

Jonathan Hunt

# The Surgery - Sloane Street

## Inspection report

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Date of inspection visit: 8 February 2018  
Date of publication: 14/03/2018

### Ratings

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

### Overall summary

We carried out an announced comprehensive inspection on 8 February 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

#### Our findings were:

##### Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

##### Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

##### Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

##### Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

##### Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The Surgery – Sloane Street provides private general medical services to adults and children.

# Summary of findings

One of the GP partners is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider is registered with the Care Quality Commission for the regulated activities of treatment of disease, disorder or injury.

Eighty three people provided feedback about the service which was all very positive. People expressed a high satisfaction with the service provided with particular praise for the staff. They said that they received a very high standard of care from all staff at the practice.

## Our key findings were:

- The practice had clear systems to keep patients safe and safeguarded from abuse.
- There were systems to assess, monitor and manage risks to patient safety.
- The practice had reliable systems for appropriate and safe handling of medicines.
- The practice learnt and made improvements when things went wrong.
- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards.
- Staff had the skills, knowledge and experience to carry out their roles.
- Staff treated patients with kindness, respect and compassion.
- Patient feedback showed a high satisfaction with the service provided with particular praise for the staff.
- Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.
- The practice had effective leadership and governance arrangements.

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

- Review the medicines management arrangements in respect of unlicensed medicines.
- Review how prescription pads used for home visits are monitored.
- Review procedures to ensure that the adult attending with a child has parental responsibility to consent to care and treatment.
- Review the strategy to deliver the vision of the practice.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

- The practice had clear systems to keep patients safe and safeguarded from abuse.
- There were systems to assess, monitor and manage risks to patient safety.
- The practice had reliable systems for appropriate and safe handling of medicines.
- The practice learnt and made improvements when things went wrong.

We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not monitor prescription pads used for home visits and there were no policies or procedures around the prescribing and recording of unlicensed medicines.

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### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards.
- The practice had initiated clinical and non-clinical audit to improve patient outcomes.
- Staff had the skills, knowledge and experience to carry out their roles.

We found areas where improvements should be made relating to the effective provision of treatment. This was because the provider did not carry out checks to ensure the adult attending with a child had parental responsibility to consent to care and treatment.

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### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

- Staff treated patients with kindness, respect and compassion.
- Patient feedback showed a high satisfaction with the service provided with particular praise for the staff.
- Carers were identified and supported.

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### **Are services responsive to people's needs?**

We found that this service was providing responsive care in accordance with the relevant regulations.

- Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.
- The practice understood its population and provided services to meet their needs.

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### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

- The practice had effective leadership and governance arrangements.
- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice listened to patients and staff and acted on feedback.

We found areas where improvements should be made relating to the provision of well-led treatment. This was because the provider did not have a formal strategy or business plans to achieve the practice vision.

# The Surgery - Sloane Street

## Detailed findings

### Background to this inspection

The Surgery – Sloane Street is based in the basement and ground floor of Fordie House, 82 Sloane Street, London, SW1X 9PA. The building entrance lobby is accessed via a short flight of stairs from the pavement. Wheelchair access is via a lift at the rear of the building (patients are advised of this and a member of staff is available to assist patients). The practice is easily accessible by public transport and is a short walk from Sloane Square.

The opening hours are Monday to Friday 8.45am to 6pm. Patients have access to a 24 hour/365 day a year on-call emergency visiting service provided by doctors working in the local area. The medical team comprises three male GP partners and three associate GPs (one male and two female) who are supported by a practice manager and a team of 11 non-clinical staff. The practice has approximately 9,000 active registered patients and provides between 300 and 400 appointments per week.

The practice provides private general medical services to adults and children. Services include cervical screening, cryotherapy, childhood immunisations, travel vaccinations including yellow fever and referrals to consultant specialists in London.

The inspection team was led by a CQC inspector and included a specialist GP advisor and a pharmacist advisor.

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

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

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

# Are services safe?

## Our findings

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Staff were trained in safeguarding children and adults to the appropriate level. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice 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 practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. 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.
- All the GP partners had a current responsible officer. (All doctors working in the United Kingdom are required to have a responsible officer in place and required to follow a process of appraisal and revalidation to ensure their fitness to practice) and they were following the appraisal and revalidation processes.
- There was an effective system to manage infection prevention and control (IPC). There was an IPC protocol and staff had received up to date training. Regular IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw evidence of the most recent portable appliance test (PAT) and medical equipment calibration tests completed in the last 12 months. There were systems for safely managing healthcare waste.

