

# Clinic

## Inspection report

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

This practice is rated as Good. (Previous inspection 23 April 2018 not rated) Choose a rating

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Coyne Medical on 16 May 2019 as part of our inspection programme. The practice is an independent GP practice located in Fulham, London.

Dr Lucy Hooper 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 practice is run.

Coyne Medical is an independent provider of medical services and offers a full range of private general practice services. This is the second inspection of the service, and the first rated inspection.

Twenty-one people provided feedback about the service. All the feedback we received was very positive about the staff and services provided by the practice.

Our key findings were:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- The practice was aware of current evidence-based guidance and they had the skills, knowledge and experience to carry out their roles.
- The practice had systems and processes in place to ensure patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- There was a clear leadership structure and staff felt supported by management.
- The practice had systems in place to collect and analyse feedback from patients.
- The practice was aware of their responsibility to respect people's diversity and human rights.

The areas where the practice should make improvements are:

- Review auditing of all prescribers to ensure safe prescribing in line with best practice guidelines.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

**Chief Inspector of Primary Medical Services and Integrated Care**

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC Inspection Manager, and a GP specialist adviser.

## Background to Clinic

Coyne Medical is located at 109A New Kings Road, Fulham, London, SW6 4SJ in the London borough of Hammersmith and Fulham.

The provider is registered with the Care Quality Commission (CQC) to deliver the regulated activities: treatment of disease, disorder or injury, maternity and midwifery services and diagnostic and screening procedures.

Services provided include: pregnancy care; child health; women's health; men's health; sports medicine; childhood immunisations; blood and other laboratory tests; and travel health and medicine. Patients can be referred to other services for diagnostic imaging and specialist care.

The practice is open Monday to Friday from 8am to 7pm and on Saturday 10am to 2pm and does not offer out of hours care. Patients are signposted to Doctorcall, a private out-of-hours medical service, outside of the practice's opening hours. The provider's website can be accessed at [www.coynemedical.com](http://www.coynemedical.com)

### How we inspected this practice

Before the inspection we reviewed a range of information submitted by the practice in response to our provider information request. During our visit we interviewed staff, 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?

## We rated safe as Good because:

### Safety systems and processes

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

- The practice conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance and included information for local external safeguarding agencies. Staff received safety information from the practice as part of their induction and update training. The practice had systems to safeguard children and vulnerable adults from abuse.
- The practice had a formal system in place to assure that an adult accompanying a child had parental authority. The practice had implemented a new patient policy stating patients aged 15 and under registering with the practice required their parent/carer to provide proof of parental responsibility as well as photo identification. This information would be uploaded to the patient's electronic record.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks at the time of recruitment. We reviewed the recruitment records for three staff which had been safely and effectively managed.
- It was practice policy to request Disclosure and Barring Service (DBS) checks for all staff. (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. For example, the practice had purchased wipeable privacy screens for the consulting

rooms. Audits were carried out regularly and legionella risk assessments were undertaken annually. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

- The practice ensured facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The practice carried out appropriate environmental risk assessments, which took into account the profile of people using the practice and those who may be accompanying them.

### Risks to patients

#### There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- 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.
- When managing medical emergencies, the guidance for emergency equipment is in the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover potential liabilities, including professional indemnity arrangements for the GPs.

### 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.

# Are services safe?

- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- The practice carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. There were effective protocols for verifying the identity of patients including children.

## Track record on safety and incidents

### The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

- All staff had received annual basic life support training.

## Lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events, critical incidents and health and safety incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. To date, the practice has not experienced an event of this type.
- The practice was aware of and complied with the requirements of the Duty of Candour. The practice encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The Duty of Candour policy is comprehensive and contained specific directions for potential unexpected or unintended safety incidents and recommended that affected people must be given reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. The practice had an effective mechanism in place to disseminate alerts to all members of the team.

# Are services effective?

## We rated effective as Good because:

### Effective needs assessment, care and treatment

**The practice 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.**

- The practice 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.
- The practice had developed a network of clinical specialists, for example, dermatologists and paediatricians, locally who provided advice and review for patients when required, and who consistently provided a response on the same day.
- 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. For example, there was a policy in place for repeat prescribing.
- Staff assessed and managed patients' pain where appropriate.

