

HM Medical Services Limited

Dr Hammad Mehbub Malik

Inspection report

10 Harley Street
London
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Date of inspection visit: 1 May 2019
Date of publication: 21/06/2019

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Overall summary

This service is rated as Inadequate overall. (The service was previously inspected 7 February 2018 but was not rated.)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Requires improvement

Are services responsive? – Requires improvement

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Dr Hammad Mehbub Malik as part of our inspection programme.

The provider HM Medical Services Limited has one location registered as Dr Hammad Mehbub Malik at 10 Harley Street, London. The service provides private GP services including consultations, health screening, sexual health services, immunisations, travel vaccinations and circumcisions.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of services it provides.

Summary of findings

Our key findings were:

- Governance systems were not well established within the service. There was a lack of effective systems for monitoring service provision to ensure it was safe. We identified issues relating to the management of infection control, medicines and record keeping.
- Risks were not always clearly identified and mitigated against.
- Clear procedures and protocols were not consistently in place.
- Systems for learning from incidents and safety alerts were in place but none identified.
- There was limited evidence of quality improvement activity with the exception of the circumcision service.
- The provider demonstrated how they maintained skills and knowledge but had not considered training or updates in all roles undertaken.
- There were appropriate systems in place for obtaining patient and parental consent for procedures undertaken.
- Patient feedback relating to the service was positive from our CQC comment cards. Patients described the GP as caring and approachable and said they felt listened to. However, the provider was not proactive in seeking patient feedback to support service improvement.
- Patient had timely access to services that were flexible in meeting their needs.

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

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Make the complaints process easily accessible to patients.
- Identify opportunities for learning from internal and external incidents and alerts.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Dr Hammad Mehbub Malik

Detailed findings

Background to this inspection

Dr Hammad Mehbub Malik provides a private GP service at 10 Harley Street in London where he carries out consultations and offers a range of non-emergency GP services including blood testing, sexual health screening, immunisations and travel vaccinations. He also provides a circumcision service to children under the age of 8 years as a home visiting service. Further details about the services provided can be found on the location's website: www.harleystreetgp.com.

Dr Hammad Mehbub Malik shares the premises at 10 Harley Street with a range of other health care providers. He rents a consulting room which is based on the basement floor where there is lift access.

The private GP practice is open 8am to 6pm on a Monday, Tuesday, Thursday and Friday. Patients can access appointments by telephone, email or in person. There are currently 1672 patients registered with the service some of which use the service regularly while others do so on an ad hoc or one-off basis. The registered population covers a wide age range with most patients falling within the working age group. Approximately, two thirds of the patients registered are male. The provider carried out approximately 500 circumcisions in the last year as home visits.

Dr Hammad Mehbub Malik does not employ any additional staff however, the landlord provides reception staff and other staff involved in the management of the premises.

The provider is registered with CQC for the following regulated activities: Surgical procedures and the Treatment of disease, disorder or injury. The provider advised that they carried out diagnostic and screening procedures and need to register for this.

How we inspected this service

Before visiting, we reviewed information we hold about the service, including information from the previous inspection. We also asked the provider to send us some information about the service.

During our visit we:

- Spoke with the GP and facilities staff for the premises.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Reviewed documentary evidence that was made available to us relating to the running of the service.
- We reviewed a sample of patient records with the GP to understand how the provider assessed and documented patients care and treatment. We also used this to assess how consent was obtained.
- We made observations of the facilities that were used for providing 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 Inadequate because:

The practice did not have effective systems in place to keep patients safe from harm. We identified concerns in relation to the safe management of medicines, infection control, use of equipment including single use items and record keeping.

Safety systems and processes

The service did not have consistently clear systems to keep people safe and safeguarded from abuse.

