

JMO Healthcare Limited

# @MK18 Private Medical Practice

## Inspection report

10 Stowe Castle Business Park  
Buckingham  
Buckinghamshire  
MK18 5AB  
Tel: 01280 730180  
Website: www.mk18medical.com

Date of inspection visit: 9 July 2019  
Date of publication: 29/07/2019

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

### Overall summary

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

This was the first Care Quality Commission (CQC) inspection of this service.

The key questions are rated as:

- Are services safe? – Good
- Are services effective? – Good
- Are services caring? – Good

- Are services responsive? – Good
- Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection of @MK18 Private Medical Practice in Buckinghamshire on 9 July 2019.

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.

# Summary of findings

@MK18 Private Medical Practice is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides.

There are some exemptions from regulation by the CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some of the services available, for example, non-surgical cosmetic interventions, cryolipolysis (fat freezing) and cosmetic dermatology services, are not within CQC scope of registration. Therefore, we did not inspect or report on these services and only inspected the GP service including the GP led minor surgery service as part of this inspection.

The Director was also the Founder of the service, one of the GPs and the registered manager. A registered manager is a person who is registered with the CQC 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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection, we received 14 completed comment cards which were all positive about the standard of care they received.

The service was described as welcoming, first-rate and professional, whilst staff were described as attentive, supportive and caring. Several comments highlighted how compassionate the GP was.

## Our key findings were:

- The service had clear systems to keep people safe and safeguarded from abuse. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.

- Patients received effective care and treatment that met their needs. The way in which care was delivered was reviewed to ensure it was delivered according to best practice guidance and staff were well supported to update their knowledge through training.
- Patients were provided with information about their health and with advice and guidance to support them to live healthier lives.
- Feedback from patients was consistently positive, feedback highlighted a strong person-centred culture.
- Services were tailored to meet the needs of individual patients. They were delivered in a flexible way that ensured choice and continuity of care.
- There was an overarching provider vision and strategy with evidence of good local leadership within the service.
- There were clear responsibilities, roles and systems to support good governance and management. However, the governance arrangements and supporting processes to verify patient identity required improvement.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. (Please see the specific details on action required at the end of this report).

## Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

# @MK18 Private Medical Practice

## Detailed findings

### Background to this inspection

@MK18 Private Medical Practice provides private GP services including a GP led minor surgery service to adults and children. The registered provider is JMO Healthcare Limited.

Services are provided from:

- @MK18 Private Medical Practice, 10 Stowe Castle Business Park, Buckingham, Buckinghamshire, MK18 5AB.

The service website is: [www.mk18medical.com](http://www.mk18medical.com)

The service was founded in 2017 and the GP service launched in December 2018. All services including GP services are located in converted modern premises outside Buckingham town centre. The premises contain a GP consultation room, a minor operations suite and an additional treatment room. There was an open plan reception area and waiting area with seating.

Some of the services available at @MK18 Private Medical Practice are exempt by law from Care Quality Commission (CQC) regulation. Therefore, we were only able to inspect the provision of GP services and a GP led minor surgery service as part of this inspection.

The GP service's team consists of two GPs (one male and one female) and a practice manager who also completed reception duties.

@MK18 Private Medical Practice has a variety of opening hours – Monday 8am to 12noon, Wednesday and Friday 8am to 7pm and between 9am and 3pm every Saturday. This service is not required to offer an out of hours service.

Patients who need medical assistance out of corporate operating hours are requested to seek assistance from alternative services. This is detailed in patient literature supplied by the service.

#### Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor.

