Shilpa Dave Limited

Kirby Chemist Dental and Medical Centre

Inspection report

Kirby Chemist
52 High Street
Teddington
TW11 8HD
Tel: 020 3303 0326
Website: www.privategp.org

Date of inspection visit: 28 March 2019
Date of publication: 15/05/2019

Overall summary

We carried out an announced comprehensive inspection on 28 March 2019 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; however, there were some areas where the provider should make improvements in relation to the governance around safeguarding, sharing information with patients' registered GPs, assessment of infection prevention and control, and the process for establishing and recording the relationship between children attending for appointments and the adult accompanying them.

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.

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.

The service is located in a consultation room set within a long-established pharmacy shop, and provides appointments with a General Practitioner (GP). This is an independent health service, where patients self-fund. Patients pay only for the service(s) they receive; there is no membership or subscription charge. Appointments are provided solely by the GP who runs the service. The GP is supported by a practice manager, and appointments are booked via a contracted practice personal assistant who works remotely.

Summary of findings

We received six patient comments cards, all of which were positive about the service they had received; patients made particular comments about the GP being thorough and caring during consultations.

Our key findings were:

- Overall, the service had systems to manage risk so that safety incidents were less likely to happen; however, at the time of the inspection, in some areas the service's approach had not been formalised or comprehensively risk-assessed.
- The service ensured that the regulated activities being offered were delivered according to evidence based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The service was aware of the needs of its patient group and tailored its services to meet these needs.
- There was a commitment to continuous learning and improvement.

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

- Review arrangements in place in relation to the assessment of infection prevention and control.
- Review the service's safeguarding arrangements, to include ensuring that specific information about identifying and reporting female genital mutilation is included in the safeguarding policy, and reviewing the need for formal safeguarding training for the contracted service personal assistant.
- Review and formalise the process for checking the identity of adults accompanying children to appointments.
- Review the service's approach to sharing information with patients' registered GP (with reference to good practice guidance), and formalise the service's approach into a written policy.
- Review the process for recording action taken in response to medicines alerts and updates.
- Put in place a formal plan for the retention of patient records for the legally required duration, should the service cease to trade.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Kirby Chemist Dental and Medical Centre

Detailed findings

Background to this inspection

Kirby Chemist Dental and Medical Centre is located at:

Kirby Chemist

52 High Street

Teddington

TW11 8HD

The pharmacy shop is a long-standing business, which has expanded to the rear of the building to provide consulting rooms, which are leased to a dental practice and GP practice. During this inspection we looked at the GP practice only, which was established in September 2018. Further details about the provider are available on their website: www.privategp.org.

The practice is registered with CQC for the regulated activities of Treatment of disease, disorder or injury; Diagnostic and screening procedures; and Family planning.

The practice is open from 9am to 1pm on Tuesday, Wednesday and Friday; 1pm to 5pm on Thursday; and 9am to 12pm on Saturday.

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist advisor.

During the inspection we spoke to the GP, practice manager and practice personal assistant. We also reviewed medical records, policies and procedures, and patient feedback (both provided to the practice and on CQC comments cards).

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 had some systems to keep people safe and safeguarded from abuse; however, there were areas where the arrangements in place were not comprehensive or formally set into policy.

