

Dr. David O'Connell

CP Medical Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 11 December 2018 to ask the service the following key questions: are services safe, effective, caring, responsive and well-led?

We previously carried out an announced comprehensive inspection at CP Medical Clinic on 5 June 2018. As a result of our findings during that visit the provider was served a requirement notice for breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing) and two warning notices for breaches of Regulation 12 Safe care and treatment and Regulation 17 Good governance. The service submitted an action plan to tell us what they would do to make improvements and meet the legal requirements.

The full comprehensive inspection report from that visit was published on 20 July 2018 and can be read by selecting the 'all reports' link CP Medical Clinic on our website at www.cqc.org.uk.

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was not 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 not 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.

CP Medical Clinic provides private medical services at 61-63 Sloane Avenue in the Royal Borough of Kensington and Chelsea and treats adults and children.

Our key findings were:

- There were systems to keep patients safeguarded from abuse.
- The service had a number of policies and procedures, most of which had been reviewed and updated. However, some policies did not reflect day to day practice in the service.
- Management of fire risk was not safe.

Summary of findings

- People on high-risk medicines were not regularly reviewed.
- There were no systems to ensure the safe management of prescribing of controlled drugs.
- Records were not always written and managed in a way to keep people safe. Patients' notes were not securely stored and access to them was not controlled.
- Patient notes were not easily accessible in an emergency and it was not possible for the provider to share information with other services when there was an urgent need.
- There was CCTV in the two consulting rooms. The provider did not have signs up warning people about CCTV recording in the hosting clinic.
- There was no employee record for one member of staff who was employed by the provider in the carrying on of regulated activities and no record of a DBS check.
- The service had clear systems for the management of vaccines.
- The premises were clean; there was evidence of infection control audits.
- Procedures for managing medical emergencies including access to emergency equipment were safe.
- There was minimal evidence of quality improvement activity.
- Staff treated patients with dignity and respect.
- The appointment system reflected patients' needs. Patients could book appointments when they needed them.
- The service had processes for managing complaints.

- Governance arrangements were not in place to ensure effective oversight of risk.

We identified regulations that were not being met and the provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

You can see full details of the regulations not being met at the end of this report.

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

- Review the need to risk assess treatments offered and establish a process to identify 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.
- Review the need to put signs up warning people about CCTV recording in the hosting clinic.
- Review the need for communication aids and a hearing loop.
- Review the need to provide appropriate support and signposting for patients with a caring responsibility.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

CP Medical Clinic

Detailed findings

Background to this inspection

CP Medical Clinic is a private doctor's consultation service for adults and children in the Royal Borough of Kensington and Chelsea. Dr David O'Connell is registered as an individual provider with the Care Quality Commission to provide the regulated activity of treatment of disease, disorder or injury. Regulated activities are provided at one hosting clinic location, 61-63 Sloane Avenue, London SW3 3DH.

The hosting clinic premises are located on the ground floor and in the basement of a converted residential property. The hosting clinic is not registered with or regulated by CQC, though CP Medical had adopted many of its policies and processes. The premises are leased by the director of the hosting clinic. There is a shared entrance, three consultations rooms, a waiting area, reception and toilet facilities. The director of the hosting clinic runs a pharmacy on the ground floor. The hosting clinic is open between 9am – 9pm, Monday to Saturday and 4pm – 8pm on Sunday.

General medical services provided include routine medical consultations and examinations, vaccinations and travel vaccinations and health screening. There are 20-30 consultations carried out weekly.

Medical services at the hosting clinic are provided by the registered provider, eleven private doctors and four specialist consultants. The work of the other doctors and consultants does not form part of this inspection. The registered provider works 16 hours a week at the service and performs approximately 12 consultations a week there, the other consultations being performed by the other doctors. There is a service manager who oversees all administrative and managerial duties at the hosting clinic. The provider employs a team of part time reception staff.

The provider is the registered nominated individual and is registered with the Care Quality Commission (CQC) to provide the regulated activity of treatment of disease, disorder or injury. The service also provides cosmetic treatments which are not regulated by CQC and are not referred to in this report.

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 provider was not providing safe care in accordance with the relevant regulations.

Safety systems and processes

The provider did not have clear systems to keep people safe and safeguarded from abuse.

