

Private GP Services (UK) Limited

Private GP Services

Inspection report

Springfield Hospital
Lawn Lane
Springfield
Chelmsford
Essex
CM1 7GU

Tel: 01245234134

Website: <https://www.privategpservices.co.uk>

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Overall summary

We carried out an announced comprehensive inspection on 19 March 2019 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

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

The service provides independent non-NHS patient fee paid private primary care within an independent non-NHS private hospital setting.

A senior GP at the service is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered services, 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.

We received 42 Care Quality Commission comment cards, and all of these were extremely positive about the care, service, and positive outcomes that patients had received. We spoke with three people during the inspection that also provided very positive feedback about the service.

Our key findings were:

Summary of findings

- We saw strong clinical leadership within the service and the team worked in a united, supportive, and open manner.
 - There was an effective system in place for reporting and recording significant events.
 - Information about the service and how to complain was available and easy to understand. We found the service had acted appropriately, responded to complaints with an apology, and provided a full explanation.
 - The service was aware of and complied with the requirements of the Duty of Candour.
 - All staff requiring it for their role had received a Disclosure and Barring Service (DBS) check.
 - Risks to patients were assessed and well managed.
 - Actions had been taken when medicine alerts were received by the service. However, they lacked an audit trail to evidence the work.
 - The service held a comprehensive central register of policies and procedures which were easily accessible to all staff.
 - Staff assessed patients' needs and delivered care in line with current evidence based guidance.
 - Staff had the skills, knowledge, and experience to deliver effective care and treatment.
 - All patients told us they were treated with compassion, dignity, respect, and involved in the care and decisions about their treatment.
 - The service had good facilities and was well equipped to treat patients and meet their needs.
 - We saw relevant emergency medicines and equipment were available.
 - The service proactively sought feedback from staff and patients, which it acted on. Regular surveys were undertaken and reports collated from the findings and action taken where required.
 - The service worked closely with an external organisation to promote men's health checks at local events.
- The area where the provider should make improvements are:
- Maintain the activities within the action plan, provided by the service on the day of inspection, to provide an audit trail of work.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Private GP Services

Detailed findings

Background to this inspection

Private GP Services (UK) LTD was established in 2001.

The service is provided within the private Springfield Hospital premises at:

Lawn Lane

Springfield

Chelmsford

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CM1 7GU

Website: <https://www.privategpservices.co.uk>

- Their services are provided from the Springfield Hospital premises in Chelmsford and a branch location from the private Oaks Hospital in Colchester. We did not visit the branch location during our inspection.
- They provide acute and limited chronic care, general practice tests, referrals for imaging and referrals to consultants, medical screening, insurance and company medicals, travel clinic and vaccinations, and primary care services for overseas patients (Non-NHS fee paying patients).
- There are three GP partners (female) and four regular locums (one male and three females) working at the service. The six administrative and reception team members were subcontracted to support the service.
- The service is registered for the regulated activities; treatment of disease, disorder and or injury, and diagnostic and screening procedures at both their locations.

- The service provides 150 hours of consultation time each week, with appointments available; Monday to Thursday 8.30am until 8pm and on Friday 8.30am until 5pm.
- The service has registered and seen over 45,000 patients since it established 18 years ago. The service sees approximately 4,500 patients each year.

We inspected the service on 19th March 2019. Our inspection team was led by a CQC lead inspector. The team included a CQC Inspection GP specialist adviser.

Before visiting:

We gathered and reviewed over fifty patient experience surveys sent to us through our public website and these were all extremely positive about the service. We also reviewed a range of information we hold about the service.

During our visit we:

- Spoke with the GPs, and members of the administration team.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of 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

Safety systems and processes

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

- The service conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff members. Policies outlined clearly who to go to for further guidance.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- We found actions had been taken when medicine alerts were received by the service. However, they lacked an audit trail to evidence the work.
- We were provided an action plan by the service on the day of inspection showing how they would evidence assurance going forward.
- 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 service carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken for staff requiring the 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).
- 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. The service ensured that facilities and the service environment was monitored safely through oversight of the hospital safety systems; for example, reporting on legionella checks and healthcare waste.

- Service equipment was checked daily and was maintained according to manufacturers' instructions.

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.
- 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.
- Emergency equipment and emergency medicine was appropriate and monitored through oversight of the hospital safety monitoring.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with the 'Department of Health and Social Care' (DHSC) guidance in the event that they cease trading.

