

Notting Hill Private Medical Practice Limited

The Portobello Clinic

Inspection report

The Portobello Clinic
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Date of inspection visit: 16 October 2018

Date of publication: 16/11/2018

Overall summary

We carried out an announced comprehensive inspection on 16 October 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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Notting Hill Private Medical Practice Limited provides private medical services at The Portobello Clinic in the Royal Borough of Kensington and Chelsea, London. Services are provided to both adults and children.

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 regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Notting Hill Private Medical Practice Limited provides a range of therapies, for example: complimentary therapies, physiotherapy and podiatry which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

We received feedback from 31 people about the service, including comment cards, all of which were very positive about the service and indicated that patients were treated with kindness and respect. Staff were described as helpful, caring, thorough and professional.

Our key findings were:

Summary of findings

- There were arrangements in place to keep patients safe and safeguarded from abuse.
- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines across most areas of practice.
- Staff treated patients with compassion, kindness, dignity and respect and patients felt fully involved in their care.
- The clinic understood the needs of its population and tailored services in response to those needs.
- Patients found the appointment system very easy to use and reported that they were able to access care when they needed it.
- The service had a clear procedure for managing complaints. They took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Leaders had the skills and capacity to deliver the service and provide high quality care.
- Staff stated they felt respected, supported and valued. They were proud to work in the service.

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were clear governance arrangements and systems to monitor performance and risk, however some areas of clinical governance required a review to ensure quality of the service was monitored.

Notable practice:

- One GP ran a six-week evidence based programme in the evenings for patients on stress management and resiliency training to help avoid reliance on medicines and onward referrals. The sessions were given to small groups of around eight to ten patients at a time and included a blend of techniques such as mindfulness, meditation, cognitive behavioural therapy and other psychological techniques.

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

- Monitor prescribing activity to ensure prescribing is in line with recommended guidance.
- Review the systems for monitoring the quality of medical records.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

The Portobello Clinic

Detailed findings

Background to this inspection

Notting Hill Private Medical Practice Limited is an independent provider of medical services and treats both adults and children. The address of the registered provider is: The Portobello Clinic, 12 Raddington Road, London W10 5TG.

Notting Hill Private Medical Practice Limited is registered with the Care Quality Commission to provide the regulated activity diagnostic and screening procedures, family planning services, and treatment of disease, disorder or injury. The provider is applying to add the regulated activity, surgical procedures to their registration. Regulated activities are provided at one location, The Portobello Clinic.

The organisation is run by two directors who are GPs. One of the directors is the registered manager and the second director is the nominated individual for the provider. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service is housed within a converted residential premises across four floors. There is a pharmacy store located within the clinic premises, which is not operated by the provider. The premises include a patient waiting area, five doctors' consultation rooms, one treatment room, and a toilet on each floor. There are six other rooms used for a range of other services including physiotherapy, psychological therapies, reflexology and osteopathy.

Opening hours are between 8am and 6.30pm Monday to Thursday and 8am to 6.00 pm on Friday. Home visits are offered to patients with restricted mobility who are unable

to access the premises. Out of hours services, in the form of home visits, are provided by the contracted out of hours provider, between 6.30pm and 8am Monday to Friday and at weekends.

Regulated services offered at The Portobello Clinic include general medical consultations and treatment and dermatological and psychiatric consultations and treatment. Minor surgical procedures offered include mole removal. The Portobello Clinic also offers a full range of ultrasound services. The therapy services offered, including physiotherapy, osteopathy, podiatry and a nutritionist service are exempt from CQC regulation and as such were not inspected or reported on.

The clinic has been established for 30 years. The clinic has approximately 2100 registered patients. There are approximately 630 GP appointments; 35 dermatology appointments; six psychiatrist appointments and nine ultrasound appointments per month.

The clinic staff consist of six GPs, three who are full-time and three who are part-time; a business manager; two personal assistants and three reception staff. The clinic also employs a physiotherapist. The clinic employs a psychiatrist, dermatologist and two consultant radiologists via practising privilege contracts and other therapy staff, who work on an occasional basis, are self-employed.

How we inspected the service:

Our inspection team on 16 October 2018 was led by a CQC Lead Inspector and included a GP Specialist Advisor.

Before visiting, we reviewed a range of information we hold about the service.

During our visit we:

- Spoke with four doctors.
- Spoke with the business manager.
- Spoke with a reception staff member.

Detailed findings

- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.
- Explored how clinical decisions were made.
- Made observations of the environment.
- Reviewed feedback from 31 patients including CQC comment cards.