- The hosting clinic had a number of safety policies and procedures which followed guidance from a quality compliance company. At the last inspection, the provider had a number of policies and procedures written in 2015, most of which had not been reviewed. At this inspection, we found most policies and safety procedures had been reviewed or were in the process of being updated. However, the provider had not yet established a clear system of comprehensive health and safety policies which were regularly reviewed and communicated to staff.
- The hosting clinic had systems to safeguard children and vulnerable adults from abuse. The hosting clinic had reviewed policies since the last inspection and these were accessible to all staff. The policies outlined clearly who to go to for further guidance and how to identify and report safeguarding concerns to relevant external agencies. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The service doctors were trained to child safeguarding level three, and non-clinical staff members was trained to level one
- The provider 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 hosting clinic carried out There was no employee record for one member of staff who was employed by the provider in the carrying on of regulated activities and no record of a DBS check. The provider had not carried out a risk assessment or provided a clear rationale for the decision not to carry out a DBS check on the member of staff.
- Staff knew how to identify and report concerns. The provider worked within the ethos of the Mental Capacity Act 2005 when working with people who lacked capacity.
- There were no formal processes for verifying a patient's identity. All patients completed or updated a registration form on arrival at the hosting clinic. This included all patient details and a signature. Name and date of birth verbal checks were carried out by the receptionist when patients booked appointments. The provider treated children and staff at the hosting clinic told us they verified the identity of adults accompanying child patients, but this was not recorded.
- The provider understood their responsibilities to record and investigate safety incidents, concerns and near misses and report them where appropriate.
- The hosting clinic had policies for managing the safety of the premises and equipment. However, there was limited evidence of what precautions and practical steps the provider had taken to remove or minimise risks. For example, the hosting clinic confirmed that legionella assessments were undertaken by the premises management service however, there was no record of regular audit arrangements to control the risk of legionella bacteria.
- Arrangements were in place to receive and comply with patient safety alerts, for example, those issued through the Medicines and Healthcare Products Regulatory Authority (MHRA). Following our last inspection, the hosting clinic had updated their medicines and safety alert protocols and had put a system in place to enable sharing of evidence based guidance with medical staff. The hosting clinic kept a record of safety alerts received with a record of action required.
- The hosting clinic had ensured that medical equipment was safe and that equipment was maintained according to manufacturers' instructions. There were arrangements in place for checking the working status of the defibrillator. There was a record of equipment calibration. We saw clinical equipment which had been calibrated to give reliable readings, for example, the vaccine fridge, a blood pressure machine, scales, pulse oximeter and a nebuliser. We saw that portable appliances had been tested for electrical safety within the last two years.

Are services safe?

- There were some arrangements to manage infection prevention and control in line with national guidance. We saw an infection control policy and an infection control audit. However, there were no dates for signing off actions following the infection control audit and no prioritising of actions identified. Healthcare waste was managed appropriately and the hosting clinic premises were visibly clean and tidy. The building management company was responsible for cleaning the premises. However, the cleaning schedules we saw were not signed by cleaners.
- The hosting clinic kept records of staff Hepatitis B immunity for clinicians; there was a record of routine vaccinations in staff files as per the Department of Health 'Green Book' guidance. There was a record of immunity for staff who handled specimens or dealt with spillages of waste or bodily fluids.
- The hosting clinic had reviewed role appropriate training for staff. Staff at the service had completed essential training, including infection control, fire safety and information governance, basic life support and safeguarding adults and children.
- 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 who were acutely unwell or deteriorating, including patients with sepsis. The hosting clinic displayed notices about recognising signs of sepsis in patients.
- Fire extinguishers were checked annually. We identified risks relating to insufficient management of fire risk. We asked to see a copy of the fire risk assessment performed on 20 May 2018. Most actions had been completed. One of the high priority fire safety actions identified had not been completed. The provider had failed to install a manual call point within the basement. There was no reasonable method of raising the alarm in the basement.
- There were documented checks of the fire alarm tests. Staff at the hosting clinic told us these were completed by the building management company who carried out fire drills. We saw a weekly fire alarm test log dated 10 December 2018. We saw a copy of the last fire evacuation log dated 18 November 2018. There was a visible fire procedure in the areas of the premises used by patients.
- The premises were clean and tidy. The hosting clinic had undertaken an infection prevention and control (IPC) audit and there was some evidence of actions identified. However, it was not clear from the audit that the provider had followed up all actions identified. There were no dates for signing off actions completed. Clinical staff had undertaken basic infection prevention and control (IPC) training. However, there was no record of infection control training completed by the provider.
- There was a documented business continuity plan for major incidents such as power failure, flood or building damage.
- There were appropriate indemnity arrangements in place.