### Monitoring care and treatment

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

- The practice used information about care and treatment to make improvements.
- The practice made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. The practice had carried out clinical audits specific to the needs of patients who attended their practice.
- For example, the first audit related to the management of patients with acute cough and antibiotic prescribing (two cycle). The audit reviewed three parameters: documented clinical features, first line antibiotic prescribed and adherence to NICE antibiotic prescribing guidance. The practice met the standard for two out of

three parameters. For the second cycle, the practice met two out of three parameters and possible reasons for the outlier were discussed. The practice had considered actions to address this, for example, auditing individual prescriber performance.

- A non-clinical three-cycle audit had been completed by the practice regarding telephone access for patients and how quickly calls were answered by practice staff. The first two audit cycles had yielded the same response time of twelve seconds to answer calls. The third cycle audit had demonstrated further improvement that the practice had reduced the time to answer calls to five seconds. and the second and third cycles had involved an increase in call volume of fifty-eight percent.
- The practice had considered how they may further develop audits and there was evidence of action to resolve concerns and improve quality.

### Effective staffing

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

- All staff were appropriately qualified. The practice had an induction programme for all newly appointed staff.
- The GPs were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The practice understood the learning needs of staff and provided protected time and training to meet them. The practice had a comprehensive mandatory training schedule and staff were required to update training on an annual basis. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

### 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, when chasing up test results from the laboratory or discharge summaries from specialists.
- Before providing treatment, doctors at the practice ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines

## Are services effective?

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 when they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- 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 and highlighted to patients.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate practice for their needs.

#### **Consent to care and treatment**

##### **The practice 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 practice monitored the process for seeking consent appropriately.

# Are services caring?

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

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

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

- Feedback from patients was positive about the way staff treat people. For example, patients described the excellent and courteous service and being made to feel at ease, several comment cards stated that the GPs' and staff excelled in all aspects of care.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- We saw systems, processes and practices allowing for patients to be treated with kindness and respect, and that maintained patient and information confidentiality.
- The practice 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. Information was available in several languages on the practice website to help patients be involved in decisions about their care.
- 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.
- For patients with disabilities or complex needs, family, carers or other healthcare professionals were appropriately involved.
- The practice had considered those patients who had additional communication needs. For example, a hearing loop was in place for those patients who were hard of hearing.

### **Privacy and Dignity**

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

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



# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **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 their patients and improved services in response to those needs. For example, staff ensured patients were aware of the turnaround time for results and staff were proactive in monitoring and forwarding results in a timely manner.
- 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 example, home visits and telephone consultations were available for people who could not attend the practice and for patients with mobility difficulties, all consulting rooms were at ground floor level.
- The practice has a significant patient population of families, children and young people and introduced a parenting blog on their website called The Parenting Club. The blog contains pertinent health and parenting information.

## **Timely access to the practice**

**Patients were able to access care and treatment from the practice 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.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, the practice had developed a network of local consultants whom they could refer patients to and from whom they had consistently received same day responses.

## **Listening and learning from concerns and complaints**

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The practice informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The practice had a complaint policy and procedures in place. The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, a complaint relating to a repeat prescription, although this was arranged within the same day, was investigated and identified that there was staff error in handling the message. The learning points following the event were shared with all staff to prevent any future occurrence.

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability;**

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

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

## **Vision and strategy**

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

- The practice had a clear vision and set of values, which was to provide high quality care, to be accessible to patients and responsive to their needs. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice monitored progress against delivery of the strategy.

## **Culture**

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

- Staff felt respected, supported and valued. They were proud to work for the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, patients were kept updated on the progress of their complaint. The practice was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals or probationary reviews in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. They were given protected time for professional 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 practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. 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.**

- 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 practice had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.

# Are services well-led?

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

## Appropriate and accurate information

### The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. 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.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

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

- The practice encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture. For example, an annual survey was carried out to gain feedback from patients on the practice and individual GPs.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The practice was transparent, collaborative and open about performance.

## 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 practice 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.