#### How we inspected this service

During our visit we:

- Spoke with a range of staff, including the Director and Founder who was also one of the GPs and the practice manager who manages the full range of services including the GP services.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the service used to deliver care and treatment plans.
- Reviewed documents relating to the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### We rated safe as Good because:

#### Safety systems and processes

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

- The provider worked with external specialists and conducted a variety of safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had comprehensive systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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).
- The GP service saw children under the age of 18 and all staff were trained to an appropriate level for their role in both child (level 3) and adult safeguarding. Furthermore, one of the GPs was completing enhanced safeguarding training (level 4) in one of their external roles. All staff knew of the local Buckinghamshire safeguarding procedures and how to identify and report concerns.
- There was a chaperone policy and operating procedures. For example, patients who requested chaperones would have their appointment postponed within a reasonable timeframe or deferred to another service until chaperones were available. This was made clear on the website and also when patients booked appointments.

- The service maintained appropriate standards of cleanliness and hygiene. We saw there was an effective system to manage infection prevention and control. This included a variety of infection prevention and control measures and supporting procedures. The most recent review highlighted no concerns. There was a variety of other risk assessments in place to monitor safety of the premises such as a legionella risk assessment which was completed in June 2019. (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- The service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

#### Risks to patients

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

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff had completed sepsis training and knew how to identify and manage patients with severe infections. The lead GP was also a sepsis management clinical trainer in their role outside of the service. (Sepsis is a potentially life-threatening condition caused by the body's response to an infection).
- When reporting on medical emergencies, the guidance for emergency equipment was in line with the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- 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.

- When a patient arrived for their appointment, they were asked for their name, but no formal identity checks took

## Are services safe?

place to confirm these details correlated with the original contact information supplied. We highlighted this concern to the service and saw an instant response. This response included a full patient identity review, updated standard operating procedures to ensure patient identity was provided and further updates to the clinical system, website and social media platforms. The service had also considered the information governance impact in storing additional patient information which aligned to the General Data Protection Regulation (GDPR) principals.

- Individual care records were comprehensively written and managed in a way that kept patients safe. The care records the GP specialist advisor 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. The GPs made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The service kept an electronic secure clinical record for each patient that attended a consultation. The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

### 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. The service kept prescription stationery securely and monitored its use. The service used private outpatient prescriptions; we saw an ongoing review of the governance arrangements to monitor the use of these prescriptions as the GP service continued to grow.
- The service had carried out a medicines and prescribing review to ensure prescribing was in line with best practice guidelines for safe prescribing. Through our discussions there was evidence of actions taken to support good antimicrobial stewardship, this included adherence to the Centor criteria. (The Centor criteria is a set of criteria which may be used to identify the

likelihood of a bacterial infection). However, antibiotic prescribing had not been formally reviewed due to the small size of the service and the low number of antibiotic medicines prescribed.

- 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.
- In the six months since the launch of the GP service, two significant events had been identified. We reviewed both significant events, supporting correspondence and through our discussions with the GP, the service's suggested identification and management of the events were handled appropriately.
- The service learned, and shared lessons identified themes and took action to improve safety in the service. For example, following a communication and information governance incident, the service revised how they recorded preferred communication types, specifically email addresses were no longer recorded manually on the telephone – email contact was only made following an initial email from the patient.
- From our review of the significant events, it was evident the service was aware of and complied with the requirements of the Duty of Candour. The service

## Are services safe?

encouraged a culture of openness and honesty.

Through discussions, there was evidence of tools to give (where appropriate) people reasonable support, truthful information and a verbal and written apology.

- The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from local, national and external safety events as well as patient and

medicine safety alerts. Both the GPs at the service received the alerts and the lead GP reviewed the alerts, completed the various patient searches and actions when appropriate. Furthermore, the clinical correspondence system used in the service highlighted and notified users to safety alerts. The system was also used to show the actions taken following identification of relevant alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated effective as Good because:**

### Effective needs assessment, care and treatment

**The provider had systems to keep GPs up to date with current evidence-based practice. We saw evidence that GPs assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).**

- The service 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. The service monitored that these guidelines were followed through an up-to-date medical history, a clinical assessment and recording of consent to treatment.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical well-being.
- GPs 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. For example, there was a review of a small cohort of patients who had accessed the service on different occasions. This review included the rationale as to why they used the service as opposed an NHS service.
- GPs assessed and managed patients' pain where appropriate.
- The GPs used an online tool to support decision making in the management of medicines. For example, access to the Bucks Formulary, a website maintained by the formulary team of Buckinghamshire Healthcare NHS Trust in collaboration with NHS Buckinghamshire Medicines Management Team. This was used to access the Bucks Formulary linked to key local and national guidance and to the latest information on evidence-based medicine.