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

Safety systems and processes

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

- The service had systems to safeguard children and vulnerable adults from abuse. Policies were available for safeguarding both children and adults and were accessible to all staff and these contained contact numbers for local safeguarding teams. All staff had received up-to-date safeguarding children training appropriate to their role.
- 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.
- Staff were aware of safeguarding procedures for the service and they knew how to identify and report concerns. There had been three safeguarding incidents which the clinic had been involved with over the past three years.
- The service carried out staff checks, including checks of professional registration and indemnity where relevant, on recruitment and ongoing. We found that the recruitment processes including staff checks were safe.
- Disclosure and Barring Service (DBS) checks were undertaken for all staff in line with the service's policy (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 service provided intimate medical examinations. A chaperone policy was in place for any consultation and staff who acted as chaperones had been appropriately trained for the role. Staff who acted as chaperones had received a DBS check.
- There were a range of health and safety policies and the service had a structured plan where they arranged for external contractors to conduct safety risk assessments for the premises including a detailed health and safety assessment, a general workplace assessment, an electrical installation assessment, asbestos risk

assessment, gas safety assessment, a Legionella risk assessment and the control of substances hazardous to health (COSHH) risk assessments. Actions identified from these had been completed or were in progress.

- There were suitable arrangements for assessing and managing fire risk in the premises. A fire risk assessment was conducted annually by an external contractor and all actions had been completed.
- There was evidence that a range of electrical equipment had been tested for safety, and portable equipment had been tested and calibrated appropriately. The service offered ultrasound services and there was evidence that the equipment was suitably maintained.
- There were effective arrangements to manage infection prevention and control. There was an infection control policy in place, two infection control audits were undertaken annually both by the business manager and an external contractor. The clinic had taken steps to ensure all risks had been mitigated and were in the process of updating the flooring.
- There were thorough systems for safely managing healthcare waste, including sharps. The clinic appeared clean and hygienic and the standard of cleaning was adequately monitored. There were efficient systems for ensuring all single use equipment was in date and intact and medical equipment was cleaned.

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 did not employ locum or temporary staff; cover was arranged using existing staff members.
- There was an effective induction system for permanent and self-employed staff, tailored to their role.
- The service had corporate professional indemnity, employers and public liability insurance in place.
- The service had a lone working policy in place. Staff confirmed there were mostly two staff members working at reception until 4pm, however there was a buzzer entry system, CCTV and an intruder alarm to ensure patients and staff were kept safe.
- The clinical record system used by all staff had an emergency button and all clinical rooms had an additional panic alarm.

Are services safe?

- 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 acute asthma and severe infections, for example sepsis. All staff had completed training in emergency resuscitation and basic life support.
- Emergency equipment including two oxygen cylinders and two defibrillators were available on different levels of the building. Appropriate emergency medicines were kept. Staff kept records of checks for medicines and equipment to make sure these were within their expiry dates, and in working order.
- When there were changes to services or staff, the provider and registered managers assessed and monitored the impact on safety. The provider had a detailed business continuity plan which outlined arrangements for a range of emergencies. The emergency contact numbers for all staff were available to all staff in the event of an emergency.
- The service had a policy for sharing information with NHS GPs and gaining consent to share information from patients. We saw a number of examples of progress reports where the service communicated with GPs if cervical screening had been carried out, if they identified red flags or abnormal results and where patients were receiving ongoing investigations.
- There were formal policies and processes for verifying a patients' identity. Identity details were taken and verified at registration. Staff told us that new patients were not able to be seen until their identification had been confirmed. The service verified the identity of adults accompanying child patients and contacted parents for consent if children were accompanied by adults such as childminders.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines although some improvements were identified.

Information to deliver safe care and treatment

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

- The clinic had a server-based electronic patient record system that was backed up via the cloud and on the server. 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 a system in place to retain medical records in line with recognised guidance.
- The service had safe systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment, including the out of hours provider.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- Management of correspondence into and out of the service including blood test results was safe. The service used a third-party laboratory to analyse samples and they were collected three times daily. The service monitored how results were managed via pathology audits. The latest audit showed that 100% of results were actioned on the day they were received.
- There were effective systems for managing medicines, including prescribing and storing of medicines. Appropriate checks were undertaken for medicines stored in the refrigerator, medical gases, emergency medicines and emergency equipment to minimise risks. Appropriate emergency medicines were stocked.
- The service kept prescription stationery securely and monitored its use. Prescriptions were emailed directly to the in-house pharmacy or printed out and provided to the patient if they wanted to obtain their prescribed medicines elsewhere. Copies of prescriptions were visible in patients' records.
- The service did not carry out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. However, a prescribing process audit had been undertaken to ensure prescribing processes were safe.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance in most cases, although local antibiotic guidance was not utilised in the service.
- Where patients were on high risk medicines, these patients were closely monitored and only acute prescriptions were provided.
- The service occasionally prescribed controlled drugs. The service informally monitored records and

Are services safe?

prescribing activity, however there was no formal controlled drugs audit system in place. We did not identify any concerns with the prescribing of controlled drugs on the inspection day.

