

Stanmore Private Family Practice Limited

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 20 March 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.

Stanmore Private Family Practice, also known as Stanmore Private Family Physicians, is an independent GP practice located in Stanmore in the London Borough of Harrow.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Stanmore Private Family Practice approximately 90% of services are provided to patients under arrangements made by an insurance company with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at Stanmore Private Family Practice, we were

Summary of findings

only able to inspect the services which are not arranged for patients by an insurance company with whom the patient holds a policy (other than a standard health insurance policy).

The GP principal 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.

Fourteen people provided feedback about the service. All feedback we received was positive about the staff and service offered by the practice.

Our key findings were:

- There was a system in place for acting on significant events.
- Risks were generally well managed though improvements were needed in relation to safeguarding training and managing medical emergencies and safety alerts. The provider resolved these issues immediately after our inspection.
- There were arrangements in place to protect children and vulnerable adults from abuse.
- Staff received essential training although some mandatory training was not up to date. Adequate recruitment and monitoring information was held for staff.
- Care and treatment was provided in accordance with current guidelines.
- Patient feedback indicated that staff were respectful and caring and appointments were easily accessible.
- There was a clear vision and strategy and staff spoke of an open and supportive culture. There was effective governance in most areas to ensure risks were addressed and patients were kept safe.

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

- Improve the system for monitoring staff training.
- Assess the risk of legionella bacteria at the premises.
- Review the system in place to ensure the accuracy of fridge temperatures.
- Review the process of checking the identity of patients.
- Implement clinical audit to monitor and improve quality of the service.
- Review patient access to interpreting services.

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. We also found areas where improvements should be made.

- The provider was taking action in response to and learning from significant events. The service had a policy regarding notifiable safety incidents under the duty of candour.
- There were systems to assess, monitor and manage risks to patient safety. Although improvements were needed in relation to safeguarding training, managing medical emergencies, managing safety alerts, and monitoring fridge temperatures. Immediately after our inspection the practice provided evidence that most of these issues had been resolved.
- There were safe systems and processes in place for the prescribing medicines.
- Risks associated with the premises were managed adequately, with the exception of a legionella risk assessment.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations. We also found areas where improvements should be made.

- The service provided care and treatment in line with evidence based guidelines.
- There were systems in place to ensure that all staff had the skills and knowledge to deliver care and treatment.
- The practice carried out some quality improvement activity however there was no evidence of clinical audit.

Are services caring?

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

- Feedback from patients was positive and indicated that the service was caring and patients were listened to and supported.
- The provider had systems in place to engage with patients and collate feedback.
- Systems were in place to ensure patients' privacy and dignity were respected.

Are services responsive to people's needs?

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

- The facilities and premises were appropriate for the services being provided.
- Patients could book appointments over the phone and appointments were usually available the same day.
- The practice monitored complaints, compliments and suggestions to ensure that the services offered met the needs of their patients.

Are services well-led?

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

We also found areas where improvements should be made.

Summary of findings

- The provider had a clear vision and strategy and there was evidence of good leadership within the service. In most instances there were good systems and processes in place to govern activities. However, the systems for monitoring mandatory training and managing safety alerts were not sufficient.
 - Staff we spoke with felt confident to carry out their role and described an open and supportive culture.
 - The provider took steps to engage with their patient population and adapted the service in response to feedback.
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Stanmore Private Family Practice Limited

Detailed findings

Background to this inspection

Stanmore Private Family Practice, also known as Stanmore Private Family Physicians, is located at 69 Elm Park, Stanmore, Middlesex, HA7 4AU. The practice is open from 8:30am to 6pm Monday to Friday, and 9am to 12pm on Saturdays.

There are approximately 1,500 registered patients. The practice team consists of a male GP (full-time), a practice manager (full-time), and two receptionists / administrators (part-time). The practice offers GP services and health assessments for children and adults. Patients can be referred to other services for diagnostic imaging and specialist care.

We carried out this inspection on 20 March 2018. The inspection was led by a CQC inspector who was accompanied by a GP specialist advisor.

Before visiting, we looked at a range of information that we hold about the practice. We reviewed the last inspection report from January 2014 and information submitted by the service in response to our provider information request. During our visit we interviewed staff (GP and practice manager), observed practice and reviewed documents.