Clinicians made appropriate and timely referrals in-line with service protocols and current evidence-based guidance. This included onward private fee paid care and treatment and to NHS primary and secondary care when appropriate and with patient's agreement.

Safe and appropriate use of medicines

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

Are services safe?

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription stationery was kept securely.
- Staff prescribed, gave advice on medicines in line with legal requirements and current national guidance.
- There were effective protocols for verifying the identity of patients including children.
- We saw the small number of high-risk medicines prescribed were monitored in line with

the National Institute for Health and Care Excellence (NICE) guidance.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture to keep people safe.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders within the service supported them when they did.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and acted to improve safety in the service. We saw the 12 incidents that had occurred were well documented and had been discussed with staff during meetings. The actions and learning points to reduce reoccurrence were recorded and shared with all staff that had to sign minutes.
- The service was aware of and complied with the requirements of the Duty of Candour. The service 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, with a timely verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The service 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 (relevant to their service).

- The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to identify and manage repeat patients.
- Staff assessed and managed patients' pain where appropriate.
- We were shown examples of care and treatment that was provided for patients needs and within their affordability.
- The service had invested in a derma scope and there were four fully trained GPs qualified to use the equipment for mole screening

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 made improvements with audits. The service held audit meetings to decide the clinical and non-clinical audits they intended to perform. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality using audits. We saw audits undertaken to monitor medicine and how this information was cascaded to staff during clinical meetings. For example:

- Public health England vaccine audit
- Yellow fever audit (annual requirement)
- Resuscitation equipment audit
- High risk medicine audits
- Accuracy of use of read code audits

Effective staffing

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

- All staff were appropriately qualified. The service had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation
- The service understood the learning needs of staff and 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.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, with patients NHS GPs, and referral onwards to private or NHS acute services.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to appropriate sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their NHS registered GP on each occasion they used the service. Where patients agreed to share their information, we saw evidence of correspondence sent to their registered NHS GP in line with GMC guidance.
- The service had risk assessed the treatments they offered.

Are services effective?

(for example, treatment is effective)

- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example; the local safeguarding team and their NHS GP.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

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.

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care service for additional support.
- Where patients need 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.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was extremely positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient

time during consultations to make an informed decision about the choice of treatment available to them. We were told by patients that if any tests were needed, the GP explained the costs in advance and if the appointment needed to be extended for any reason, the costs for any further time were clarified.

- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved to keep them safe.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

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?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The service understood the needs of their patients and improved services in response to those needs. For example, appointments were available until 8pm.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For instance, the premises were all on one level with a slope at the entrance and wide doorways and corridors.

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 access to initial assessment, test results, diagnosis and treatment in a time frame to suit them.
- 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 making an appointment was easy and staff were polite and caring to find them the most appropriate appointment.
- Referrals and transfers to other services were undertaken in a timely way. For example, we saw referrals were monitored to ensure treatments was provided and followed up.

Listening and learning from concerns and complaints

The service 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 readily available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- The agenda for service meetings had complaints as a standing item. We saw that a theme for complaints was regarding the costs for medicals.

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 their future of their services. They understood the challenges and addressed 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 service had effective processes to develop leadership capacity and skills, including planning for the future leadership 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 and set of values. The service had a realistic strategy and a supporting business plan to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their own roles in achieving them
- The service monitored progress monthly during meetings against delivery of the strategy.

Culture

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

- Staff told us they felt respected, well supported and valued. They also told us they were proud to work for the service.
- The service focused and prioritised the needs of patients.
- Leaders acted on behaviour and performance that was inconsistent with the vision and values.
- We saw openness, honesty and transparency were demonstrated when responding to incidents and complaints. The service 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. For instance, the administrative staff had proposed and produced an open and close check list procedure which improved staff confidence when carrying out this process.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of their professional revalidation where necessary. All staff, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- 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 felt they were treated equally.
- There were positive relationships between all staff members.

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. Performance of clinical staff could be demonstrated through audit of their work, for instance,

Are services well-led?

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

prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints. However, the process lacked consistency to provide assurance that all alerts relevant to the service were actioned. We were provided an action plan showing their way forward to evidence assurance.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of actions to change the service to improve quality.
- The service had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.