- We saw some safety policies and procedures in place to safeguard children and adults from abuse. However, we also identified areas where policies and protocols were not formally documented to support clear and consistent processes to help protect patients from harm. Some of these were forwarded to us following the inspection.
- The provider had undertaken level three child safeguarding training and vulnerable adults safeguarding training. They were aware of the agencies who were responsible for investigating safeguarding concerns and had access to contact information for reporting any concerns. We saw that this information was displayed in the staff room. However, the provider advised us that they had never needed to raise a concern.
- The provider advised us that they asked for identification to assure themselves of the patients they were treating and that an adult accompanying a child had parental authority.
- The GP (also the provider) was the only person employed at the service. We saw that they were listed on the GMC register as a GP and had appropriate indemnity cover in place.
- We saw no information displayed offering a chaperone. The provider advised us that they rarely needed a chaperone but would borrow a nurse from one of the other services who shared the building if a chaperone was needed. The provider had assured themselves that the nurse who had provided a chaperone service had undergone checks (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 provider did not have effective systems in place to manage infection prevention and control. Cleaning was provided through the facilities team who subcontracted out the cleaning of the premises, we were advised that cleaning took place daily. We saw documented information about the cleaning standards expected for the whole building but these lacked specific detail relating to the consulting rooms used. There were no signed cleaning schedules in place to demonstrate cleaning had taken place including for example, deep cleaning of the carpets, curtains and linen used on the couch. We noticed stains on the consulting room carpet. There were no records or protocols in place for the cleaning of specific items of equipment. Privacy blinds and curtains were made of non wipeable material. Sharps bins were not appropriately labelled and there was a lack of safe systems for disposing of sharps following circumcisions. The provider was unable to demonstrate their immunisation history. No infection control audits had been carried out. We did however see that clinical waste including contaminated sharps was appropriately stored awaiting collections and risks relating to legionella were being managed.
- The landlord had a range of health and safety and environmental policies in place. This included fire safety and electrical equipment safety. However, we saw that the provider stored oxygen in their room but no appropriate signage was in place for this. We saw that clinical equipment used by the provider had undergone calibration during the last 12 months to ensure that they were in good working order. However, this did not extend to the medicines fridge which was provided by the facilities team and shared by other providers who used the building.

Risks to patients

Systems to assess, monitor and manage risks to patient safety were not adequate.

- The provider was a sole practitioner. The GP was available to patients when needed by telephone and

Are services safe?

did not use agency staff. They told us that if they took leave they would notify and redirect patients to another service on their website and if unwell they would have to cancel any patients.

- The arrangements in place to manage emergencies were not adequate. Although the provider held a range of emergency medicines we identified emergency medicines that were out of date and medicines that could not be utilised in an emergency. Monitoring checks undertaken by the provider had not identified this. The provider held oxygen and there were two shared defibrillators provided by the landlord. The facilities team told us that they checked the defibrillator was in working order but kept no records of this.
- The provider advised us that they did not see any emergencies and had not come across sepsis in their work. They had clinical equipment needed to identify patients with severe infections, for example sepsis.
- There were appropriate indemnity arrangements in place to cover potential liabilities.
- The provider did not have a documented business continuity plan in the event of major disruptions to the service. However, the facilities team was available on site to deal with any disruptions and advised us that they had three properties where they could reallocate to another consulting room if needed.

Information to deliver safe care and treatment

Information they needed to deliver safe care and treatment to patients was not always well managed.

- We reviewed a sample of care records maintained by the provider. We found that some records recorded were basic and in some cases, did not include adequate information to keep patients safe.
- The provider made use of Whats App (a mobile device messaging application) for patients who had queries or requested advice. However, we saw conversations that had not been transferred to the patients records and there was no clear protocols in place for managing information received in this way. Following the inspection, the provider told us that they were now transferring this information to the patients' records.
- The provider had systems for sharing information with staff and other agencies to enable them to deliver safe

care and treatment. This was evident in relation to patients who may need additional support following circumcision or referring patients to secondary care services. The provider advised us that they did not routinely share information with a patients NHS GP but would if needed. There were no clear protocols in place in circumstances in which they would share information. Following the inspection, the provider shared with us a letter from the Independent Doctors' Federation in which they were working to improving information sharing between the private sector and NHS.