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 that led to safety improvements.

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 and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, following a complaint about a billing error that was investigated as a significant event, the service changed

their policy so that card details were no longer taken to secure new patient appointments. Staff confirmed that this significant event and actions taken had been shared with them.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty as detailed in their 'Being Open' policy. 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.
- 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 staff. Staff were able to discuss examples of recent alerts and there was evidence that action had been taken, for example, an audit of patients had been undertaken after an antibiotic sensitivity alert had been sent by a third-party laboratory service.

Are services effective?

(for example, treatment is effective)

Our findings

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

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 (relevant to their service)

The service provided general medical consultations and treatment. We spoke with four doctors providing general medical services and reviewed records. From evidence we saw, the service carried out assessments and treatment in line with relevant and current evidence based guidance and standards.

- 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.
- 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 deal with repeat patients. Each patient had a named GP who knew their medical history. There were systems in place to ensure patients were recalled for reviews of their long-term conditions, including asthma and diabetes.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity to monitor the medical services provided, including clinical and procedural audits.

- The service made improvements through the use of completed audits. There had been six audits over the last year. 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. For example, an asthma monitoring audit in

October 2018 identified the need for improved recording of peak flow measurements in medical records. A prostate cancer screening audit showed that 97% of patients had been appropriately managed in line with guidance and two patients were called for a review.

- The service had received an external peer audit from the pharmacy service located in the premises. This reviewed the prescribing processes in the clinic and showed that the service were in line with their prescribing policy and guidance.
- The service did not formally audit prescribing of antibiotics and controlled drugs, however one of the directors informally monitored the content of medical records.
- Quality improvement activities also included significant event meetings, reviews of complaints and reviews of patient feedback, including a benchmarking exercises comparing patient feedback with another similar private GP service.

Effective staffing

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

- All staff were appropriately qualified. The provider had a clear induction programme for all newly appointed staff and detailed induction checklists were used.
- There was a structured appraisal process for employees.
- Relevant medical professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The service had a clear policy which set out a wide range of mandatory training requirements for staff. All permanent staff had evidence of up to date mandatory training, however there was no agreed system for ensuring specialists who were employed on an occasional basis had mandatory training, apart from safeguarding adults and children's training which was recorded.
- The provider 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.
- Two GPs had undertaken update training in childhood immunisations and travel health and this was shared with all staff during clinical governance meetings.

Are services effective?

(for example, treatment is effective)

- The service had a structured clinical education programme where external consultants provided training sessions once a fortnight.

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. There were examples of written and telephone communications with private specialists and with the third-party laboratory regarding test results.
- 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 more suitable 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 registered GP on each occasion they used the service. There were examples of appropriately detailed letters sent to GPs in line with GMC guidance. We were told that a large proportion of the clinic's active patients were long-term patients registered with the service so a number of patients did not have a registered NHS GP in addition to using the private GP services at the clinic.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, one GP had assisted in co-ordinating a patient's end of life care with local services including a hospice.
- Patient information was shared appropriately (this included when patients moved to other professional services and when out of hours services were used), 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 patients advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, the service offered full health screens. Any risks identified and actions taken were communicated to NHS GPs via progress reports.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs, for example for family planning procedures.
- One GP ran a six-week evidence based programme in the evenings for patients on stress management and resiliency training to help avoid reliance on medicines and onward referrals. The sessions were given to small groups of around eight to ten patients at a time and included a blend of techniques such as mindfulness, meditation, cognitive behavioural therapy and other psychological techniques.
- The GPs told us that where applicable they would discuss smoking, alcohol consumption and diet with patients during appointments, including smoking cessation advice.
- The clinic provided cervical screening and actively referred patients for private breast and bowel cancer screening services and prostate cancer screening. The service had actively promoted the HPV vaccination for boys for a number of years.
- The clinic provided childhood immunisations if required. Patients were encouraged to let NHS GP services know when children had received immunisations; however there was no formal communication arrangement in place between the clinic and NHS GPs about this area of the service.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance, however consent processes were not clearly monitored.

