

Richmond Practice (UK) Limited

Richmond Practice

Inspection report

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Date of inspection visit: 20 February 2018

Date of publication: 11/06/2018

Overall summary

We carried out an announced comprehensive inspection on 20 February 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; however, in some areas the provider's governance arrangements required review in order to ensure that these supported the effective mitigation of risk.

Are services effective?

We found that this service was providing an effective service in accordance with the relevant regulations; however, improvements were required in order to ensure that consent to treatment was obtained appropriately.

Are services caring?

We found that this service was providing a caring service in accordance with the relevant regulations; however, improvements should be made in relation to ensuring patients' dignity and respect.

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.

Richmond Practice provides private General Practice, Obstetrics & Gynaecology, and Paediatric consultations from their clinic in Richmond, South West London.

The service is run by two partners, one of whom is the Practice Manager, and the other is the Medical/Clinical Director, who is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Feedback received from patients both via the CQC comment cards and from speaking to patients in the waiting area on the day of the inspection, was positive overall about the care and treatment provided.

Our key findings were:

- The practice had some systems to manage risk so that safety incidents were less likely to happen; however, in some areas these were not sufficiently embedded into the culture of the service. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Overall, care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found it easy to use the appointment system and reported that they were able to access care when they needed it.
- In some areas governance arrangements were insufficient to ensure that risks to patients were mitigated.

We identified one regulation that was not being met. The provider must:

- Ensure that systems or processes are established and operated effectively to ensure compliance with the requirements of Regulation.

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 approach to sharing information with affected patients when incidents occur.
- Review the need for privacy curtains in consultation rooms. Review whether adequate arrangements are in place to ensure that patient records can be stored for the required length of time should the service cease to trade.

Enforcement action

We are now taking further action in relation to this provider and will report on this when it is completed.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations; however, in some areas the provider's governance arrangements required review in order to ensure that these supported the effective mitigation of risk.

- Safeguarding arrangements were not sufficiently embedded or well understood by staff.
- The practice had a policy in place which outlined the process for reporting and recording significant events; however, there were inconsistencies in the way that this was applied.
- The practice shared information with patients' registered NHS GPs where the patient had consented to this; however, they did not individually risk assess providing treatment in cases where the patient did not consent to their information being shared.
- The provider was aware of the requirements of the Duty of Candour; however, this was not always applied.
- There were enough GPs to meet the demand of the service and appropriate recruitment checks for all staff were in place.
- There were adequate systems in place to manage risks to patient safety.
- Individual care records were written and managed in a way that kept patients safe.

Are services effective?

We found that this service was providing an effective service in accordance with the relevant regulations; however, improvements were required in order to ensure that consent to treatment was obtained appropriately.

- The service did not have processes in place to check the identity of all patients or to check that adults providing consent to treatment on behalf of a child had appropriate authority to do so. Following the inspection the practice informed us that they had introduced a new process to check the identity of patients.
- The practice had systems to keep clinicians up to date with current evidence-based practice.
- The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- The practice understood the learning needs of staff and provided protected time and training to meet them.

Are services caring?

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

- Overall, the practice respected and promoted patients' privacy and dignity. The practice did not have privacy screens or curtains in place to allow patients to undress privately due to the limitations of the practice premises; however, we were told that doctors left the room whilst patients undressed, and robes and towels were available for patients to use.
- Staff treated patients with kindness, respect and compassion.
- Interpretation services were available for patients who did not have English as a first language.

Are services responsive to people's needs?

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

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

Summary of findings

- Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.
 - The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
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Are services well-led?

We found that this service was not well led, as the provider had failed to ensure that systems or processes were established and operated effectively to ensure compliance with the requirements of the Regulations.

- There were policies and contractual arrangements in place which broadly outlined responsibilities, roles and systems of accountability; however, in some cases these required review to ensure that they could be effectively followed.
 - The provider's focus was on the sustainability of the business, and we saw examples where this focus resulted in leaders making decisions which could potentially compromise patient safety.
 - Openness, honesty and transparency were not always demonstrated when acting on incidents.
 - The practice had a clear vision and credible strategy to develop and expand the business.
 - The practice had processes for gathering feedback from patients about the service they received.
 - There were systems and processes for learning, continuous improvement and innovation.
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Richmond Practice

Detailed findings

Background to this inspection

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

The Care Quality Commission previously inspected Richmond Practice on 30 October 2012 and 21 March 2016 when it was found that the service was compliant with all relevant regulations.

