- The provider undertook another audit to ascertain if all patients who received their yellow fever vaccination had a checklist completed according to guidelines. The provider found that all patients vaccinated between June 2021 and June 2022 had their checklist completed and saved in their notes.

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; however, during the inspection we reviewed the training

Are services effective?

records of three members of staff and found that their training records were not consistently maintained. Following the inspection, the provider informed us that they had requested staff to send their training certificates and were waiting to receive them; they also informed us that they had developed a training matrix for all staff and would review staff training on a monthly basis.

- 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 on each occasion they used the service.
- 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 12th April and 21st April and received a response from 52 patients. The results indicated the following:
- 100% of patients indicated that the doctor spent time listening to their problems.
- 100% of patients indicated that the doctor examined thoroughly if appropriate.
- 100% of patients indicated that the doctor explained the diagnosis to them.
- 100% of patients indicated that the doctor discussed the treatment options with them.
- 100% of patients indicated that the doctor presented a caring attitude.
- 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.

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 12th April and 21st April and received a response from 52 patients. The results indicated the following:

- 100% of patients indicated that it was easy to reach the practice by phone.
- 100% of patients indicated that the staff were pleasant and efficient.
- 81% of patients indicated that they can get an appointment at the time they want.
- 98% of patients indicated that they were not kept waiting unduly long during their appointment.
- 100% of patients indicated that they get their test results promptly.
- 87% of patients indicated that it was easy to make an urgent appointment.
- 83% of patients indicated that they provide good out of hours cover.
- 100% of patients indicated that they can see a doctor of their choice.

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 in the provider's website. Staff treated patients who made complaints compassionately.

Are services responsive to people's needs?

- 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 five complaints in the past 12 months; during the inspection we reviewed two complaints and found they were satisfactorily handled in a timely manner; however, the response letters to complaints did not have the information on where patients had to go if they were not happy with the outcome of the investigation from the service. The provider informed us that this information was available in the practice leaflet (also available on the practice website) and were given to patients on registration with the service.

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. The service responded to the issues identified in the inspection and were able to address them immediately following the inspection.

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.
- 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. However, risks in relation to recruitment checks, environmental risk assessments, mandatory training for staff and infection prevention control was not effectively identified and dealt with.
- The service had processes to manage current and future performance.
- Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents; however, the business continuity plan did not include the contact details of all members of staff. Following the inspection, the provider updated the plan with 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.
- 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, the patients had access to a consultant in nutritional medicine who provided a comprehensive assessment and advised patients on the nutritional approach to conditions such as diabetes, high cholesterol and obesity.

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 Maternity and midwifery services Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that care and treatment is provided in a safe way for patients. In particular:</p> <ul style="list-style-type: none">• The provider did not ensure actions following the legionella risk assessments were addressed.• The provider did not ensure infection prevention and control procedures were consistently implemented.• The provider did not ensure recruitment checks were appropriately undertaken.• The provider did not ensure expiry dates for medicines were consistently monitored.• The provider did not have a system in place to monitor the implementation of medicines and safety alerts. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |