

# Fylde Private GP

## Inspection report

26 St. Annes Road West  
Lytham St. Annes  
FY8 1RF  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as good overall.**

The key questions are rated as:

Are services safe? - Good

Are services effective? - Good

Are services caring? - Good

Are services responsive? - Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Fylde Private GP on 21 July 2023. We carried out this inspection in line with our inspection priorities, to rate this service. This was the first inspection of this independent GP service.

At the time of our inspection, Fylde Private GP did not have a registered manager, however the practice manager had applied to become the registered manager and CQC approved their application whilst this report was being prepared. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## Our key findings were:

- The service had a focus on providing safe and effective continuity of care for patients.
- There was clear oversight and management of risk to patients.
- The service did not verify patient identification on registration.
- GPs could make urgent referrals directly to NHS secondary care for diagnostic testing and had systems in place to verify that patients were offered appointments.
- The service had some monitoring of clinical care in place, but recognised this was an area they could improve upon.
- The service used technology to improve clinical care and support healthy lifestyles.
- Patient feedback about the service was highly positive.
- At present the service offered limited evening and no weekend appointments.
- The staff had responded to care for people in the town centre on a number of occasions.

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

- Develop and embed comprehensive consultation and clinical audit processes.
- Undertake a review of demand for evening and weekend appointments to identify capacity to meet that demand.
- Implement a patient identification policy and process.
- Introduce effective systems for supporting clinical and non-clinical leaders.

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Chief Inspector of Healthcare

## Our inspection team

Our inspection was led by a CQC lead inspector who was supported by a GP specialist professional advisor.

### How we inspected this service

During the inspection we spoke with 3 GPs, the practice nurse, the healthcare assistant, the practice manager and the patient services manager. We reviewed a sample of patient records and other documentation.

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.

## Background to Fylde Private GP

Go-Private GP Ltd provides a private GP service, Fylde Private GP, from premises in the centre of Lytham St Annes, at 26 St Annes Road West, Lytham St Annes. Go-Private GP is a subsidiary of a local business which provides a range of other services in the local area.

Fylde Private GP is registered with CQC to undertake the regulated activities of: diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures and family planning. The service currently offers private GP consultations, health checks, allergy testing, vaccinations and immunisations including travel vaccinations, minor surgery and joint injections.

The service currently has around 700 patients registered with them. They provide appointments for adults and children.

The clinical team consists of 4 GPs (3 male, 1 female) and a practice nurse (agency staff) 1 day per week. A healthcare assistant, practice manager, and patient services manager support the clinical team. The service was in the process of recruiting reception staff at the time of our inspection.

The service is open Monday, Tuesday and Wednesday 8.30 am to 4.30 pm, Thursdays 8.30 am to 6.30 pm and Fridays from 8.30 am to 3.30 pm and on alternate weeks to 6.30 pm. The service is currently not open at weekends.

Go-Private GP Ltd leased the premises from the original owner. The provider had refurbished the ground floor to meet the requirements of healthcare provision. There were 2 consultation rooms with a reception and waiting area and bathroom facilities available. The building was accessible for people with impaired mobility. Parking was available within the town centre which also had good public transport links.

The service had a website, which can be found at: <https://www.fyldeprivategp.com>.

# Are services safe?

## **We rated safe as good because:**

There were systems to assess, monitor and manage risks to those patients using Fylde Private GP for the regulated activities undertaken.

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which they reviewed and communicated to staff including locums. Policies outlined clearly who to go to for further guidance. However there was no policy on patient identification when they registered with the service. We discussed this with the practice manager and they confirmed they would introduce this step within the registration process.
- Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control which included comprehensive cleaning schedules and infection prevention and control. The service had clear arrangements for managing water to prevent risks from Legionella disease.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste, though we noted that a small sharps container in the home visit bag had no space for the date of first use. The manager addressed this during the inspection.
- 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.**

- There were arrangements for planning and monitoring the number and mix of staff needed.
- The service gave staff appropriate information to carry out their roles.
- 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 suitable medicines and equipment to deal with medical emergencies which they stored appropriately and checked regularly. There was an appropriate risk assessment to inform which emergency medicines and equipment was provided.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place for individual GPs and the wider practice team.