- The provider had not considered how they would 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 did not have reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines were not well managed. We found systems for storing medicines were not always in line with manufacturers' instructions. We identified medicines that were out date and medicines that were not being stored correctly or with regard to potential temperature fluctuations. At our last inspection the provider advised that they were undertaking three monthly checks of medicine expiry stocks but this had not been effective.
- A medicines fridge was provided by the landlord for use of the various services who used the building. We saw that the fridge was overfilled providing insufficient airflow. The facilities team monitored the fridge temperatures on a daily basis and told us that they would let the provider know if they fell out of range. There was no back up thermometer in the event the fridge thermometer was not working. We asked the provider what they would do in this instance and they advised that they would discard the medicines.
- The service had not carried out any medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The provider told us that they received information from medicines safety alerts but did not see any evidence of action taken in response to them. At the time of inspection, the provider was not able to demonstrate that they had access to any local or other antibiotic guidelines and was unable to

Are services safe?

demonstrate they ensured antimicrobial stewardship in their prescribing. They advised that they followed guidelines in conjunction with discussions with the patient. Following the inspection, they forwarded to us a copy of NICE antimicrobial guidance for managing common infections.

- We found evidence that records relating to medicines, such as local anaesthetics were not always recorded for example, in relation to circumcisions. Following the inspection, the provider sent us an amended copy of their consent form in which prompts had been incorporated for the recording of the local anaesthetic given.
- The provider told us that there were certain medicines that they would not prescribe. However, there was no formally documented procedure for this. The provider advised us that if they offered repeat prescriptions for long term conditions they would speak to the patient via telephone, in person or through Whats App.

Track record on safety and incidents

The service provided some evidence to demonstrate a good safety record but this was not consistently demonstrated.

- The provider advised us that they discussed risks with patients for example, in relation to circumcisions and travel.

- We saw that the provider had monitored circumcisions undertaken on annual basis to identify any adverse reactions. We saw that reported risks were low.
- However, we found that there were areas where the provider did not have effective monitoring arrangements in place for delivering the service including, medicines and infection control.
- There were no reported incidents for the practice.

Lessons learned and improvements made

There were no examples as to how the service learned and made improvements when things went wrong.

- The provider was aware that they should report and use learning from incidents or significant events to improve the safety of the service but advised us that there had not been any.
- The provider was aware of the requirements of the Duty of Candour but did not have examples where they had needed to comply with this.

The provider received patient and medicine safety alerts and we saw evidence of this. However, there was no evidence of any action taken and the provider advised that there had not been any they had needed to act on.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Requires improvement because:

The practice was able to demonstrate that they maintained their skills and provided effective monitoring of care for patients having undergone a circumcision. However, we found that evidence of this and quality improvement activity was less evident in the general practice side of the service.

Effective needs assessment, care and treatment

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

- The provider discussed with us how they assessed the immediate and ongoing needs of patients. They explained that they received regular alerts and updates from the Independent Doctors' federation (IDF). They also had a range of specialist contacts if needed for advice.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients undergoing investigations were able to receive timely follow up. The provider advised us that results sent to the private laboratory were usually returned within 24 hours.
- We saw that the provider used recognised travel websites to support travel advice and vaccinations.
- The provider told us that they attended six monthly peer networking meetings in relation to circumcisions to share best practice.
- However, we found examples where antibiotic prescribing did not follow evidence based guidelines. The provider did not have access to any local antibiotic prescribing guidelines. The provider advised that they followed relevant updates and National Institute for Health and Care Excellence (NICE) guidelines for antibiotic prescribing along with patient led input for example, patient experience of a preferred antibiotic.

Monitoring care and treatment

The service had undertaken some quality improvement activity but this was limited.

- The service had undertaken annual audits of circumcisions in relation to any complications such as infections or other complications. We saw that in the last year the provider had undertaken 503 circumcisions. Results from this audit were positive.
- There were no other clinical audits or quality improvement activity undertaken for the GP side of the practice.

Effective staffing

The provider undertook training and continuing professional development to maintain the skills, knowledge and experience in most of the roles they undertook.

- The provider was the only member of staff. We saw that they were appropriately registered with the General Medical Council (GMC), received regular appraisals and were up to date with revalidation. (Revalidation is the process by which doctors demonstrate their fitness to practice).
- The provider participated in networking opportunities in relation to circumcisions to maintain their skills and knowledge within this area. They also attended some educational sessions which were held at another clinic nearby.
- We saw evidence of training and updates in relation to basic life support, safeguarding and information governance.
- However, we found gaps in training and updates in relation to some roles and responsibilities carried out. For example, the provider had not undertaken any specific training or updates for cervical screening, infection control or fire safety.