Risks to patients

At this inspection, there was evidence that in some areas systems to assess, monitor and manage risks to patient safety had improved. A number of health and safety and premises risk assessments had been undertaken and medical equipment had been calibrated. However, management of fire risk was not safe.

- 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.
- The hosting clinic had a medical emergency policy. Arrangements were in place to ensure the provider could take appropriate action in the event of a medical emergency. There was a record of emergency equipment checks kept. We checked the oxygen cylinder in the emergency grab bag which had child and adult masks.
- Emergency medicines and clinical support were readily available. The hosting clinic had a defibrillator.
- There was a risk assessment of emergency medicines stored at the hosting clinic location. The service stocked adrenaline. We saw that stocked emergency medicines were checked to make sure they were available and within the expiry date, and the hosting clinic kept records of these checks.

Are services safe?

- Individual care records were not always managed in a way that kept patients safe. Since our last inspection, the hosting clinic had recently moved from a paper based system to an electronic patient record system. At this inspection, we found the provider did not use the new electronic system and only kept hand written patient records and was not able to share patient information with other staff and other agencies in an effective and timely way. The provider's hand-written patient notes we saw, were of an acceptable standard and conformed to GMC guidelines.
- The hosting clinic had a system in place to retain medical records in line with the Department of Health and Social Care (DHSC) guidance.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment did not minimise risks. We found risks relating to arrangements for the safe management and administration of medicines. The hosting clinic's prescribing policy was incomplete and did not contain guidance on the management of prescription stationery for controlled drugs (CDs) prescribed by the provider.
- The provider did not have a protocol to ensure the safe management of prescribing of controlled drugs. Prescription stationery for controlled drugs were stored off site and we found blank prescriptions stored in an unlocked drawer.
- The provider had no system of controlling and recording controlled drug prescription form movement, including recording serial numbers. There was no way of knowing if any CD prescriptions went missing.

Information to deliver safe care and treatment

Arrangements for recording and managing information were in place although improvements were required.

- Individual care records were not always managed in a way that kept patients safe. Since our last inspection, the hosting clinic had recently moved from a paper based system to an electronic patient record system. At this inspection, we found the provider did not use the new electronic system and only kept hand written patient records and was not able to share patient information with other staff and other agencies in an effective and timely way. The provider's hand-written patient notes we saw, were of an acceptable standard and conformed to GMC guidelines.
- The hosting clinic had a system in place to retain medical records in line with the Department of Health and Social Care (DHSC) guidance.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- Vaccines were stored in a small refrigerator in the treatment room. The vaccine fridge had been calibrated. There was no second thermometer to provide a method of cross-checking the accuracy of the vaccine fridge temperature. The hosting clinic kept records of the daily refrigerator temperature checks.
- Staff had not always prescribed, administered or supplied medicines to patients and given advice on medicines in line with legal requirements and current national guidance. For example, there was no monitoring system in place for people on high risk medicines. We looked at notes of patients on Warfarin, Lithium and Methotrexate. We found one patient had been prescribed Lithium who had not received a blood test in the previous five months.
- There was evidence that the hosting clinic acted on and learned from external safety events as well as patient and medicine safety alerts.
- The hosting clinic had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Safe and appropriate use of medicines

The hosting clinic did not have reliable systems for appropriate and safe handling of medicines. The provider did not have a clear system to ensure oversight of safe prescribing.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this provider was not providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

There was limited evidence in place to support that the provider carried out assessments and treatment in line with relevant and current legislation, evidence based guidance and standards (relevant to their service). The provider reported that they provided consultations for patients with routine medical problems. If patients presented with more complex medical issues, they were referred to specialists or to their GP.

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians did not always have enough information to make or confirm a diagnosis. Not all clinicians had easy access to the provider's handwritten notes.
- The doctors advised patients what to do if their condition got worse and where to seek further help and support.
- Overall, patient records at the hosting clinic were clearly recorded and contained comprehensive detail of consultations, treatment and advice. From evidence we saw, the provider did not always carry out assessments and treatment in line with relevant and current evidence based guidance and standards including NICE and British National Formulary (BNF) guidance. For example, people were not prescribed antibiotics in accordance with evidence based prescribing and published PHE guidelines. The provider showed us notes of a patient who was prescribed two oral antibiotics flucloxacillin and azithromycin for the treatment of a sty, which is not in line with current guidance.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The provider was not actively involved in quality improvement activity. We saw that the patient record system was not able to be used effectively to gather data for clinical audits.

