

First Call GP Limited Winchester GP

Inspection report

Winchester GP
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Overall summary

We carried out an announced comprehensive inspection on 11 July 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 some aspects of the service could be improved.

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. However some aspects of the service could be improved.

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.

Winchester GP provides private GP services to self-funded and privately insured patients who are also registered with an NHS GP. Services include, but are not limited to; wellness screening and health checks, sexual health checks, and diagnosis and treatment of long term conditions.

The services manager 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.

We received 17 Care Quality Commission comment cards. These were positive regarding the staff, efficiency of

Summary of findings

service, care delivered and the caring attitude of the staff. Many stated that the service was professional, friendly and thorough and they would recommend the service to others.

Our key findings were:

- Patients records were stored electronically and were encrypted to ensure they are safe and secure and adhered to data protection legislation.
- Patients who used the service had an initial consultation where a detailed medical history was taken from the patient. Patients and others who used the service were able to access detailed information regarding the services offered and delivered by the provider.
- The service had undertaken a review of referrals made to specialists to measure how effective and appropriate recent referrals were.
- The provider made extensive use of patient feedback as a measure to monitor and improve services.
- The website for the service was very clear and easily understood. In addition, it contained valuable information regarding treatments available and fees payable.
- The service had implemented a 'daily sign off' system which ensured all actions for all patients had been completed by the end of each day.
- The practice offered a range of health checks with a GP.
- Patient satisfaction with the standard and quality of services received was high.

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

- Review systems of checking patients' identity and take reasonable steps to check adults have parental authority
- Implement mandatory training for staff to include Mental Capacity Act 2005 training.
- Introduce arrangements to undertake clinical audits to improve care and treatment for patients.
- Review systems that identify and mitigate potential risks to patients' safety.

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 some aspects of the service could be improved.

Are services effective?

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

We found areas where improvements should be made relating to monitoring care and treatment, and staffing. This was because GPs had not undertaken Mental Capacity Act 2005 training, and had not implemented a programme of clinical audit to improve care and treatment.

Are services caring?

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

Are services responsive to people's needs?

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 found areas where improvements should be made relating to good governance. This was because some processes did not identify, understand, monitor or address current and future risks including risks to patient safety.

Winchester GP

Detailed findings

Background to this inspection

We carried out this inspection on 11 July 2018. The inspection team consisted of a lead CQC inspector and a GP Specialist Advisor.

As part of the preparation for the inspection, we reviewed information provided for us by the service. In addition; we reviewed the information we held on our records regarding this provider.

During the inspection we utilised a number of methods to support our judgement of the services provided. For example, we toured the building, interviewed the providers and staff, looked at the clinical systems and patient records and reviewed documents relating to the service.

Winchester GP provides private GP services to self-funded and privately insured patients who are also registered with an NHS GP. Services include, but are not limited to; wellness screening and health checks, sexual health checks, and diagnosis and treatment of long term conditions. The registered provider is First Call GP Limited.

Winchester GP offers services to both adults and children. Patients pay Winchester GP per consultation. Patients are able to book appointments at a time to suit them and with a doctor of their choice via the telephone or an online portal. GPs, working remotely, conduct consultations with patients and, where appropriate, issue prescriptions or make referrals to specialists; consultation notes are available for patients to access. Consultations are available from 8am until 6pm Monday to Friday and from 9am until 12pm every Saturday.

The service is registered to provide regulated activities which include treatment of disease, disorder or injury, family planning and diagnostic and screening procedures.

The service is registered at;

Winchester GP

Standon Farm House

Standon Road

Winchester

Hampshire

SO21 2JH

The service does not see patients at this location. Winchester GP visits patients at their own homes or at the following sites where a 'practice and privileges' agreement is in place for Winchester GP to utilise the facilities and equipment;

BMI

Sarum Rd

Winchester

Hampshire

SO22 5HA

And

Nuffield Wessex hospital

Chandlers Ford

Winchester

Hampshire

SO53 2DW

As part of this inspection we visited the location and both sites where Winchester GP sees patients for consultations.

The Service employs three part-time GPs, a service manager and a health care assistant who also provides administration support.

Detailed findings

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 safe care in accordance with the relevant regulations.