### Monitoring care and treatment

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

- The service was involved in quality improvement activity and used information about care and treatment to make improvements. However, given the small scope of the GP service and the short period of time since the launch of the service (six months) there was insufficient data and outcomes to complete effective clinical audits at the time of inspection.
- The service presented a review of the minor surgery service conducted by one of the GPs. This review logged all minor surgery procedures since the launch of the service and included different criteria which aligned to a range of clinical surgical interventions. For example, a log of surgical site infections and a log of dehiscence. (Dehiscence is a surgical complication where the edges of a wound no longer meet). The service planned to review in six months' time to re-audit findings and if necessary make improvements.
- We also saw the service had informally reviewed and audited the prescribing activity, which had highlighted low levels of antibiotic prescribing. This aligned to our discussions with the GP regarding an awareness to help prevent the development of current and future bacterial resistance. This included evidence of antibiotic prescribing in accordance to the principles of antimicrobial stewardship, such as prescribing antibiotics only when they were needed (and not for self-limiting mild infections such as colds and most coughs, sinusitis, earache and sore throats).
- We also looked at the post treatment questionnaire completed by patients. We saw the service had reviewed and analysed the results of the surveys, to ensure that their standards were high, and any trends or patterns could be identified.

### Effective staffing

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

- All staff were appropriately qualified. There was an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The service understood the learning needs of staff and staff had access to appropriate training to meet these learning needs and to cover the scope of their work. Up



# Are services effective?

(for example, treatment is effective)

to date records of skills, qualifications and training were maintained. Training programmes were also tailored to reflect the individual roles to ensure that both clinical and non-clinical staff covered key processes suited to their job role.

- The GPs were up to date with their yearly continuing professional development requirements and we saw evidence to confirm the last appraisal was undertaken. We saw records which demonstrated that the GPs attended various training updates; this was mainly recorded through their work at other healthcare services.

## **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. This included, where appropriate investigation and test results.
- Before providing treatment, GPs at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered NHS GP on each occasion they used the service.
- The service had catalogued, and 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.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- 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. There were clear and effective arrangements for following up on people who had been referred to other services.

- The service did not aspire to be a patient's primary care provider or a patient's first line GP. For the majority of patients their first line GP was their NHS GP. For more than 90% of patients, their care at @MK18 Private Medical Practice was episodic rather than long-term.

## **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.**

- The GPs promoted healthy living and gave advice opportunistically or when requested by a patient about how to live healthier lives. Through discussions with staff we saw the service encouraged and supported patients to become involved in monitoring and managing their health and discussed suggested care or treatment options with patients and their carers as necessary. Where appropriate this included sharing information about other services provided by @MK18 Private Medical Practice, NHS GPs and other services in the local area.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- The clinical system used by the service had a function to share a variety of patient literature on various health conditions and health promotion. This information could be printed or emailed for the patient in their preferred format.
- 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.**

- The GP we spoke with understood the requirements of legislation and guidance when considering consent and decision making.



# Are services effective?

(for example, treatment is effective)

- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately. We also saw examples of patient's involvement in the information sharing process by consenting to share information between NHS, private and independent services.
- The service displayed full, clear and detailed information about the cost of consultations and treatments, including tests and further appointments. This was displayed on the website and was included in all patient literature information packs. This information clearly outlined what was and what wasn't included in the treatment costs.