- The hosting clinic reported they had recently moved to an electronic patient management record system.

- There was limited evidence of quality improvement activity to monitor the medical services provided at the hosting clinic. One of the doctors was the clinical governance lead at the hosting clinic. Staff told us that the doctors at the hosting clinic held quarterly clinical governance meetings and the medical team were encouraged to invite specialists to give talks at the meetings. We asked to see minutes from the clinical governance meetings. We found that clinical governance meetings were not taking place on a quarterly basis. From the minutes we looked at, there was no record that incidents and service issues were discussed and learning and actions from incidents were recorded.

Effective staffing

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

- All staff were appropriately qualified. The hosting clinic had an induction programme for all newly appointed staff.
- The doctors at the hosting clinic were supported by three receptionists. Their role was non-clinical and consisted of reception duties, administration and book keeping.
- The hosting clinic had maintained up to date records of skills, qualifications and training. We reviewed three personnel files. We saw a record of completed essential training for the receptionist and one of the doctors who worked at the hosting clinic and we looked at their certificates of online training completed.
- There was a record of training in the Mental Capacity Act for clinical staff.
- We saw evidence of staff training in emergency resuscitation and first aid.
- Relevant professionals (medical and nursing) were registered with the General Medical Council and Nursing and Midwifery Council and were up to date with revalidation.
- There was evidence that staff were encouraged and given opportunities to develop.
- All staff had received an appraisal or performance review in the last year. There was evidence of appraisals and continuing professional development for the provider.

Are services effective?

(for example, treatment is effective)

- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- The hosting clinic had an effective third-party arrangement with a private laboratory for blood test results. Results were received electronically which staff entered onto the electronic patient record system.
- The hosting clinic's policy required patients to sign consent forms when they registered and the signed forms were scanned into patient notes. When patients registered with the service they were asked to sign a form to give their consent to information about their care being shared with their NHS GP.
- The provider had not risk assessed the treatments they offered at the hosting clinic. They had not 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, and those for the treatment of long term conditions such as asthma.
- It was not clear that the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. At this inspection we found the provider only kept paper based patient notes which were stored off site at a different address to the provider's CQC registered address. Patient notes were not easily accessible in an emergency and the

provider did not keep a contemporaneous record for each service user. There was an inability to search patient records and share information with other services at the point of need.

Supporting patients to live healthier lives

The provider had limited systems to support patients to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Not all risk factors were identified and highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients' needs could not be met by the hosting clinic, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The provider 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. Verbal consent was obtained for all doctor interventions and treatment and we saw this was in line with General Medical Council (GMC) guidance.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider did not monitor the process for seeking consent. Records audits to monitor the process for seeking consent were not undertaken.
- We saw CCTV in the ceiling inside two consulting rooms. There were no signs up warning people about CCTV recording in the clinic. The provider had not sought consent from patients and there was no guidance in the service's consent policy about cameras operating inside the consultation rooms.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff at the hosting clinic treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Staff at the hosting clinic 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.

- The hosting clinic's website provided patients with information about the range of treatments available including costs.
- Information about how to complain was available in the reception area. There was no guidance on how to make a complaint on the hosting clinic's website. We saw guidance in the hosting clinic's complaints policy about independent adjudication but there was no information for patients about contacting patient support and advocacy services.
- There was no interpreting and translation service made available for patients attending the hosting clinic, who did not have English as a first language. Where patients did not have English as a first language they were advised ahead of their appointments to bring a suitable interpreter. However, the provider had not considered the risks of this. Patients were also told about multi-lingual staff who might be able to support them.

- There were no communication aids available, such as a hearing loop.
- Staff supported recently bereaved patients. Staff told us that if families had experienced bereavement, they followed the hosting clinic's policy to support bereaved patients and their families.
- We asked the provider about how they support patients with a caring responsibility. The provider told us they did not have a record of any patients with caring responsibilities. The provider told us there were no patients registered with learning disabilities or patients with dementia. The provider had not considered the need to establish a system to provide appropriate support and signposting for patients with a caring responsibility or people living with dementia.

Privacy and Dignity

Staff at the hosting clinic 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.
- Privacy screens were provided in consultation rooms to maintain patients' privacy and dignity during investigations, as necessary.
- The provider had not consistently taken care to protect patient's privacy and personal information. Patients' notes were not securely stored and access to them was not controlled. For example, we saw patient records which were hand-written and which had not been scanned into the electronic patient record system. The hand-written patient records were stored off site at the provider's private address and transported to the hosting clinic when a patient attended for a consultation.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The hosting clinic organised and delivered services to meet patients' needs.