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

Safety systems and processes

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

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- All staff received safeguarding training however this had not been updated in the last four years. Staff we spoke with knew how to identify and report concerns and we were told there had been no reported safeguarding incidents. Following our inspection the practice provided evidence that the GP had completed Level 3 safeguarding children training, the practice manager and a receptionist Level 2 safeguarding children and vulnerable adults training, and another receptionist safeguarding vulnerable adults training.
- There was a chaperone policy in place and patients were notified of this service via posters in the waiting room and consulting room. Staff who acted as chaperones were trained for the role and had received a DBS check.
- 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).
- The GP had undergone professional revalidation in 2014.
- There was a system to manage infection prevention and control. However, the provider had not undertaken a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Following our inspection the provider made arrangements for the water in the building to be tested.

- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment 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. There was an effective approach to managing staff absences and for responding to sickness and holidays.
- There was an induction system for staff tailored to their role.
- Staff were suitably trained in emergency procedures and the practice had an automated external defibrillator (AED) to deal with some medical emergencies. However, the practice did not have oxygen which is considered essential in dealing with certain medical emergencies (such as acute exacerbation of asthma and other causes of hypoxaemia). Following our inspection the provider ordered oxygen to help manage medical emergencies.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- Professional indemnity arrangements were in place for the GP.

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 practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

Are services safe?

- We were told that children who attended the practice were children of long-standing patients and the GP knew their families and who had parental responsibility for the child. The practice did not have any formal arrangements to check the identity of patients.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Although improvements relating to emergency medicines and the monitoring of fridge temperatures were needed.

- There was a system for managing and storing equipment and medicines, including vaccines. However, there was not a second independent fridge thermometer and the current thermometer was not calibrated monthly to confirm accuracy. The practice told us they rarely stocked large volumes of vaccines as these were ordered when requested by patients. During our inspection we observed two vaccines in the fridge that were in date and monitored to ensure they were stored at the correct temperature.
- There was a system in place to manage emergency medicines. However, the practice had not carried out an appropriate risk assessment to identify emergency medicines that it should stock. Following our inspection the practice ordered additional emergency medicines to help manage medical emergencies.
- The practice kept prescription stationery securely.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The GP told us most patients presented with minor ailments and that chronic conditions were usually managed by patients' NHS GP. The GP told us there were five patients who attended regularly for repeat prescriptions and the practice involved patients in reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. For example: electrical; fire; manual handling; sharps; slips; waste disposal; and control of substances hazardous to health.
- 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. Although, there were shortfalls in relation to managing safety alerts.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. The GP supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned, shared lessons, and took action to improve safety in the practice. For example, a computer software update caused errors to entries in the patient record. Entries were being logged under one staff member's initials instead of differentiating between staff. The incident was investigated and resolved with assistance from the software company. Staff were notified of the incident and requested to check the computer system after every software update to reduce the risk of reoccurrence.
- Patient records were stored securely.
- There was no system for receiving and acting on external safety events or patient and medicine safety alerts. Following our inspection the provider registered to receive safety alerts and told us how they were planning to manage these going forward.
- 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

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.

- We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The practice carried out some quality improvement activity however there was no evidence of clinical audit.

- The practice had carried out biannual patient record audits since 2014. These focused on the quality of patient notes. Improvements identified included requesting outcome letters (if not received) following referrals to specialists and ensuring next of kin details were documented in the patient record.
- The GP told us that as there was very limited chronic disease management and patients usually attended for minor ailments with no follow-up, this made it difficult to complete clinical audit cycles. The practice told us they would implement a continuous cycle of clinical audit looking at areas relevant to the practice population.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop. The practice had a policy detailing mandatory

training areas and the frequency of training. Staff were up to date with training in basic life support; infection prevention and control; mental capacity act 2005; and Deprivation of Liberty Safeguards (DoLS). However, we found some mandatory training areas had not been updated in line with the practice's policy. For example, safeguarding children and vulnerable adults; complaints; and health and safety. Following our inspection the provider sent us evidence that the GP and practice manager had updated their safeguarding training.