- The provider had some oversight of safety systems relating to the overall premises, which were co-ordinated by the pharmacy, and we saw evidence that the provider had liaised with the pharmacy with regards to these issues; for example, at the provider's request, more frequent cleaning of the patient toilet facilities was agreed. The provider had formal arrangements in place with the pharmacy and dental practice in respect of their financial contribution to shared services such as clinical waste management and premises cleaning, and the provider had access to records in relation to these when required. At the time of the inspection there was no up to date Legionella risk assessment; however, we saw evidence that this was completed immediately following the inspection.
- We saw evidence that the provider had taken steps to ensure safety for areas they were directly responsible for; for example, they had arranged for portable appliance testing of their electrical equipment, and had considered the need for calibration of clinical equipment (they told us they had been advised that this was unnecessary due to equipment being less than a year old). We saw records of cleaning of consultation rooms and clinical equipment, which had been undertaken by the provider. However, whilst the provider was able to demonstrate that they were taking reasonable steps to ensure that the premises and clinical environment were safe, they had not completed an infection control risk assessment, and therefore could not provide assurance that they had risk mitigation arrangements in place in respect of all infection prevention and control risks.
- The service had systems to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff and outlined clearly who to go to for further guidance; however, we noted that policies did not include specific information about the identifiying and reporting of girls who had been, or were at risk of being, subject to female genital mutilation. Both the GP and practice manager 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 (including a member of pharmacy staff) were trained for the role and had received a DBS check. Staff working remotely for the sub-contracted administrative service had not received formal safeguarding training; however, the GP had discussed safeguarding with them as part of their induction to the service. We spoke to the practice PA, who confirmed that they could access the service's safeguarding policy, and were able to describe signs which would cause them concern when speaking to patients by phone.
- The service told us that they would ask adults accompanying children to appointments whether they had parental authority, in order to consent to treatment on the child's behalf; however, this was not recorded. We saw evidence in the form of notes in the consultation record, that the GP would ensure that they saw a child's immunisation record book prior to administering a vaccine, access to which acted as some assurance that the accompanying adult had parental authority to consent to administration the vaccine; however, processes in this area required development to ensure that they were effective. The practice was alerted to this during the inspection and undertook to immediately begin recording that they had seen evidence of parental authority (such as documents confirming the indentity of both the adult and the child).
- The service had processes in place to enable them to work with other agencies to support patients and protect them from neglect and abuse. Staff were aware of how to identify signs of abuse.
- The Practice had copies of Disclosure and Barring Service (DBS) checks for both the GP and practice manager (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).

Risks to patients

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

Are services safe?

- 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.
- The service had access to the necessary equipment and medicines required in order to respond to a medical emergency on the premises, including oxygen and a defibrillator; these were owned by the dental practice, the provider carried-out regular checks to ensure that they were in working order. We noted that the oxygen masks had been removed from their packaging; we alerted the provider to this issue during the inspection and they undertook to replace these with masks stored in sealed packaging.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

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 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 could describe how they would ensure that medical records were retained in line with DHSC guidance in the event that they ceased trading; however, this arrangement was not formalised.
- 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, emergency medicines and equipment minimised risks. Prescriptions were generated electronically via the service's patient records system, and therefore no prescription stationery was stored.
- The service had carried out an audit of their antibiotic prescribing to ensure prescribing was in line with best practice guidelines for safe prescribing; they planned to repeat this audit to ensure ongoing high levels of adherence.
- 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

At the time of the inspection, the service had been in operation for only a short time, and therefore, there was limited information to enable a judgement to be made about their safety record. The information presented by the provider and observations made during the inspection did not give the inspection team any cause for concern about the safety of patients; however, we noted that the provider had not conducted formal risk assessments in relation to safety issues such as infection prevention and control.

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.
- There were adequate systems for reviewing and investigating when things went wrong. The service had recorded two significant events, neither of which related to safety failings on the part of the provider; however, we saw evidence that arrangements were in place to ensure that lessons could be learned where necessary. For example, the service included complaints and significant events as a standing order on the agenda for their monthly staff meeting.
- The provider was aware of 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.

Due to the short length of time that the practice had been open, they had not experienced any unexpected or unintended safety incidents which directly impacted patients, and therefore we were unable to make a judgement on their handling of such situations during the inspection. From evidence seen in relation to other areas

Are services safe?

and from discussions with the provider, we had no reason to believe that the service would not give affected people reasonable support, truthful information and a verbal and written apology

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service kept a record of medicines alerts which were relevant to their service and had required action; however, they did not keep a record of alerts which they had assessed as not relevant, and therefore they did not have a comprehensive audit trail of this process.

Are services effective?

(for example, treatment is effective)

Our findings

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 assess needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The patient records system in place allowed the consulting GP to view all historical records generated by the service relating to each patient, which ensured continuity of care.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity; for example, use of clinical audit and analysis of significant events and incidents.

- At the time of the inspection the service had only been in operation for six months, and had therefore not had the opportunity to complete a full audit cycle. We saw evidence that they had completed an initial audit of their antibiotic prescribing and a review of their consultation notes, and that both of these audits had identified some areas for improvement, which had been addressed. We were informed that the service intended to conduct follow-up audits to measure the effectiveness of the improvements made.