- The facilities and premises were appropriate for the services delivered.
- There were no communication aids and no hearing loop. There was no interpreter service for patients who had language barriers. We asked the provider about the lack of communication aids. The provider told us staff at the service also spoke other languages including English. Where patients had language barriers, they were advised ahead of their appointment to bring someone to act as an interpreter.
- Opening hours reflected the needs of the population and patients could book appointments when they needed them.
- The hosting clinic took account of patients' needs and preferences. Patients had a choice of booking with a male or female doctor.

Timely access to the service

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

- The hosting clinic was open between 9am – 9pm, Monday to Saturday and 4pm – 8pm on Sunday. Opening hours were displayed in the premises and on the hosting clinic's website.
- The provider did not provide emergency appointments; patients were advised to contact NHS emergency services for urgent medical 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. Staff told us that patients who requested an urgent medical appointment were seen the same day. If they required an appointment with a specialist, this was booked in advance.
- The provider did not offer out of hours care; however, if medical attention was required patients were directed to a private 24-hour doctor service.
- The hosting clinic tracked online comments and feedback from patients. Patient feedback showed that patients were satisfied with how they could access care and treatment.

Listening and learning from concerns and complaints

The hosting clinic 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 hosting clinic had a complaint policy and procedures in place. We saw a complaints procedure notice in the reception area and we saw the hosting clinic's complaints form. There was no information on the hosting clinic's website about how to complain. Staff did not record verbal complaints or concerns.
- The hosting clinic reported they had received one complaint over the last 12 months. We saw a record of the complaint. The client received a verbal apology.
- The service manager was responsible for dealing with complaints. Staff told us they would tell the manager about any formal or informal comments or concerns straight away so patients received a quick response.
- There was a confidentiality policy which included guidance on patient's access to medical records and information.

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 provider was not providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability;

The structure, lines of responsibility and leadership within the hosting clinic and provider were unclear. There was no information for patients about the registered provider's role in the leadership of the service. It was not clear where responsibility for policies, governance and oversight lay, which meant there was insufficient assurance that these were being addressed.

- Since the last inspection the leadership focus on management of risks had improved in some areas. There was a risk management lead at the hosting clinic. However, not all risks were managed safely. For example, there was insufficient oversight of medicines management in relation to the storage of prescriptions for controlled drugs. The provider was unaware of safety concerns which were raised during the inspection. For example, the provider was not aware of the risks of not securing controlled drug prescription pads in a lockable drawer with an employee present, who had not been DBS checked. Leaders did not demonstrate a willingness to act and address concerns.
- There was minimal evidence of a programme of quality improvement measures to improve the care and treatment for patients.
- Safety aspects of the provider were not clearly known or prioritised to ensure high quality care was delivered. There was insufficient leadership focus on adequate systems of governance and management of risks.
- The provider did not have effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

- The hosting clinic had a vision to deliver high-quality care and an overall positive patient experience and an associated strategy. This provider had not developed its own vision or strategy and there was little evidence that they were working toward the hosting service's vision and strategy. There was a mission statement and staff were aware of this.

- There was a formal business plan. However, it was not clear how the provider monitored progress against delivery of the strategy. One of the hosting clinic's doctors was the clinical governance lead.
- The hosting clinic's managers had clear priorities to improve the electronic patient management record system and increase the use of technology in monitoring health.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them

Culture

The hosting clinic demonstrated a positive culture. There were positive relationships between managers and teams.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The hosting clinic focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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 needed. All staff received regular annual appraisals in the last year. The service kept a record of appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. There was a structure of inductions for new staff.
- The hosting clinic 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.
- There was insufficient emphasis on the safety and well-being of all staff. The provider had not completed all actions identified in the fire safety assessment carried out in May 2018.

Governance arrangements

Are services well-led?

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

There was evidence of systems to support good governance although some systems continued to lack clear governance arrangements and accountability.