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Advisor, a Gynaecologist Specialist Advisor and an Expert by Experience.

Before visiting, we reviewed a range of information we hold about the service. During our visit we:

- Spoke with a range of staff including the registered manager, practice manager, clinical staff and administrative staff.
- Spoke with patients who used the service.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment in use.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We found that this service was providing a safe service in accordance with the relevant regulations; however, improvements were required in relation to the processes in place to keep patients safeguarded from abuse and the processes for addressing significant events.

Safety systems and processes

The practice had some systems to keep patients safe and safeguarded from abuse; however, these were not always well implemented or monitored.

- The practice had a policy in place which outlined how they would safeguard children and vulnerable adults from abuse and included reference to how they would deal with cases of female genital mutilation (FGM); however, this policy did not clearly set out the process for reporting concerns and did not include the name of the internal safeguarding lead.
- We saw evidence that all staff had received up-to-date safeguarding and safety training appropriate to their role; however, safeguarding arrangements within the practice were not well embedded or understood by staff. We were told by the leadership team that they were not confident that the designated safeguarding lead within the practice had an adequate understanding of safeguarding principles. We found that a doctor at the practice had identified three incidents of FGM, but these had not been risk assessed. Following the inspection, the practice informed us that the role of Safeguarding Lead had been assigned to an alternative member of staff.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment. Disclosure and Barring Service (DBS) checks were undertaken 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).
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste and managing the risks of Legionella.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- We saw evidence that professional indemnity policies were in place for staff who required them. Individual policies were held by clinicians working for the service, and clinical assistants were covered by the practice's policy.

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.
- Referral letters included all of the necessary information.
- The practice shared information with patients' registered NHS GP where the patient had consented to this. In order to ensure patient safety, the practice had taken the decision not to prescribe certain high-risk medicines in cases where the patient did not consent to information being shared with their NHS GP; however, they did not individually risk assess providing treatment in cases where the patient did not consent to their information being shared.

Safe and appropriate use of medicines

Are services safe?

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- Overall, the evidence we saw showed that staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. We saw an example of the practice being made aware that a clinician had prescribed a medicine outside of the terms of guidance, and in response, the practice had taken action to mitigate the risk of this happening again by restricting the supply of this medicine. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately.

Track record on safety

The practice had a good safety record.

- We saw evidence that the practice had conducted risk assessments following safety incidents in order to make the service safer.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a policy which outlined the requirement for staff to report significant events and incidents, and this included details of the system which should be followed; however, from speaking to staff it was clear that there was some inconsistencies in the way that incidents were handled, and the system was not well understood by staff.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, following concerns from a patient about two members of clinical staff not washing their hands, the practice had introduced wall-mounted soap dispensers, hand-washing posters and had discussed the importance of hand-washing in a staff meeting.
- There was a system for receiving and acting on external safety alerts.

The provider was aware of the requirements of the Duty of Candour; however, we saw examples of them failing to notify affected patients of incidents.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing an effective service in accordance with the relevant regulations; however, improvements were required in order to ensure that consent to treatment was obtained appropriately.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that overall, clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. In instances where guidance was not followed, the practice took steps to address this with the clinicians involved.

We saw evidence that the practice had a system in place to follow-up on patients who had attended for a cervical smear test.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. There was a programme of audit in place, and each clinician working at the practice was expected to identify and carry-out at least one audit per year. For example, one of the clinicians had observed that for patients who regularly used the practice's GP service (those who were part of the monthly subscription scheme) there was a problem with patient notes not being summarised and regular medicine not being entered onto the system for repeat prescriptions to be issued. A review of these patients' notes was carried-out in order to identify those requiring summarising and repeat medication to be added, and in order to ensure that this was done going forward, an automatic alert was added to the notes of all new GP service subscribers to prompt the GP to add the required information.