- Staff understood the requirements of legislation and guidance when considering consent and decision making. The service's consent policy included information about the Mental Capacity Act 2005. The policy also referred to Gillick competence and staff were aware of the need to consider this when treating young people under 16.

Are services effective?

(for example, treatment is effective)

- The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. All GPs had undertaken training in the Mental Capacity Act.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.
- The service did not have formal systems for monitoring consent processes, however informal reviews of records were conducted by the directors. We identified no concerns with the consent process from records we viewed.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was highly positive about the way staff treat people.
- We received feedback from 31 patients including Care Quality Commission comment cards. Patients were positive about all aspects of the service the service provided.
- Patients reported staff were kind, caring and supportive and professional. They said that they were given helpful explanations and information about medical treatment and said their doctors listened to them.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service reviewed patient feedback. The majority of comments were very positive, where the service achieved 100% on a recent survey from March 2018 for patients who would recommend the practice.
- There was evidence that the service prioritised patient care; GPs provided a number of home visits, including daily home visits for complex patients at the end of life, some of which were complimentary. GPs attended consultant outpatient appointments with their patients if deemed necessary and were involved in arranging social support and hospice care outside of chargeable surgery time.
- Following a local major incident in 2017, the clinic made a donation to the local charity set up to support the community and saw a small number of patients on a non-payment basis in the months following the event.

Involvement in decisions about care and treatment

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

- The service gave patients timely support and information.
- The clinic service's website provided patients with information about the range of treatments available at the surgery and patients were provided with a new patient pack upon registration.
- The service had procedures in place to ensure patients could be involved in decisions about their care and treatment:
 - Interpreting services were available to support patients with language barriers.
 - Staff used written communication including a text-type service to support patients with hearing difficulties and there was also a hearing loop in the reception area.
 - The service provided large print information for those with visual difficulties.
- Feedback from 31 patients including Care Quality Commission comments cards was that they all 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.
- For patients with complex social needs, family carers were appropriately involved.
- Staff supported families of patients suffering a bereavement and attended memorial services where this was appropriate.

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.
- The practice survey from March 2018 showed that 100% of patients felt their privacy and dignity were respected.
- From our observations during the inspection, there was evidence that the service stored and used patient data in a way that maintained its security, complying with the General Data Protection Regulation.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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 facilities and premises were appropriate for the services delivered. A pharmacy service was located in the clinic premises, which was convenient for patients.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. These included step free access to the ground floor and GPs could see patients in the treatment room on the ground floor if required. Where patients were not able to access the premises, home visits were provided for the same fee as a clinic consultation.
- Shortly following a local major incident in 2017, the clinic provided a drop-off point for donated clothing.
- Where required, interpreting services were arranged or patients brought a friend or family member were act as an interpreter.
- Patients had a choice of booking with a male or female doctor.
- Patients could be offered a male or a female chaperone.
- Opening hours accounted for the needs of all patients, and patients were directed to an out of hours home visiting service when the clinic was closed.
- New patient appointments were 60 minutes and follow up appointments were 30 minutes. Longer visits could be arranged to accommodate those at greater need.
- The website contained sufficient information regarding the services offered and pricing structures.
- The surgery treated patients across the spectrum of population groups. Services offered reflected the needs of population groups, for example:
 - GP consultations
 - Full health screening
 - Blood testing
 - Travel immunisations and childhood immunisations
 - Dermatology and minor skin surgery
 - Cervical screening
 - Ultrasound scanning
 - Psychiatry services

- Physiotherapy and a range of alternative and complimentary services were available in the premises.

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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- We saw that emergency appointments were available on the same and routine appointments were available within 24 hours.
- Patients reported that the appointment system was easy to use. All 31 patients reported they could easily access appointments on the same day or next day
- Referrals and transfers to other services were undertaken in a timely way. Patients reported that referral and results processes were quick and seamless. Doctors contacted patients directly with the outcome of test results and scans.

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.

- The service had a complaints policy providing guidance to staff on how to handle a complaint.
- The complaints procedure was detailed on the practice website and in the new patient registration pack. 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 business manager was responsible for receiving and handling complaints, and the directors were involved in responding to and acting on complaints and concerns.
- Staff told us they would tell the business manager about any formal or informal comments or concerns straight away so patients received a quick response.
- Written complaints were recorded onto a central log. The service had received two complaints over the previous 12 months.

Are services responsive to people's needs?

(for example, to feedback?)

- We looked at two complaints received. These showed the service responded to concerns appropriately and in a timely way and discussed outcomes with staff. It acted as a result to improve the quality of care. For example, following a complaint about the out of hours provider,

the service had evidence of on-going communications with the out of hours service about their concerns about the quality of care and an action plan from the out of hours provider was shared with the clinic.