# Are services caring?

## Our findings

**We rated caring as Good because:**

### **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.
- As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 14 completed comment cards which were all positive about the standard of care they received. The service was described as welcoming, first-rate and professional, whilst staff were described as attentive, supportive and caring. Several comments highlighted how compassionate the GP was.
- Patients were encouraged to complete an in-house patient satisfaction survey after each appointment. The survey was completed on a mobile tablet computer within the reception area. This survey included questions about the different stages of accessing services and used a satisfaction marking scale, one out of ten being poor ranging to ten out of ten as excellent. We reviewed the patient satisfaction survey and responses collected. All responses demonstrated high levels of satisfaction. In June 2019, there were 34 responses – 32 responses scored the service as ten out of ten, one response was eight out of ten and the other response was seven out of ten.
- Feedback left on social media platforms aligned to the other positive feedback collected. At the time of the July 2019 inspection, there had been 41 reviews on social media, all of which were positive. We saw the service had logged and reviewed all of the feedback.

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

**Staff helped patients to be involved in decisions about care and treatment.**

- Written patient feedback told us that they felt involved in decision making about the care and treatment they received. Further feedback commented 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.
- Staff introduced themselves by name to the patient and relatives.
- There was patient information literature which contained information for patients and relatives including procedural information. Both paper literature and digital literature included relevant and up to date information including what can be treated and the different types of treatment available.
- Staff communicated with people in a way that they could understand, for example, easy read materials, email and video consultation were available.

### **Privacy and Dignity**

**The service respected patients' privacy and dignity.**

- Staff recognised the importance of patients' dignity and respect and the service complied with the revised Data Protection Act 2018 and General Data Protection Regulations.
- All confidential information was stored securely on computers.
- Appointments for all services provided by @MK18 Private Medical Practice were coordinated and scheduled to avoid a busy reception area and strengthen existing privacy and dignity arrangements.
- 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?

(for example, to feedback?)

## Our findings

**We rated responsive as Good because:**

### Responding to and meeting people's needs

#### The service organised and delivered services to meet patients' needs.

Staff understood the needs of their patients and improved services in response to those needs.

- GP services could be accessed by a telephone enquiry or via the website, [www.mk18medical.com](http://www.mk18medical.com)
- The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences and understood the needs of its population and tailored services in response to those needs. For example, the service had extended the opening hours on Saturdays until 3pm.
- @MK18 Private Medical Practice was situated on the ground floor of a modern converted building; there was a large designated car park, with parking and ramp access.
- The GP service was available as 'pay as you go' consultations, with a range of payment options to patients. The service was reviewing potential subscription packages.
- Information was made available to patients in a variety of formats, including paper format, large font/print and digital electronic format sent via email. There was a hearing loop. Staff explained how they could communicate with patients who had different communication needs such as those who spoke another language. For example, staff were able to access translation services if required. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions.

### 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. Patients were able to access subscription-free fee-based care and treatment from the service within an acceptable timescale for their

needs. Once an enquiry was made, an appointment could be made ensuring patients had timely access to initial assessment, diagnosis and treatment. Waiting times, delays and cancellations were therefore minimal and managed appropriately.

- Written patient feedback we received aligned to the in-house survey results and high levels of satisfaction, comments included great flexibility and choice when arranging appointments in line with other commitments.
- There was an efficient referral process and the service also had direct access to the local NHS Trusts and local GP network. The GPs had good relationships with their secondary and primary care NHS colleagues. This helped to ensure a smooth patient journey and timely service delivery where NHS services were needed.

### Listening and learning from concerns and complaints

#### The service took feedback, complaints and concerns seriously and when necessary responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. The most recent in-house survey included an option to feedback compliments and make suggestions on the provision of services. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service had systems to learn lessons from individual concerns, complaints and from analysis of potential trends.
- All patient satisfaction was overwhelmingly positive. As a result, the number of complaints was low; for example, in the six months since the launch of the service, there had been one written complaint and no verbal complaints. Through our discussions with staff it was evident they took all feedback including complaints and concerns seriously and would respond to them immediately and make appropriate improvements as required.