Coordinating patient care and information sharing

Staff worked with other organisations, as appropriate to deliver effective care and treatment.

- The provider provided appropriate follow up of patients that had undergone circumcision enabling them to

Are services effective?

(for example, treatment is effective)

monitor patients following their procedure and provide advice and reassurance in a timely way. Written post operative instructions were given for patients having undergone circumcisions.

- The provider worked with a private laboratory to ensure test results were turned around quickly enabling patients to receive timely care and treatment.
- The provider told us that they had a range of private specialist contacts that they could speak and make referral to support patient care.
- The provider told us that there were a some medicines including those that were high risk that they did not prescribe. However, they did offer medicines used in the treatment of some long term conditions. The provider told us that they did not routinely share information with a patients NHS GP but encouraged patients to share information where appropriate.

Supporting patients to live healthier lives

We saw some examples where the provider supported patients in managing their health.

- We saw that the GP provided written advice post circumcision.

- Patients had access to the GPs mobile telephone number if they had any queries or concern in relation to their care and treatment.
- The provider offered health screening and immunisations as part of the service.
- The provider had information relating to various support services which they could refer to for example smoking cessation, weight management and counselling services.

Consent to care and treatment

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

- The provider understood the requirements of legislation and guidance when considering consent and decision making.
- Formal written consent was obtained for circumcisions. The GP described the process for obtaining consent which included discussion of any risks or complications and obtaining consent from both parents. However in four of the six consent forms we viewed, the patient name was illegible.
- The provider advised us that there had been no cases where they had been required to assess a patient's mental capacity to make a decision but that they understood the legal requirements.

Are services caring?

Our findings

We rated caring as Requires improvement because:

Although patient feedback received from the CQC comment cards was positive, the provider was not proactive in seeking patient feedback in relation to the service. There had been no patient satisfaction survey since 2015. There were also no systems in place for patients who may need an interpreter.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients through the CQC comment cards was positive about the way they were treated. We received nine completed CQC comment cards, all of which were positive about the service. Patients were complimentary about the provider describing them as caring.
- The provider 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. Patients were able to contact the GP with any concerns in and out of hours if needed.
- The provider had undertaken a patient satisfaction survey in March 2015 as part of the revalidation process. A total of 34 patients completed the survey. Results showed that patients were positive about the way they were treated. There had been no further patient surveys undertaken since.

Involvement in decisions about care and treatment

There was some support to help patients to be involved in decisions about care and treatment.

- The provider did not have access to interpretation services and advised us that they had not needed to access one. If required, patients would need to arrange for someone suitable to attend with them.
- We saw that information relating to post circumcision instructions were available in a range of languages.
- 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 their care and treatment.
- The GP advised us that they would print information for patients to take away if needed.
- Information relating to the cost of treatment and services provided was available on the practice website.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. The waiting room was situated away from the reception area.
- The consulting room was also away from the waiting areas and conversations taking place within them could not be overheard.
- There were keypad locks on consulting room doors to minimise the risk of unauthorised access during consultations.
- Privacy screens were available in the treatment rooms.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Requires improvement because:

The practice provided a flexible and timely service to patients. However, the provider should improve the availability of information relating to raising a complaint within the practice and on the practice website.

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 and provided a range of general practice services in response to those needs. Patients ranged from local residents, to local workers and international patients who may not be able to access NHS care or have difficulty accessing the NHS due to busy lifestyles.
- The premises had disabled toilet facilities and baby changing facilities.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The facilities and premises were adapted to support patients with mobility difficulties to access the services. There was a mobile ramp for access into the premises and lift access to the consulting room.
- The GP undertook home visits where appropriate.
- Patients received a standard 20 minute appointment to enable them to discuss their needs.

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 appointments by telephone, email or on a walk-in basis.

Appointments could be booked in and out of hours.