- Governance arrangements did not ensure effective oversight of risk. Safety assessments for the premises and equipment had been undertaken. For example, there was an annual fire risk assessment carried out. However, one of the high priority fire safety actions identified had not been completed. The provider had failed to install a manual call point within the basement. There was no reasonable method of raising the alarm in the basement.
- There was no effective governance meetings structure in place. One of the hosting clinic's doctors was the clinical governance lead. We asked to see a record of the minutes from quarterly clinical meetings where all staff were involved in discussions; however, there was no record that leaders discussed governance and addressed service issues effectively.
- The hosting clinic had a number of policies and procedures which followed guidance from a quality compliance company. However, the provider had not assured themselves that all policies and activities were operating as intended. It was not clear that the provider was aware of the contents of the policies and where they needed to be reviewed and updated. We found that some policies were not always reflective of day to day activities, for example, medicines management protocol and safety and security of patient records.

Managing risks, issues and performance

There were some processes in place for managing risks, issues and performance, although some areas were identified for improvement.

- The process for effectively identifying, understanding, monitoring and addressing current and future risks, including risks to patient safety, required review in some areas. For example, the provider did not have a protocol to ensure the safe management of prescribing of controlled drugs.
- The provider had not yet established a clear system of comprehensive procedural audits and regular safety checks. For example, we saw a completed infection control audit but there were no dates for signing off actions and no prioritising of actions identified.
- There were effective systems for monitoring training. The hosting clinic had up to date records of completed role appropriate training for all staff.
- The provider had a process to manage patient safety alerts. There was a record kept of the action taken in response to patient safety alerts, and staff were able to demonstrate that they had an effective process to manage these.
- There was minimal evidence of measures to improve and address quality. The provider had commenced one clinical audit in November 2018, to measure blood pressure taken in consultations but there was little evidence of actions taken to improve clinical practice.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

Overall, the hosting clinic acted on appropriate and accurate information; however, in some areas there was a lack of information gathered and maintained. There was minimal evidence that quality and sustainability were discussed and acted on.

- Individual care records were not always written and managed in a way that kept patients safe. Most clinicians used the hosting clinic's electronic patient management record system to record consultation notes. However, at this inspection we found the provider only kept hand-written notes which were not scanned into the electronic patient record system. The provider was not able to support sharing of patient information with other clinicians in an effective and timely way.
- Information gathered on the quality of the service was limited to feedback from patients. The provider did not yet have a process of review to assess what changes have been made following patient feedback and patient survey results.
- There was no record that quality and sustainability were discussed in relevant meetings or that all staff had sufficient access to information.
- Patient names and other identity information were handled by staff members who had signed confidentiality agreements in place.
- The provider submitted data or notifications to external organisations as required.

Are services well-led?

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

- Arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems were not consistently in line with data security standards.

Engagement with patients, the public, staff and external partners

There were examples of feedback received by email from patients about the services provided. The hosting clinic involved patients and external colleagues to improve the service delivered.

- The hosting clinic encouraged feedback from clients. We saw a comment form available in reception for patients to complete. Staff told us they encouraged clients to leave online reviews.

- The hosting clinic collected patient satisfaction information from their website and used this to inform their plans for developing the service.

Continuous improvement and innovation

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

- Managers showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff; the medical team were encouraged to invite specialists to give talks at the clinical governance meetings.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Fire safety arrangements did not keep patients safe. There was insufficient management of fire risk. The provider had failed to install a manual call point within the patient area in basement. There was no reasonable method of raising the alarm in the basement. <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• People on high-risk medicines were not regularly reviewed.• There were no systems to ensure the safe management of prescribing of controlled drugs. <p>There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</p> <ul style="list-style-type: none">• There was no evidence that legionella audits had been undertaken by the provider. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p>

Enforcement actions

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- There was a lack of systems to allow effective oversight of policies, procedures and governance to manage safety risks, including the management of fire risks.
- There were insufficient systems and processes relating to the management of medicines and prescribing of controlled drugs.
- There was no monitoring system in place for people on high risk medicines.
- There were no signs up warning people about CCTV recording in the hosting clinic. The provider had not sought consent from patients about cameras operating in two consultation rooms.
- There was a lack of quality improvement arrangements for patients.

There were no systems or processes that ensured the registered person maintained securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular;

- The provider did not have a protocol to ensure the safe management of prescribing of controlled drugs.
- The provider had no system of controlling and recording controlled drug prescription form movement, including recording serial numbers.
- Patient notes were not easily accessible in an emergency and the provider did not keep a contemporaneous record for each service user. There was an inability to search patient records and share information with other services at the point of need.

The registered person had systems or processes in place that were operating ineffectively in that the registered person failed to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- There was no employee record of one member of staff who was employed in the carrying on of regulated activities. There was no record of a DBS check for this employee in staff files.

This section is primarily information for the provider

Enforcement actions

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.