Effective staffing

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

- All staff were appropriately qualified. The provider had adequately inducted their contracted administrative support staff when the service was set up.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation
- At the time of the inspection, the provider had not carried out any formal recruitment, as the GP and practice manager had jointly set up the practice, and the practice PA (who worked remotely) was provided via an external agency. The practice did not have a recruitment policy in place, as they had no plans to recruit any further staff in the short-term; however, they were aware of the need to develop an appropriate policy prior to recruiting any staff in the future.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, they had a good relationship with the pharmacy they shared the building with, which enabled them to confidently refer patients to pharmacy staff for treatments which did not require a prescription.
- Before providing treatment, the GP 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 details of their registered GP when they registered with the service. We were told that, with the patient's consent, the service's GP would write to the patient's registered GP to share details of consultations where it was considered that the issues discussed and/or treatment provided could have an impact on the patient's ongoing care. Where the GP felt that the care provided by the service was a stand-alone episode, the service's GP would not routinely write to the patient's registered GP, but the patient would be provided with a summary of the consultation which they could share with their registered GP should they wish. We saw examples of letters sent to patients' registered GP. The service had not formalised its criteria for information sharing into a written policy.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for them to prescribe. For example, medicines liable to abuse or misuse, and those which required ongoing monitoring.

Are services effective?

(for example, treatment is effective)

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.
- 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 supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Overall, staff understood the requirements of legislation and guidance when considering consent and decision making; however, arrangements in place in relation to gaining consent to treatment on behalf of children had not been adequately considered or formalised into practice policy. We were told that the GP would usually check ID relating to both the child and the person accompanying them; however, this was not always recorded.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people
- 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.

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consultation room doors were kept closed during consultations and conversations could not be heard outside of rooms.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 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. The building was wheelchair accessible.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had processes in place to allow them to respond to them appropriately to improve the quality of care. At the time of the inspection the service had not received any complaints, and we were therefore unable to view examples of complaint responses.

- Information about how to make a complaint or raise concerns was available.
- The service had a complaint policy and procedures in place, which included details of how patients could escalate their complaint if they were dissatisfied with the response they received from the service.

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;

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. The GP and practice manager worked closely with their contracted personal assistant, who worked remotely, to ensure that they were kept up to date with developments at the practice.

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
- The service monitored progress against delivery of the strategy.

Culture

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

- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated in the processes the service had established for dealing with incidents and complaints. This included a standing agenda item for discussions about incidents and complaints at the monthly meeting held between the GP and practice manger. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There was a strong emphasis on the safety and well-being of all staff.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities
- Overall, leaders had established proper policies, procedures and activities to ensure safety; however, there were some areas, such as the checking of parental responsibility, where the provider's approach required formalising into policy; and some areas, such as recruitment, where the provider was yet to develop a policy. The provider was aware of where these gaps were, and was in the process of addressing them.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of the GP could be demonstrated through audit of their consultations and prescribing. The GP and practice manager had oversight of safety alerts, incidents, and complaints; however, further development was required in respect of the recording of safety alerts.
- The information available at the time of inspection indicated that clinical audit was having a positive impact on quality of care and outcomes for patients; however, at the time the service did not have any completed audit cycles, and therefore, evidence of impact was limited.
- The provider had plans in place to respond to major incidents.

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.

Are services well-led?

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

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients and external partners to support high-quality sustainable services.

- The views of patients and external partners were encouraged, heard and acted on to shape services and culture. In order to gather feedback from patients, the service had a tablet computer available in the waiting area, so that patients could complete an online review following their appointment; patients were also sent an email after their appointment with a link to the feedback website. At the time of the inspection the service had received 19 reviews, all of which rated the service five stars out of five; the service had not received any negative feedback or complaints.
- The service was transparent and worked collaboratively with external organisations (such as pharmacy staff) in order to make improvements and share learning.

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.
- There were systems to support improvement and innovation work; for example, the service's GP had a particular interest in Functional Medicine, and had completed additional training in this area in order to be able to offer patients an enhanced level of care.