- The practice was open on a Monday, Tuesday, Thursday and Friday for private GP appointments between 9am and 4pm or 5pm depending on the day. The provider carried out circumcisions as home visits on a Wednesday, Saturday and after finishing surgery during the week.
- The GP told us that there was flexibility with appointments if patients needed it. A telephone contact was provided in case of emergency for the out of hours period. This was mainly used for patients who had undergone circumcision.
- There was quick turn around times on samples sent to private laboratories. Patients did not have to wait long for test results.
- Referrals and transfers to other services were undertaken in a timely way. The GP was able to give good knowledge of local services that they could refer to when needed.

Listening and learning from concerns and complaints

- There was a complaints policy in place. However, information about how to make a complaint or raise concerns was not easily accessible to patients.
- The provider told us that they had not received any complaints since their last inspection. However, we saw several compliments from patients.

Are services well-led?

Inadequate 

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

Our findings

We rated well-led as Inadequate because:

Governance systems were not well embedded and lacked effective systems for monitoring the service provision and delivering quality improvements. Risks were not always well managed and mitigated against. There was little feedback sought from patients to support service improvements.

Leadership capacity and capability;

Leaders did not demonstrate that they always had the capacity to deliver high-quality, sustainable care.

- The service was led by a single handed GP, they were aware of the challenges faced and keeping skills and knowledge up to date. They received support through membership with the Independent Doctors' Federation to help them to keep up to date.
- We found the provider was available to patients and able to provide effective follow up particularly following circumcisions.
- The provider was knowledgeable about their patients' needs and provided flexible services to meet those needs.
- However, we identified issues with the general administration and running of the service. In particular areas such as record keeping, infection control, management of medicines and for ensuring risks to the service were fully assessed.

Vision and strategy

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

- The provider shared with us their vision and values for the service.
- They advised that they wanted to keep the balance of private GP work and circumcisions but understood that Brexit may impact on the patient demographics. They were aware and had identified some of the challenges they faced in relation to the provision of the service.
- They aimed to provide a service that was flexible and could be accessed by patients when needed.

- They took pride in the development of the circumcision service and had plans to provide mentoring for trainees in circumcisions.

Culture

The service aimed for a culture of high-quality sustainable care.

- The provider did not employ any additional staff.
- They told us how they enjoyed their work and had received positive feedback from patients.
- The service focused on the needs of patients and provided flexibility to meet those needs.
- The provider advised that they had not had any incidents and complaints but were aware of the requirements of duty of candour should things go wrong. However, we found the complaints process was not clearly advertised to ensure patients who wished to raise a concern knew how to do so and could get the concerns addressed.
- The provider was responsive to feedback and keen to address any issues we had identified during the inspection. We received information following the inspection where action had been taken by the provider in response.

Governance arrangements

There were clear lines of responsibility for the service but systems in place were not always well embedded to support good governance and management of the service.

- The provider (as the only member of staff) had sole responsibility for the service they provided. We found that the structures, processes and systems to support good governance and management were not always well embedded. The provider did not demonstrate a good understanding of the service boundaries in relation to the premises and their own. This was particularly evident in relation to infection control and management of the medicines fridge in relation to delivering safe services.

Are services well-led?

Inadequate 

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

- The provider enlisted the support of external organisations such as the Independent Doctors' Federation (IDF) and Quality Compliance Systems (QCS) to provide support and guidance. They also participated in the networks to provide advice and guidance.
- The provider had a range of standard policies which they had adapted. However, we identified areas where clear policies and procedures were not in place or systems to assure themselves the policies were working as intended.

Managing risks, issues and performance

Processes for managing risks, issues and performance were not always clearly embedded.

- We reviewed the processes in place to identify, understand, monitor and address current and future risks including risks to patient safety.
- We found areas where risks were not well managed including infection control, medicines management, record keeping and use of mobile devices used in consultations. We identified areas of risks in which no risk assessments had been undertaken and no formal protocols in place. Following the inspection, the provider forwarded to us protocols for the management of digital images.
- The provider had undertaken one clinical audit. This was a comprehensive annual audit of all circumcisions undertaken and any complications to identify any learning. However there had been no quality improvement activity for the general practice area of work. The provider advised us that they did not have any incidents, complaints or safety alerts that they had needed to act or been able to learn from.
- The management of the premises was undertaken by the facilities team. There was a range of health and safety risk assessments in place in relation to issues such as fire safety, the control of substances hazardous to health (COSHH) and legionella. The facilities team undertook a six monthly health and safety audit of the premises. Although not formally documented they advised us how they would manage major incidents relating to the premises to ensure business continuity.