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 the 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 care.

- The service was led by two directors who were the lead GPs, supported by the business manager.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Challenges included limitations of the electronic patient record system.
- 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 provider had effective processes to develop leadership capacity and skills.

Vision and strategy

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

- There was a clear vision and set of values. The service had supporting business plan to achieve priorities.
- The service developed its vision and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision of the service their role within this to achieve high quality care.
- The service monitored progress against their business plan and business priorities during regular management meetings.

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 and there were examples where patient care were prioritised.
- Leaders and managers challenged any behaviours 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 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 positive relationships between staff and teams. The service had an open-door culture and staff felt well-supported.
- There was a strong emphasis on the safety and well-being of all staff. One GP had provided a mindfulness workshop to promote staff well-being. Free immunisations were provided for staff including flu immunisations.
- There were processes for providing all staff with the development they required. 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 professional revalidation where necessary. All staff were given protected time for training and clinical staff were given time for professional development and evaluation of their clinical work.
- The service actively promoted equality and diversity. All staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management, however some areas of clinical governance required a review.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Systems included a 'quick reference' guidance for key information for each desk for all staff to refer to including staff roles, safeguarding, needlestick injury, complaints management and the location of emergency drugs information.
- Policies and procedures were updated, accessible for all staff and contained appropriate detail to support good governance and to protect patients and staff.
- Staff knew the management arrangements and their roles and responsibilities.

Are services well-led?

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

- Governance of the organisation was monitored and addressed during the six-monthly management meetings.
- Clinical governance was monitored during quarterly clinical governance meetings.
- Reception meetings occurred weekly and all staff meetings were quarterly.
- Meeting arrangements allowed for clear dissemination of information including incidents, complaints, patient feedback and changes to systems and processes. Staff were also emailed regularly with any changes and there were systems in place to ensure these emails were collated and seen by staff.
- The service had clear information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance, although some systems to monitor clinical quality required a review.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. The service audited their action plans across risk assessments regularly to ensure there was a clear oversight of risk management in the service.
- The service had processes to manage current and future performance. Performance of the service could be demonstrated through audits including audits of the prescribing process, screening services and referrals and via gathering patient feedback. Leaders had oversight of safety alerts, incidents, and complaints in order to improve quality.
- 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. However, the service did not formally audit prescribing of antibiotics and controlled drugs. One of the directors informally monitored the content of medical records but there was no formal system to monitor the quality of medical records.
- The provider had business continuity plans in place and had trained staff for major incidents.
- There was a clear training programme and set of training requirements for staff.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to monitor 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.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- 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.
- The service had clear and updated information governance policies in line with the General Data Protection Regulation (GDPR) and had undertaken a risk assessment as part of this to monitor information management and security systems. All staff had received GDPR and information governance training.

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.

- The public's, patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- For example, the practice analysed comments cards twice yearly. There had been 12 responses between February and August 2018 with 95% describing the service as excellent and 95% indicating ease of access appointments. Improvements made from comments included swapping from plastic to paper cups for the drinking water systems.
- The service gathered feedback annually online and via paper questionnaires. Suggestions from the 2017 survey related to the cost of appointments for children which were taken on board and reflected in the service's 2018 pricing structure.
- The service had taken part in a patient satisfaction survey in 2018 jointly with another service, to enable benchmarking against a similar private GP service. Results from 24 patients showed that 100% of patients

Are services well-led?

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

would recommend the service, they experienced ease with accessing appointment, the felt explanations were given and they were treated with dignity and respect. Approximately 92% were happy with the billing and payment experience which led to changes in the system in conjunction with learning from a significant event. Approximately 33% said they would use a mobile 'app' if the service offered one – this influenced the service's plans for technology improvements.

- Staff were able to describe to us the systems in place to give feedback, including via team meetings and appraisals.
- The directors had engaged with stakeholders and external bodies about improving access to information and communications electronically between private and NHS services.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external 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.
- The provider showed a commitment to learning and improving the service and valued the contributions made to the team by individual members of staff.
- Following a local major incident, the service had supported the community by acting as a drop-off point for donated clothing. They made a donation to the local charity set up to support the community and saw a small number of patients on a non-payment basis in the months following the event.
- There were systems to support improvement and innovation work. One GP ran a six-week evidence based programme in the evenings for patients on stress management and resiliency training to help avoid reliance on medicines and onward referrals. The sessions were given to small groups of around eight to ten patients at a time and included a blend of techniques such as mindfulness, meditation, cognitive behavioural therapy and other psychological techniques.