Safety systems and processes

The service had systems to keep clients safe and safeguarded from abuse. However, there were shortfalls in checking the identity of patients and confirming the identity of parents and the legal authority of accompanying adults before undertaking a consultation or treating a Minor (child or infant).

- The service had a suite of safety policies including adults and children safeguarding policies which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance.
- The provider had an overarching lead professional as the safeguarding lead.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- Information in the consultation rooms and on the service's website advised patients that staff were available to act as chaperones. If patients requested a home visit, they were asked if they wished to have a chaperone. When GPs saw patients at the hospital sites, hospital nurses acted as chaperones. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The provider carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. 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).
- We saw evidence that staff were up to date with all professional training requirements. We saw that records of required training were kept. For example, the health care assistant attended mandatory refresher training each year at a local NHS hospital.

- The provider did not have a process for checking identity of patients. All patients who received a consultation completed a registration form but were not asked to provide proof of identity.
- The provider did not confirm the identity of parents and the legal authority of accompanying adults before undertaking a consultation or treating a Minor (child or infant).
- The provider maintained appropriate standards of cleanliness and hygiene. Cleaning schedules were in place in all clinical areas at both hospital sites. Protective personal equipment was readily available.
- There were infection control procedures in place to reduce the risk and spread of infection which had last been reviewed in July 2018.
- Appropriate systems were in place for clinical waste disposal. Records were seen of contracts held for clinical waste and clinical sharps.
- Systems were in place for the prevention and detection of fire. Risk assessments and equipment was readily available. All staff had undertaken fire safety training.
- General environmental risk assessments were last reviewed in June 2018.

Risks to patients

There were some systems in place to assess, monitor and manage risks to patient safety. However, there were shortfalls in the risk assessment of potential risks to patients' safety who were seen in their own homes.

- We reviewed all personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. There were appropriate arrangements in place for indemnity insurance for all clinical staff.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections (for example, sepsis).
- The service had access to emergency medicines and equipment at both the hospital sites. We saw that emergency equipment and medicines had been

Are services safe?

regularly checked and signed by staff employed by the hospitals. The provider had arrangements in place to reassure themselves the checks were carried out appropriately.

- The service did not carry emergency medicines when visiting patients at home. We discussed this with the service who told us this decision had been taken as they did not see patients who were potentially requiring emergency care and, following telephone triage, would advise patients to contact their NHS GP or call an ambulance. At the time of inspection, the service did not have a risk assessment in place detailing the decision not to carry emergency medicines or what action clinicians would take in case of a medical emergency at the patient's home. The service told us staff would call an ambulance in a medical emergency. Following the inspection, the service sent us a copy of the risk assessment which details how potential risks were mitigated and what action staff would take in a medical emergency.

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 provider had arrangements in place, in line with DHSC guidance, to store and protect medical records if they were cease to trade.
- Patients records were stored electronically and were encrypted to ensure they were safe and secure and adhered to data protection legislation. Staff were able to access patients records remotely on devices which were also encrypted.
- The providers and staff worked with other services when this was necessary and appropriate. For example, the service had processes in place to share information with safeguarding bodies when required.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines. However, there were shortfalls in the management of prescriptions.

- The service either provided patients with a prescription or emailed a copy of the prescription to an online

pharmacy. The pharmacy delivered prescribed medicines to patients' homes via a home delivery service. Prescriptions were emailed to the pharmacy every week day and hard copies were posted once a week. We discussed with the service that pharmacies need to be in receipt of the prescription within 72 hours of dispensing a medicine. The service was not aware of this, however, following the inspection, the service changed the procedure and subsequently posted hard copies of the prescriptions three times a week.

- Staff administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. For example, the service undertook regular searches of controlled medicines to review appropriate prescribing of those medicines.
- The practice involved patients in regular reviews of their medicines.

Track record on safety

- There was a system in place for reporting and recording significant events. The provider had systems and processes in place to identify, record, analyse and learn from incidents and complaints.
- There had been one significant event recorded for the service, involving discovery that a batch of urine dipstick test strips were faulty. Investigation and learning from this incident had been completed with test strips now routinely checked.
- There was a system for receiving, reviewing and actioning safety alerts from external organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA).
- All pathology results were reviewed by the GPs. There was a system in place to remind clinicians to routinely check blood test results for patients who were taking high risk medicines that required regular blood monitoring.

Lessons learned and improvements made

- Any significant events and complaints received by the clinic were reviewed and investigated promptly.

Are services safe?

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The Service had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the General Medical Council (GMC) ethical guidance.
- The service had systems in place to keep all clinical staff up to date with new guidance.
- Staff had access to best practice guidelines and used this information to deliver care and treatment that met patients' needs.
- Patients who used the service had an initial consultation where a detailed medical history was taken from the patient. Patients and others who used the service were able to access detailed information regarding the services offered and delivered by the provider.
- When we reviewed our CQC comment cards and reviewed processes and protocols, we saw no evidence of discrimination in supporting care and treatment decisions.

Monitoring care and treatment

The service did not have a systematic programme of clinical audit to improve quality outcomes for patients. The service had a system where they were able to search patient records if they had received safety alerts. GPs were also employed part time for NHS GP providers and told us that they were aware of NICE (National Institute for Health and Care) guidance. Staff told us that if there was a change in current guidance or legislation they would contact patients to discuss risks and alternative treatment options.

Effective staffing

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

- All medical staff had medical indemnity cover and were registered on professional registers. For example, the General Medical Council.
- All staff had training records and had completed mandatory training in subjects including basic life support, safeguarding and fire safety. However, governance arrangements had not identified the three GPs had not completed Mental Capacity Act 2005 training but the GPs demonstrated an awareness of the Act's principles.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop.
- Each staff member had an annual appraisal where training needs were identified, although staff said training needs could be identified informally throughout the year.
- We saw that the health care assistant had protected time for mandatory and specialist training. For example, administration of vitamin B12 injection refresher training.

Coordinating patient care and information sharing

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- Patients received coordinated and person-centred care. This included when they moved between services, and when they were referred for specialist care.
- All patients also had an NHS GP, and the practice communicated with the NHS GP, in accordance with GMC guidance, with the patient's consent. For example, if the patient requested follow-up treatment via the NHS.
- The service had undertaken a review of referrals made to specialists/consultants in June 2018 to measure how effective and appropriate recent referrals were. The Service asked for feedback from eight consultants, all of whom confirmed that referrals made had been appropriate and made at the right time.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- The service offered a range of medical assessments which included pathology tests and patients could be referred for diagnostic screening such as X-ray, ultrasound, CT scanning and MRI.
- Health screening packages were available to all patients and included an assessment of lifestyle factors.
- Patients were encouraged to undergo regular health screening such as mammograms and smear tests. The practice referred the patient to other providers for those services.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

Consent to care and treatment

- Clinicians understood the requirements of legislation and guidance when considering consent and decision

making, including the Mental Capacity Act 2005. However, the three GPs had not undertaken Mental Capacity Act 2005 training. Clinicians were able to show us the relevant General Medical Council (GMC) guidance they would refer to if they had a concern regarding a patient's capacity.

- The process of seeking consent was demonstrated through records. We saw consent was recorded in the client's electronic record, in line with legislation and relevant national guidance.
- Information about fees for the service provided by the service was transparent and available online prior to clients booking an appointment. For example, fees for additional blood tests were discussed prior to procedures being undertaken.

Are services caring?

Our findings

We found that this service was providing caring services 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.
- All of the 17 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. This is in line with the results of the practice's own feedback received. The service asked all patients to complete a patient survey and on average, received feedback from about 10% of all patients seen.
- The provider made extensive use of patient feedback as a measure to monitor and improve services and did this by monitoring compliments, complaints and results from Google reviews and patient surveys.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- We were told that any treatment including fees was fully explained to the patient prior to their appointment and that people then made informed decisions about their care. Standard information about fees was available in a patient leaflet and on the website.
- Staff told us interpreting and translation services could be made available for patients who did not have English as a first language, and for patients who were either deaf or had a hearing impairment. Service leaflets could also be made available in large print and Easy Read format, which makes information easier to access for patients with learning disabilities or visual impairments.

Privacy and Dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Telephone contact with patients was undertaken at the location, in an office and could not be overheard by other patients. Consultation rooms at the hospitals were separate to patient waiting areas and conversations taking place in those rooms could not be overheard.
- The practice complied with the Data Protection Act 1998, and the General Data Protection Regulations 2018.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice offered a range of health checks and sexual health screening with a GP.
- The facilities and premises were appropriate for the services delivered. For example, consultation rooms were all on the ground floor. Patients had access into the hospital sites via automatically opening doors. There were adequate toilet facilities, including toilets for people who were disabled.
- The provider had a range of information available to patients.
- The website for the service was very clear and easily understood. In addition, it contained valuable information regarding treatment and fees payable.

Timely access to the service

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

- The service was open from 8am until 6pm Monday to Friday and 9am until 12pm every Saturday. Home visits and consultation appointments were available during those times.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service told us that on most occasions they were able to see patients on the same day as a request for a consultation. This was reflected in comments received via the CQC comment cards and the practice's own patient feedback.
- Patient's paid per home visit or per 20 minute consultation at one of the hospital sites. Patients were able to book double consultation appointments and the fees payable were discussed before a consultation was undertaken.

Listening and learning from concerns and complaints

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

The complaint policy and procedures were in line with recognised guidance and contained advice if patients were not satisfied with the service's response.

The service had received one complaint in the last 12 months. Detailed records showed that this had been managed in an open, transparent and reflective way. The service had contacted the patient within a timely manner, responded appropriately and provided the patient with explanations.

Are services well-led?

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

Our findings

Leadership capacity and capability;

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

- Leaders had the experience, capability and integrity to deliver the service's 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.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Staff told us they felt well supported by management and that management were approachable and always took the time to listen to them.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider planned its services to meet the needs of their patients.
- The provider monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They said they were proud to work at the service.
- Leaders and managers knew how to act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- We saw the service had implemented positive changes to the care and treatment of patients following reviews of complaints and significant event analysis. Lessons learned had been shared with staff on each occasion.

- 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. The service had a whistleblowing policy in place.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last 12 months. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff. For example, the service had a lone workers policy and procedure which covered any potential risks when staff visited patients at their own homes.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. However, there were shortfalls in some processes that reduced risk for patients;
- The service did not confirm the identity of parents and the legal authority of accompanying adults before undertaking a consultation or treating a Minor (child or infant).
- At the time of inspection the service had not completed a risk assessment to demonstrate the mitigation of potential risks surrounding the decision not to carry emergency medicines when visiting patients at home. The service sent us a copy of this following the inspection.
- Systems had not identified that three GPs had not completed Mental Capacity Act 2005 training. However, GPs were able to demonstrate knowledge and where they would find guidance if they had a concern regarding a patient's capacity.
- The service did not have a systematic programme of Quality Improvement to improve quality outcomes for patients. The service had a system where they were able to search patient records if they had received safety alerts.
- The service had a number of policies and procedures in place to govern activity and were available to all staff. All

Are services well-led?

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

the policies and procedures that we saw had been reviewed and reflected current good practice guidance from sources such as the National Institute for Health and Care Excellence (NICE).

- Practice 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 processes for managing risks, issues and performance.

- There was not always an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, the service had not risk assessed the decision to not carry emergency medicines when seeing patients within their own homes
- Risk assessments we saw were comprehensive and had been reviewed. However, the service had not identified potential risks of not checking the identity of patients or confirming the identity of parents and the legal authority of accompanying adults before undertaking a consultation or treating a Minor (child or infant).
- The provider had plans in place and had trained staff for major incidents.
- The service had processes to manage current and future performance through reviews of referrals and patient feedback. However, the service had not undertaken clinical audit activity to improve quality outcomes for patients.
- The service had implemented a 'daily sign off' system which ensured all actions for all patients had been completed by the end of each day.
- The provider had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents and complaints.

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 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 weaknesses.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from clients, the public and staff.

- After each consultation, patients were asked to complete a survey about the service they had received. This was constantly monitored and action was taken if feedback indicated that the quality of the service could be improved.
- The service also gathered feedback from staff through staff meetings, appraisals and formal and informal discussions.
- The practice had undertaken a review of referrals made to specialists/consultants in June 2018 to measure how effective and appropriate recent referrals were.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation. However, there were shortfalls in Quality Improvement processes which improved positive outcomes for patients.

- There was a focus on continuous learning and improvement at all levels within the practice.
- The service made use of internal reviews of incidents and complaints, and consistently sought ways to improve the service.
- Staff were encouraged to identify opportunities to improve the service delivered through team meetings, appraisals and open discussions.