Appropriate and accurate information

We found the availability and detail of information to support the provision of the service was variable.

- The provider had undertaken training in relation to the General Data Protection Regulation (GDPR). Patient information was held securely to ensure the confidentiality of patients. However, we identified that patients sometimes corresponded with the GP through their mobile device. Although the provider told us that security of this had been considered and following the inspection forwarded a formal documented protocol there were still some areas that had not been addressed within this protocol. For example, the potential for unauthorised access to the mobile. The provider assured us that there was secure access to the telephone to minimise the risk of this.
- The provider was registered with the Information Commissioners Office.
- We found the quality of information recorded in patient records was variable. For example, information relating to circumcisions and stem cell therapy were not sufficiently detailed. Writing was not always legible. There was also a lack of protocols in place for ensuring information received through mobile follow up was transferred into patient records before being deleted. Following the inspection the provider advised us that they were now doing this.
- There was limited evidence of information being used to monitor performance and the quality of the service. With the exception of the circumcision audit there was little evidence of service improvement activity taken place.
- Monitoring of medicines stock was ineffective in identifying out of date stock and no infection control audits had been undertaken.

Engagement with patients, the public, staff and external partners

There was some involvement from patients, the public, staff and external partners to support high-quality sustainable services but this was limited.

- The provider shared with us feedback on the service from patients that had been obtained on-line and from cards received. The provider advised us that they had received no complaints.

Are services well-led?

Inadequate 

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

- The last patient survey was undertaken in 2015 as part of the GPs revalidation process. We did not see evidence that the provider proactively sought patient feedback on a regular basis to support service improvement.
- The provider had sought feedback from Colleagues and health professionals in 2017 to obtain their views in relation to the safety of the service. No action had been identified as a result of this feedback.

Continuous improvement and innovation

There was limited evidence of systems and processes for learning, continuous improvement and innovation.

- The provider advised us that they attended local learning events and networks to help update skills.
- The service advised us that there had been no incidents or complaints relating to the service.
- The provider had been involved in media presentations and events in relation to circumcisions.

Enforcement actions

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
Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <p>The equipment being used to care for and treat service users was not safe for use. In particular:</p> <ul style="list-style-type: none">• Blood test bottles were out of date. <p>The equipment being used to care for and treat service users was not used in a safe way. In particular:</p> <ul style="list-style-type: none">• The medicines fridge was over stocked and did not allow for air circulation.• The medicines fridge thermometer had not been calibrated and there was no alternative back up. <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• There were medicines at the practice and doctors bag that were out of date.• Storage of medicines was not always in line with manufacturers' instructions and did not take account of potential temperature fluctuations.• Some recommended emergency medicines were not stocked or available for use and no risk assessments in place to identify how the risk may be mitigated if required. <p>There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</p>

Enforcement actions

- There was a lack of clear cleaning schedules for the consulting rooms used. Including carpets, curtains and bed linen.
- No infection control audits had been undertaken.
- Privacy screens were of non wipeable materials.
- No spill kits were available for appropriate cleaning of bodily fluid spills.
- Systems for disposing of contaminated sharps used on home visits were not appropriate.
- Sharps bins were not labelled.
- Paper towels were not stored appropriately.

Regulation 12(1)(2)

Regulated activity

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

How the regulation was not being met

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- There were ineffective systems and processes in place for the management of infection prevention and control and medicines.
- Patient feedback was not proactively sought to support continued evaluation and improvement of the service.

Enforcement actions

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Records in relation to circumcisions and stem cell therapy were not complete records and contained illegible writing.
- Consultations and follow up undertaken through mobile devices was not systematically transferred into patient records.

There was additional evidence of poor governance. In particular:

- There was a lack of clear protocols in place for example, information sharing, antibiotic stewardship, cleaning of equipment, administration of stem cell therapy and use of mobile devices as part of consultations.
- There was no appropriate signage in relation to the presence of oxygen in the room.

Regulation 17(1) (2)