## **Information to deliver safe care and treatment**

# Are services safe?

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

- Clinicians wrote and managed individual care records in a way that kept patients safe. The care records we saw showed that relevant staff had access to information needed to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Patients' records were stored on a secure electronic record management system that was accessible to the GP regardless of location.
- 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, emergency medicines and equipment minimised risks. The service kept prescription stationery securely.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service only kept emergency medicines and medicines for administration such as vaccinations and injections on site. Where there was a different approach taken from national guidance for prescribing medicine there was a clear rationale for this that protected patient safety. We reviewed a sample of consultation records where patients requested medicines for hay fever which were not licenced as a hay fever treatment. This type of medicine sometimes offered relief for patients who were not able to manage their symptoms with more traditional hay fever medicines. Clinicians followed all national guidance in relation to prescribing and decisions around this as an unlicensed medicine.

## **Track record on safety and incidents**

### **The service had a good safety record.**

- The service had risk assessments to mitigate safety issues and risks.
- 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 learn and made improvements when things went wrong.**

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned, shared lessons, identified themes and took action to improve safety in the service. For example, the provider became aware that a postal delay might have affected processing of blood samples taken on a Saturday and amended their blood testing and courier arrangements.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- Where an incident affected a patient, the service gave affected people reasonable support, truthful information and a verbal and written apology.

# Are services safe?

- The service kept written records of verbal interactions with patients as well as written correspondence with them.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

## We rated effective as good because:

We found that Fylde Private GP was providing care in accordance with the relevant regulations and people received effective care that met their needs.

### Effective needs assessment, care and treatment

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.**

- Clinicians fully assessed patients' immediate and ongoing needs. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis, or request further diagnostic tests.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- The lead GP had developed and adapted the patient clinical record system to meet the needs of the service and ensure effective care could be given.
- We saw comprehensive patient records, including photographs where appropriate, to evidence ongoing treatment and outcomes.
- The service used technology to improve treatment and support patients' independence. This included a dermatoscope for high quality skin assessments and identification of potentially cancerous lesions.

### Monitoring care and treatment

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

- The service used information about care and treatment to make improvements.
- The service had carried out audits of antibiotic prescribing, referrals to other services, urgent referrals for suspected cancer cases and minor surgery. We found that 1 audit had reviewed the use of a medicine which could be prescribed off license to treat hay fever. The audit led to improvements in the criteria for prescribing and the lead GP wrote a protocol to ensure all patients requesting this were suitably assessed.
- However, other audits which the service shared with us were data focused as opposed to reviewing clinical effectiveness and patient outcomes. We discussed this with the provider during the inspection and they introduced a more comprehensive clinical review of records immediately following the inspection with the lead GP setting into place a monthly clinical audit of each staff member's consultations to formally review clinical effectiveness.

### Effective staffing

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

- All staff were appropriately qualified. We viewed up to date training records for staff.
- GPs were registered with the General Medical Council (GMC) and were up to date with their appraisal and revalidation. The nurse was registered with the Nursing and Midwifery Council (NMC).

### Coordinating patient care and information sharing

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

# Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with other services when appropriate. We saw examples, of information sharing with patients' NHS GPs, local hospitals regarding urgent referrals (urgent referrals are where GPs refer patients for urgent diagnostic testing where symptoms indicated potential cancer) and other private health providers for secondary care referrals.
- Before providing treatment, clinicians 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 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 GP had risk assessed the treatments the service 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.
- The service shared patient information appropriately, 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 GPs referred to other services.

## 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. This included the range of health checks and screening provided to help people understand their health and lifestyle guidance to help them make changes.
- The service also offered 3D body scans, which gave a comprehensive report to patients about their body composition and helped support them in fitness aims and weight loss, giving patients comparable scans to show their progress.
- Clinicians identified risk factors and highlighted these to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.
- Welcome information was provided to prospective patients so that they could make an informed choice on whether the service was right for them.



# Are services caring?

## **We rated caring as good because:**

Fylde Private GP was committed to providing a caring service with dignity and privacy for patients.

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

#### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received through online forums including Google reviews and 'Doctify' (an online healthcare review platform). The practice also asked patients to complete a brief feedback survey following their appointments. We were shown some unvalidated data from Google reviews. In the last 6 months 50 patients had completed Google reviews, 94% of which said they would be extremely likely to recommend the service to their family and friends and 98% would rate the services as very good.
- Feedback from patients was positive about the way staff treat people and gave examples of how kind and empathetic, helpful and understanding the clinicians and reception staff had been.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

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

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

- Interpretation services were available for patients who did not have English as a first language. Staff informed patients this service was available, however to date the service had only seen English speaking patients.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, additional time was available for patients who benefited from different ways of communication.