### 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 practice had a locum policy however we were told that there was a very stable staff structure and there had never been a need to utilise temporary staff.
- Staff understood their responsibilities to manage emergencies on the premises and they had received annual basic life support training. However, at the inspection two incidents were brought to our attention that suggested that reception staff were not always clear on the procedure to follow when a patient phoned the practice requesting urgent medical attention. The partners told us that this would be immediately addressed by implementing a protocol for reception staff to follow.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- The practice manager was responsible for arranging annual health and safety and fire risk assessments and we saw the records for this. This included a rolling programme of fire drills for the practice premises. There were also a variety of other risk assessments in place to monitor safety of the premises such as a legionella assessment.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.
- The GP partners were appropriately registered with the General Medical Council (GMC) the medical professionals' regulatory body with a licence to practice and they had professional indemnity Insurance.

### Information to deliver safe care and treatment

# Are services safe?

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- Patients care records were kept secure only accessible to staff through an IT system which was password protected. Information was backed up on an external server managed by a professional company.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. However, although the practice assured us that emergency equipment and medicine was checked regularly to ensure it was in good working order there was no written evidence available to confirm this. The partners implemented a log sheet on the day of our inspection to rectify this.
- The practice kept prescription stationery securely. However, the use of prescription pads for home visits was not monitored. Staff told us they would rectify this.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- We saw no evidence in the practices policies and procedures around the prescribing and recording of unlicensed medicines which staff told us were prescribed on occasion.

## Track record on safety

- There were comprehensive risk assessments in relation to safety issues.
- The practice 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 practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. 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 practice learned and shared lessons, identified themes and took action to improve safety in the practice. However, we were made aware of two incidents that had occurred in the current year which at the time of the inspection had not been through significant event analysis. The partners told us that they would process these at the next governance meeting.
- The partners were able to cite examples of patient and medicine safety alerts they had acted on. However we saw no recorded evidence of this or actions taken. The practice implemented a log sheet on the day of the inspection to rectify this.

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.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines and the British National Formulary (BNF).

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Since June 2017 the practice had initiated the following clinical and non-clinical audits:

- Audit of clinical care of all patients with Chronic Obstructive Pulmonary Disease (COPD)
- Audit of patients with high blood glucose levels
- Audit of compliance with NICE hypertension guidelines
- Antibiotic stewardship audit
- High risk medicines audit
- Audit of patients with dementia
- Audit to monitor referrals to specialist care
- Audit of communication with patients NHS GP
- Out of hours service audit
- Audit of the carers register

Although most of the audits were one cycle some quality improvement was evident. For example the antibiotic audit was carried out to establish whether the use of the rapid streptococci test in the diagnosis of sore throat reduced prescriptions for antibiotics. The results showed antibiotic prescribing for sore throat reduced by 12% after the introduction of the rapid streptococci test (The rapid streptococci test is a rapid antigen detection test that is widely used in clinics to assist in the diagnosis of bacterial pharyngitis caused by group A streptococci)

### Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings and appraisals.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Continual Professional Development (CPD) was carried out by the GP partners and they were up to date with revalidation.

### Coordinating patient care and information sharing

- The practice communicated with patients own GP in line with General Medical Council guidance (GMC).
- Patients were referred to specialist services in a timely manner.
- Processes were in place to ensure test results were reviewed by clinicians in a timely manner and results were shared with patients without delay.

### Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

### Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. However, they did not do any checks to ensure the adult attending with a child had parental responsibility to consent to care and treatment.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

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

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 81 patient Care Quality Commission comment cards we received were positive about the service experienced. People expressed a high satisfaction with the service provided with particular praise for the staff.

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

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

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- The practice had identified 31 patients who were carers. Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- Fees were explained to patients before treatment. Costs were detailed on the providers website and in an information leaflet available in the patient waiting room.

### **Privacy and Dignity**

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice had developed registers of vulnerable patients including those with dementia and carers.
- Appointments were available from 8.45am for working people and school age children.
- Prescription requests were available online.
- Home visits were provided, telephone consultations and emergency appointments.
- Standard appointments were 30 minutes in duration to ensure enough time to meet patient's needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example ramp access for people with mobility issues.

### Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Nineteen complaints were received in the last year. We reviewed seven complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example a patient requested a phone consultation with a GP however it was not entered into the GPs diary and therefore it was missed. The patient received an apology and was satisfied with the outcome. Staff received customer service training to prevent similar incidents happening again.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. However the practice had not developed a formal strategy or supporting business plans to achieve the vision.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- 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 we spoke with told us they were able to 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. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- Staff had received equality and diversity training. Staff felt they were treated equally.

- There were positive relationships between all staff.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. 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 including in respect of safeguarding and infection prevention and control.
- Practice 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 practice had processes to manage current and future performance. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had been initiated to improve the quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

# Are services well-led?

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

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

The practice involved patients and staff to support high-quality sustainable services.

- The practice gained feedback from patients through annual surveys. Feedback was used to improve the service. For example improvements to the phone and billing systems had been introduced as a result of feedback. The practice sought feedback from staff through appraisal and regular staff meetings.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.

For example educational sessions at the practice took place on a regular basis where hospital consultants educated the clinicians on a variety of topics including cardiology, urology and gynaecology. Non-clinical staff were provided with regular training specific to their role.

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.