Effective staffing

The practice was pro-active in ensuring that staff had the skills, knowledge and experience to carry out their roles. For example, the practice had devised an exam for all new

staff, which was taken at the end of their induction programme in order that the practice could be assured that staff had an appropriate understanding of the services provided.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Clinical staff were allowed 5 days per year for professional development. Up to date records of skills, qualifications and training were maintained.
- The practice provided staff with ongoing support. This included an induction process and annual appraisals.
- There was a documented approach for supporting and managing staff when their performance was poor or variable and we saw examples of the practice having followed this approach.

Coordinating patient care and information sharing

The practice shared information with patients' registered NHS GPs where the patient had consented to this. The practice had conducted a risk assessment in relation to certain high-risk medicines and decided not to prescribe these in cases where the patient did not consent to information being shared with their NHS GP; however, the practice did not have a clear process of risk assessing the delivery of care in all cases where the patient had not consented to their registered GP being informed.

Supporting patients to live healthier lives

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

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

Overall, the practice had ensured that staff had an understanding of the principles of the Mental Capacity Act, and that the appropriate consent was provided by patients prior to treatment being provided; however, this was not the case in relation to the consent to provide treatment to children. The practice did not require any adults who were providing consent to treatment on behalf of a child to provide any proof of parental responsibility, and therefore,

Are services effective?

(for example, treatment is effective)

the practice could not be assured that the adults providing this consent had the authority to do so. Following the inspection the practice informed us that they had made

changes to their processes to ensure that they gained evidence of parental responsibility in circumstances where consent to treatment was being provided on behalf of a child.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients were informed that they could request a chaperone if they wished.

The practice was pro-active in gathering feedback from patients, and did this via an online survey which patients could access via a link in the email sent to them following their consultation. Feedback provided by the practice for 2017 showed that of the 62 patients who responded, 92% said they were likely or very likely to use the service again.

During the inspection we spoke to six patients, we also reviewed CQC comments cards. All of the patients who provided feedback said that they were satisfied with the service they had received.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.

Privacy and Dignity

Overall, the practice respected and promoted patients' privacy and dignity; however, there were improvements needed in this area.

- Consultation room doors remained closed during consultations and conversations could not be overheard. The practice did not have privacy screens or curtains in place to allow patients to undress privately due to the limitations of the practice premises; however, we were told that doctors left the room whilst patients undressed, and robes and towels were available for patients to use.
- The evidence we saw suggested that the practice was aware of, and complied with, the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, they offered evening and Saturday appointments for patients who worked or attended school during normal working hours.
- Most appointments at the practice were booked in advance; however, the practice told us that they would see patients without an advanced appointment where necessary.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable 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.
- The appointment system was easy to use.

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 complaint policy and procedures were in line with recognised guidance. Nineteen complaints were received in the last year. We reviewed three complaints in detail and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following a complaint from a patient that two doctors had not washed their hands during a consultation, the practice installed wall-mounted soap and alcohol gel dispensers in every consulting room and provided guidance to staff on the importance of hand-washing.

Are services well-led?

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

Our findings

We found that this service was not well-led, as the provider had failed to ensure that systems or processes were established and operated effectively to ensure compliance with the requirements of the Regulations.

Leadership capacity and capability

Overall, leaders had the capacity and skills to deliver the service effectively; however, in some areas there was a lack of clear processes established.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The leadership team was visible and approachable.

Vision and strategy

The practice had a clear vision and credible strategy to develop and expand the business, and this vision included the delivery of good quality care.

- The practice had a developing strategy and supporting business plans to achieve priorities.

Culture

The practice had found it difficult to recruit clinical staff, and in some instances, this had resulted in the leadership team being reluctant to address performance and conduct concerns, which had impacted negatively on the culture within the practice.

- The provider's focus was on the sustainability of the business, and we saw examples whereby this focus resulted in leaders making decisions which could potentially compromise patient safety.
- Staff feedback about their experience of working at the practice was mixed. Some staff felt unsupported by the leadership team, whereas others we spoke to were happy working at the practice.
- Leaders acted on behaviour and performance which was inconsistent with the vision and values; however, this was not always done in a timely or effective way.

- Openness, honesty and transparency were not always demonstrated when acting on incidents; for example, we saw examples of the practice becoming aware of patients being treated outside of the terms of guidance and failing to inform affected patients of this.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were given protected time for professional development and evaluation of their clinical work.

Governance arrangements

There were policies and contractual arrangements in place which broadly outlined responsibilities, roles and systems of accountability; however, in some cases these required review to ensure that they could be effectively followed.

- Policies relating to safety systems, such as safeguarding and the reporting of significant events did not clearly set out the processes which should be followed. For example, in the case of significant event reporting, the policy stated that all events must be reported to management, and recorded on a form located on the practice's shared drive within a week of the event occurring, and that a meeting would also be held in order to discuss the incident; however, we were told by the practice manager that staff would inform them of incidents verbally, and a meeting would then be held to discuss the incident, during which the reporting form would be completed. Staff we spoke to were not aware of the location of the reporting form, and we saw examples of the form being completed by management staff outside of the timescale stipulated within the policy.
- In the case of the safeguarding policy, this was not sufficiently practice-specific, as it did not give details of exactly how safeguarding concerns should be reported, nor did it name the safeguarding lead.
- Policies and procedures in respect of staffing were unclear. The practice did not directly employ their doctors, these members of staff were self-employed and were contracted to work at the practice; however, we saw examples of the practice seeking to address issues

Are services well-led?

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

of poor performance and conduct relating to these contracted doctors via their disciplinary procedure, which was suggestive of these members of staff being treated as employees.

Managing risks, issues and performance

There were some processes for managing risks, issues and performance; however, in some areas these require further development.

- The practice was unclear about their responsibility to report concerns about doctors' competence and fitness to practice to the appropriate authorities. In examples we saw where the practice had such concerns, the practice had taken steps to conduct their own investigation, and at the time of the inspection they were awaiting the outcome of these investigations prior to deciding whether referring incidents onto the General Medical Council was warranted; however, in the meantime, we saw little in the way of additional safety netting arrangements being put in place to protect patients should the concerns be justified.
- The practice had failed to mitigate some of the risks relating to treating patients safely; for example, they had no process in place to check the identity of a patient or to check that where the patient was a child, the accompanying adult had appropriate authority to consent to treatment on the patient's behalf. They had also failed to ensure that the individual named as the safeguarding lead was competent for this role. The practice told us that they were aware of these risks, and were in the process of considering how these could be mitigated; however, this was not being done with a sufficient sense of urgency. Following the inspection, the practice informed us that these issues had been addressed.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

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 practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice 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; however, the practice did not have arrangements in place to allow patient records to be stored should they cease to trade.

Engagement with patients, the public, staff and external partners

The practice had processes for gathering feedback from patients about the service they received; for example, following a consultation, the practice's patient records system sent patients a summary sheet which set out information relevant to the type of consultation the patient had received. This email contained a link to a feedback form which allowed patients to provide a score for specific aspects of the service received and to leave free-text comments.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. We saw examples of clinical staff conducting research in order to establish the best treatment path for patients.
- The practice regularly invited hospital consultants to clinical meetings to give presentations in order for staff to develop their knowledge. The practice invited local NHS GPs to join these sessions.

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
Diagnostic and screening procedures Family planning services Maternity and midwifery services 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> <p>The provider had failed to ensure that systems or processes were established and operated effectively to ensure compliance with the requirements of the Regulations. In particular:</p> <ul style="list-style-type: none">- Safeguarding arrangements, including those in relation to the reporting of female genital mutilation (FGM) were not adequately defined or embedded to keep patients safe.- The practice had failed to act on incidents relating to staff performance and conduct in a timely and effective way in order to ensure that risks to patients were mitigated.- The practice had failed to mitigate risks in relation to providing treatment to patients who decline to consent to information being shared with their registered GP.- The practice had failed to put in place arrangements in order to assure themselves that appropriate consent was received prior to providing treatment to children.- The practice had failed to put in place arrangements in order to assure themselves of the identity of patients. <p>This was a breach of Regulation 17 (1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>