- The practice provided staff with ongoing support. This included an induction process, appraisals, and support for revalidation. The GP underwent annual external appraisals with an independent organisation and non-clinical staff underwent annual internal appraisals with the practice.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- Patients received coordinated and person-centred care. This included when they moved between services, and when they were referred for specialist care.
- Some patients also had an NHS GP, and the practice communicated with the NHS GP with the patient's consent. For example, if the patient requested follow-up treatment via the NHS.

Supporting patients to live healthier lives

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

- The practice offered a range of medical assessments which included pathology tests and patients could be referred for diagnostic screening such as X-ray, ultrasound, CT scanning and MRI.
- Health screening packages were available to all patients and included an assessment of lifestyle factors.
- Patients were encouraged to undergo regular health screening such as mammograms and smear tests. The practice would refer the patient to other providers for these services.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

Are services effective?

(for example, treatment is effective)

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.
- Clinicians supported patients to make decisions.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

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

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 14 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with other feedback received by the practice via the practice's annual patient survey and the GP's appraisal.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- We were told that any treatment including fees was fully explained to the patient prior to their appointment and that people then made informed decisions about their care. Standard information about fees was available in a patient leaflet at reception.
- Interpretation services were not available for patients who did not have English as a first language. The practice told us that patients were informed of this at registration and the practice had not required this service for their private patients in the last 10 years.
- Staff communicated with patients in a way that they could understand, for example, easy read materials were available.
- The practice did not routinely contact families that had experienced bereavement, however they could refer recently bereaved patients to support services if required.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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, Saturday morning appointments from 9am to 12pm, advanced booking of appointments, telephone consultations, and home visits (outside of core opening hours) were available to patients.
- All patients could contact the GP for out-of-hours medical advice and home visits via his pager.
- There were arrangements for another private provider to see patients during opening hours and out-of-hours when the GP was on leave.
- The practice was located in a converted residential property. The ground floor had four consulting rooms (only one was currently used), a waiting room, a reception area, accessible patient toilet facilities, and a staff kitchen. The first floor had a meeting room and staff toilet facilities. 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, unrestricted access for patients with wheelchair mobility needs. Although, the practice did not have a hearing loop to assist patients with hearing aids.

Timely access to the service

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

- The practice was open from 8:30am to 6pm every weekday and from 9am to 12pm every Saturday. Appointments could be booked over the phone and the practice did not accept walk-in appointments.
- Patients had timely access to initial assessment (same-day appointments), 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.
- Feedback from the Care Quality Commission comment cards showed patients found the appointment system easy to use.
- There were approximately 1,500 private patients registered with the practice. The GP told us their list was closed and they did not currently advertise their services.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously.

- Information about how to make a complaint or raise concerns was available.
- There were policies and procedures in place for handling complaints and concerns.
- The GP and practice manager told us the practice had not received any complaints in the last 10 years.

Are services well-led?

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

Our findings

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

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- Leaders were easily contactable and approachable. They worked with staff and others to make sure they prioritised compassionate and inclusive leadership.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

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

- The GP had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Staff were aware of and understood the vision and strategy for the practice and their role in achieving them.

Culture

The practice had a culture of high-quality sustainable care. However, improvements to mandatory training were needed.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- 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. However, some mandatory training had not been updated in line with the practice's policy.

Governance arrangements

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

- The GP had led the practice for 10 years. Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff we spoke with 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 these were updated regularly.

Managing risks, issues and performance

There were processes for managing risks, issues and performance. However, improvements were needed in relation to clinical audit and monitoring safety alerts.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety with the exception of those related to emergency oxygen and medicines. However, the practice were quick to respond to these issues and provided evidence on the day.
- The practice had some processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations and annual appraisal feedback. Practice leaders had oversight of incidents and complaints, however there was no system to manage national and local safety alerts.
- The practice carried out some quality improvement activity however there was no evidence of clinical audit.
- 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.

- Accurate quality and operational information was used to ensure and improve performance, for example through audits of patient consultation notes.
- Quality and sustainability of care were priorities for the provider.

Are services well-led?

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

- There were 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 reviewed patient and colleague feedback via the GP's annual appraisal and the practice's annual patient survey.

- The practice held annual staff meetings and important information was communicated to staff via email or in person.

Continuous improvement and innovation

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

- The GP was proactive in attending educational events to network with local clinicians and keep up to date with best practice.