# Are services well-led?

Requires improvement 

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

## Our findings

### We rated well-led as Requires improvement because:

- The governance arrangements and supporting processes to verify patient identity required improvement.

### Leadership capacity and capability

- The lead GP was also the Director/founder of @MK18 Private Medical Practice and was also the registered manager. A registered manager is a person who is registered with the Care Quality Commission and had responsibility for the day to day running of the service.
- Through conversations, evidence collected during the inspection and a review of correspondence it was evident the leadership of the service had the capacity and skills to deliver high-quality, sustainable care.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood national and local challenges, including challenges within the private GP sector and were addressing them.

### Vision and strategy

#### The service had a clear vision and credible strategy to deliver easily accessible, affordable and cutting-edge health care that put patients' needs first.

- There was a clear vision and set of values which was supported by a realistic strategy and supporting business plans to achieve priorities. The feedback we received, and the feedback collected in the in-house patient surveys indicated this vision was being achieved.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress and growth against delivery of the strategy. Although there was a delay in launching the service, each month the service specification evolved and developed. These developments were monitored and regularly reviewed.

### Culture

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

- All staff advised they were proud of their achievements made within the first six months.
- The service focused on the ever-changing needs of patients and changes within healthcare.
- There was awareness and compliance with the requirements of the Duty of Candour, as the service encouraged a culture of openness and honesty.
- There were processes for providing all staff with the development they need.
- The service promoted equality and diversity. Staff had received equality and diversity training.

### Governance arrangements

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

- The governance arrangements of the service were evidence based and developed through a process of continual learning. Although the service was only six months old and the size of the team was small, governance arrangements were set up to support growth and expansion – this included growth of patient contacts, growth in the team size and potential growth in the number of locations the service was provided from.
- There were clear responsibilities, roles and systems to support good governance and management. However, the governance arrangements and supporting processes to verify patient identity required improvement.
- Staff were clear on their roles and accountabilities. Meetings were held to discuss any issues or concerns.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- We found that a process for investigating and identifying actions resulting from significant events was in place.

### Managing risks, issues and performance

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

- The service was aware of national and local challenges, including the changing demand on GP services and

# Are services well-led?

Requires improvement 

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

increased national activity in private GP services, there was a strategy to manage these challenges. The service also monitored and had a clear understanding of the potential changes within the local community, for example increased residential dwellings.

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. There was appropriate oversight of safety alerts, incidents, and complaints.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. However, improvements were required in how the service verified patient identity.
- Audit activity had begun and was used to assess quality and identify improvements.

## Appropriate and accurate information

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

- Quality and sustainability was regularly discussed alongside operational information to ensure and improve performance. Performance information was combined with the views of patients.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- 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. We saw policies had aligned to General Data Protection Regulations 2018.

## Engagement with patients, the public and staff

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

- The service encouraged and heard views and concerns from the public, patients and staff to shape services and culture. The revised in-house survey included an option to provide other feedback including compliments and suggestions.
- There had been two open evenings at the service. These events were used to highlight the launch of the service, what the GP service can provide, and detailed other non-regulated activities provided for example non-surgical cosmetic interventions, cryolipolysis (fat freezing) and cosmetic dermatology services.
- The lead GP had a very supportive ethos of NHS services and was mindful to work alongside existing services for patients, not to supersede them.

## Continuous improvement and innovation

### Although the service had recently launched, there was already evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on learning and improvement. The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The service prioritised innovation and improvement above any service remuneration.
- @MK18 Private Medical Practice had good links with the local health economy within North Buckinghamshire. This has allowed an open dialogue to discuss problems and overcome barriers such as the interface between private and NHS care for patients, and how the two systems can work cohesively for patients.

This section is primarily information for the provider

## 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<br>Surgical procedures<br>Transport services, triage and medical advice provided remotely<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.</b></p> <p>How the regulation was not being met:</p> <p>The provider had not reviewed the systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>Specifically:</p> <p>The provider did not have a process to verify patient identity.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |