

# Richmond Practice (UK) Limited

# Richmond Practice

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 15 November 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

### **Our findings were:**

#### **Are services safe?**

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

#### **Are services effective?**

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

#### **Are services caring?**

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

#### **Are services responsive?**

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

#### **Are services well-led?**

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether

the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. At a previous inspection on 20 February 2018 the practice was found to be providing safe, effective, caring and responsive care. It was found not to be providing well led care, and a warning notice was issued.

The report stated where the practice must make improvements:

- Ensure that systems or processes are established and operated to ensure compliance with governance requirements. In particular:
- Safeguarding arrangements, including those in relation to the reporting of female genital mutilation.
- Management of incidents, to ensure that risks to patients were mitigated.
- Treatment being provided to patients who decline information being shared with their GP.
- Assurance that consent arrangements are in place for the treatment of children.
- Arrangements in place to assure the identity of patients.

In addition, the provider should:

- Review the approach to sharing information with affected patients when incidents occur.
- Review the need for privacy curtains in consultation rooms.

# Summary of findings

- 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.

The Richmond Practice is an independent provider of medical services. The service provides a full range of General Practice services. It also provides obstetrics and gynaecology, ultrasound/radiography and paediatric consultations from their clinic which is based at 17-19 Sheen Road, Richmond, London, TW9 1AD.

The service is provided by two Directors, one of whom is the practice manager, and the other is the Medical Director of the service who is also 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.

The premise is located on three floors. The property is leased by the provider and the premises consist of a patient reception area and three consulting rooms. It also has an assistant's room, a clean utility room, a multipurpose room used as breakout space, quiet workspace, interview room and as a dirty utility space. There is also other offsite room space including a warehouse, call-taking room, a laundrette and administration room.

Feedback received from patients who completed comment cards about the service was positive.

The service is registered with the Care Quality Commission (CQC) to provide the regulated activity of treatment of disease, disorder or injury, family planning, maternity and midwifery services and diagnostic and screening procedures

## Our key findings were:

- The service had systems to manage risk so that safety incidents were less likely to happen. This included management of safeguarding referrals and those for female genital mutilation. Infection control processes were in place, although one sharps box was in use but had not been dated.
- Medicines were stored, prescribed and managed in line with guidelines.
- The practice routinely reviewed the effectiveness and appropriateness of the care that it provided. Care and treatment were delivered according to evidence based guidelines.
- The service had systems in place for monitoring and auditing the care that had been provided.
- Staff had been trained in areas relevant to their role.
- Patients were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services was available and easy to understand. The complaints system was clear and was clearly advertised.
- Patients reported that they were able to access care when they needed it.
- The practice had governance procedures in place supported by policies and protocols, and staff were aware of how to access and utilise them.

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

- Review processes for monitoring clinical waste storage.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# 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 was a follow up inspection to an inspection on 20 February 2018 where the practice was found not to be providing well led care. CQC had previously inspected Richmond Practice on 30 October 2012 and 21 March 2016 where the service was found to be compliant against all relevant regulations.

The Richmond Practice was inspected on 15 November 2018. The inspection team comprised a lead CQC inspector, a service manager Specialist Advisor and a GP Specialist Advisor.

The Richmond Practice is an independent provider of medical services. The service provides a full range of General Practice services. It also provides obstetrics and gynaecology and paediatric consultations from their clinic which is based at 17-19 Sheen Road, Richmond, London, TW9 1AD.

The service is open 8am until 6pm on Mondays, Wednesdays and Fridays, from 8am until 8pm on Tuesdays and Thursdays and Saturday 9am to 5pm. The service does not offer elective care outside of these hours.

Clinical services are provided by the GP who is a Director of the service. The service also employs (on a contract basis) a paediatrician, a radiologist and an obstetrician/ gynaecologist. The team is supported by a practice manager, a clinical assistant and a receptionist.

During the inspection we used a number of methods to support our judgement of the services provided. For example, we interviewed staff, and reviewed documents relating to the service. We received 16 comment cards which were positive about the service.

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

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

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

# Are services safe?

## Our findings

**We found that the service was providing safe care in accordance with the relevant regulations, although one of the sharps disposal containers in a room that was currently not in use contained used instruments but the box was not dated.**

### Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff including locums. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. This included referral of patients to safeguarding teams where female genital mutilation was discovered.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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. However, one of the sharps disposal containers in a room that was currently not in use contained used instruments but the box was not dated. The box was sealed and removed at the inspection.

- The service ensured that facilities and equipment were safe and that equipment was maintained in line with manufacturers' instructions and other guidance. There were systems for 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.
- 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.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

### 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 service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with 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.

### Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.

# Are services safe?

- 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.
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## **Track record on safety**

The service had a good safety record.

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

## **Lessons learned and improvements made**

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The service had systems in place for knowing about notifiable safety incidents
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# 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.**

### Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- 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.
- Staff assessed and managed patients' pain where appropriate.

### Monitoring care and treatment

The service was actively involved in quality improvement activity.

- There was a programme of audit in place, two cycle audits had been carried out on both sedative prescribing and management of hypertension.
- A review of patient notes showed that patients were being managed in line with relevant guidance.
- Clinical audit had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The practice had fully reviewed procedures and policies and made changes as required following the last inspection.

### Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. Staff were also provided with protected time to attend training courses.

- Health professionals were registered with the General Medical Council GMC and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- 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.

- The practice shared information with patients' registered NHS GPs where the patient had consented to this. All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered NHS GP on each occasion they used the service.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- 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, and those for the treatment of long term conditions such as asthma, where such prescribed medicines might disrupt the treatment provided for by the patient's (NHS) GP or the doctor involved with the treatment of that patient's chronic condition.
- 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 have 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.

# Are services effective?

(for example, treatment is effective)

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support, for example stop smoking campaigns.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

The service 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, including consent to provide treatment to children.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

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

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

Staff 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.
- The service gave patients timely support and information.
- Patients were informed that they could request a chaperone if they wished.

During the inspection we received 16 comment cards completed by patients. All provided positive feedback and said that they were satisfied with the service received.

### **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. Patients were also told about multi-lingual staff who might be able to support them.
- 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.
- Staff communicated with people in a way that they could understand.

### **Privacy and Dignity**

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consultation doors remained closed during consultations and conversations could not be overheard.
- The practice had privacy screens that could be put in place in the event that an intimate examination was required.
- 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?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, they offered extended appointments on Tuesdays, Thursdays and Saturdays to meet the needs of working patients.
- The facilities and premises were appropriate for the services delivered.
- Appointments could be booked in advance, but the practice told us that on the day appointments were available and patients could be seen without appointment if necessary.

### Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

### Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.
- Since the last inspection the practice had only received one formal complaint, and it had been managed in line with the practice's own policy.

# Are services well-led?

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

## Our findings

**We found that the service was well-led to ensure compliance with the requirements of the regulations.**

### 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.

### Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service monitored progress against delivery of the strategy.

### Culture

The service had a business plan in place and staff that we spoke to said that were involved in this.

- Several staff had left the service since the last CQC inspection. The practice and the staff who were formerly working at the practice provided conflicting information as to why this had happened. Staff who were currently employed told us that they felt respected, supported and valued.
- The service 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. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal 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. They were given protected time for professional development and evaluation of their clinical work.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. These were followed in all cases that we reviewed.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of 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. We saw that the practice had taken action to mitigate risk.
- The service 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.
- 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 provider had plans in place and had trained staff for major incidents.

### Appropriate and accurate information

The service acted on appropriate and accurate information.

# Are services well-led?

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

- 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 service 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. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

The service had processes for gathering feedback from patients about the service that they had received. Patients received a summary sheet following consultations which included a link to a feedback form. The service reviewed and acted on patient feedback.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Hospital consultants were invited to meetings to share learning with staff.