### **Privacy and Dignity**

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

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

## We rated responsive as good because:

The provider had developed Fylde Private GP to provide private, local GP services and planned ongoing improvements and new services in response to patients needs and demand.

## 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 improved services in response to those needs. This included introducing a female GP, increasing the number of talking therapy counselling appointments available and planning to expand the building to provide more consulting rooms and a therapy suite.
- The provider had refurbished the building sensitively to ensure it was appropriate for the services delivered. The reception and waiting area were welcoming and offered a calming environment.
- The service made reasonable adjustments so that people in vulnerable circumstances could access and use services on an equal basis to others. This included wheelchair access and toilets suitable for people with limited mobility.
- The staff team supported the local community and had attended a number of incidents in the town centre since opening, including administering emergency care until emergency services arrived.

## 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. On the day of our inspection, there remained appointments available that evening, as well as the following Monday.
- The provider informed us they did not currently offer appointments at the weekend and there were limited evening appointments available. The practice manager informed us that this was an area they intended to improve as they increased in size and recruited additional GPs.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use and said they could access the service within a day.
- Referrals and transfers to other services were undertaken in a timely way. GPs could make urgent referrals directly into the 2 local hospital fast track systems where symptoms indicated a possible diagnosis of cancer. GPs also made referrals into private services for non-urgent follow-up and diagnostic assessments.

## Listening and learning from concerns and complaints

### The service took complaints and concerns seriously and responded/did not respond to them appropriately to improve the quality of care.

- The service published information about how to make complaints, suggestions or compliments on their website.
- The service had received few complaints since opening, though a comprehensive complaints policy was available. We reviewed 1 complaint which was handled appropriately.
- The provider had signed up with the Centre for Effective Dispute Resolution (CEDR) which provides mediation, and alternative dispute resolution (ADR) and informed patients of their right to escalate a complaint to CEDR should they not be satisfied with the response to their complaint.

# Are services responsive to people's needs?

- The service learned lessons from individual concerns and complaints and from analysis of trends though they treated these individually. The manager recognised there was an opportunity to introduce a system which would allow any themes or trends to be analysed and demonstrate ongoing learning for the team.

# Are services well-led?

## **We rated well-led as good because:**

Leaders had a clear vision for the service and a culture which supported the delivery of high-quality person-centred care.

### **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.
- Staff told us that the manager and GPs were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The service's managing director and previous CQC Registered Manager had departed, which had impacted on support for the practice manager. The practice manager said they had an appraisal scheduled with the provider and would raise ongoing support and developing the leadership of the service during this. They also advised that as the provider had recruited a new director with knowledge of healthcare to support the development of the service.

### **Vision and strategy**

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

- There was a clear vision to bring back the concept of the traditional family GP into the local town. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision and strategy jointly with staff. For example, the provider was developing a plan to extend the service into the neighbouring building, and this plan now included a staff rest area following a staff suggestion.
- Staff were aware of and understood the vision and strategy and their role in achieving them.
- The service monitored ongoing progress of the service.

### **Culture**

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. The service supported staff to meet the requirements of professional revalidation where necessary. Leaders considered all clinical staff as valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training, including training on learning disability and autism.

# Are services well-led?

- There were positive relationships between staff and teams.

## **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. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## **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. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## **Appropriate and accurate information**

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

- The manager used quality and operational information improve performance. Performance information was combined with the views of patients.
- The team discussed quality and sustainability in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. The provider introduced additional audit of consultations following our visit.
- The service submitted data or notifications to external organisations as required.
- The service used an online patient record and service oversight system. There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## **Engagement with patients, the public, staff and external partners**

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

- Patient feedback was overwhelmingly positive about the service.

# Are services well-led?

- Staff could describe to us the systems in place to give feedback. Staff told us they felt confident in raising anything with the practice manager.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- The team had a focus on continuous learning and improvement.
- The manager and GPs shared learning and used this to make improvements.
- Leaders and managers made time for the team to review objectives, processes and performance.
- There were systems to support improvement and innovation work. Current improvements included GPs undertaking training around additional services, increasing the numbers of consulting rooms and providing a new therapy suite for talking therapy.