

Barnes Private Practice

Inspection report

22 Castelnau
London
SW13 9RU
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Date of inspection visit: 08 March 2022
Date of publication: 20/05/2022

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

Ratings

Overall rating for this location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

This service is rated as Requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Barnes Private Practice on 8 March 2022 as part of our independent health inspection programme. Barnes Private Practice provides an independent GP consulting service for private patients from consulting rooms at 22 Castlenau, London, SW13 9RU. The service is owned and run by HCA Healthcare UK. The HCA Healthcare UK private healthcare portfolio includes: The Harley Street Clinic, The Lister Hospital, London Bridge Hospital, The Portland Hospital, The Princess Grace Hospital, The Wellington Hospital, HCA Healthcare UK at University College London Hospital, and The Basil Street Practice.

This was the first comprehensive inspection of the practice following its new CQC registration of the service on 15 January 2019 as part of HCA Healthcare UK.

The Chief Executive Officer of The Lister Hospital, Suzy Canham, 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 reviewed the feedback the service had received from 15 patients as part of a practice survey and 15 online reviews. All feedback was very positive about the service with patients expressing their gratitude for the time GPs took to care for their needs and the warmth of staff.

Our key findings were:

- The systems in place to keep patients safe and protected from avoidable harm, required improvement.
- Patients prescribed high-risk medicines were not always being appropriately monitored and reviewed to keep them safe.
- There was compassionate leadership at all levels. However, improvement in awareness of leaders to required improvements to some practice processes and systems to support good governance and management was necessary.
- Patients could access care and treatment in a timely way.

Overall summary

- The service involved patients in decisions about their care and treatment and took a holistic approach to meet their individual needs.
- There was a proactive approach to seeking out and embedding new ways of providing care and treatment.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- There was an extensive governance infrastructure which supported the delivery of the service.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- There were high levels of staff satisfaction. Staff were proud to work at the practice and spoke highly of the culture.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The physical, mental and social wellbeing of staff was a priority for the organisation.
- Leaders were visible, approachable and caring.

We found two breaches of regulations.

The provider must:

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC GP Specialist Advisor.

Background to Barnes Private Practice

Barnes Private Practice was established in the 1950s and has been located at the present address at 22 Castlenau, London, SW13 9RU since 1995. In 2019 Barnes Private Practice was acquired by HCA Healthcare UK and had a new registration with the CQC on 15 January 2020. The service provides private general practitioner services and is registered with the CQC to provide the regulated activities of: Treatment of Disease, Disorder and Injury; Family Planning, Surgical Procedures, and Diagnostic and Screening Procedures.

Within the service building there are three healthcare practitioners who offer physiotherapy, dermatology, and urology services which were not inspected as part of this inspection.

The service is open Monday to Friday from 08:00 to 18:30. Home visits to patients were available from the GPs for patients where necessary. When the service is closed, the practice telephone number is diverted to the GP on call. The GP on call duties are shared between the service GPs. The service offers patients a mobile/call out service 24 hours a day, everyday.

The service currently has approximately 4100 patients registered and treats approximately 500 patients each month. The cost of care and treatment provided by the service is detailed for patients in advance.

The service employs two General Practitioners, a Practice Manager, and an administrator.

How we inspected this service

- Prior to the inspection information was requested from the service and reviewed by the inspection team.
- A site visit was carried out, during which we spoke with the Registered Manager, Practice Manager, Head of Operations, two GPs and one receptionist. We reviewed patient consultation records and organisational documents including policies and procedures.
- Information was also submitted by the service following the inspection.

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

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

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

Are services safe?

We rated safe as Requires improvement because:

- The service was not providing safe care in accordance with the relevant regulations with regards to record keeping, the management of patients prescribed high-risk medicines and systems to assure adults accompanying children for an appointment had parental authority.

Safety systems and processes

The systems in place to keep people safe and safeguarded from abuse required improvement.

- The service did not have systems in place to assure that an adult accompanying a child had parental authority to give consent for care and treatment on their behalf. Upon registering with the service, which was completed online, no photo identification was requested. Therefore, the service could not be assured adults accompanying children for an appointment had parental authority. Following our inspection however, we were informed the service had made changes to their registration process to address this issue.
- The service conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had appropriate safeguarding policies in place for both adults and children. All staff had received up-to-date safeguarding and safety training appropriate to their role and knew how to identify and report concerns including suspected potential victims of modern slavery and human trafficking. One of the practice GPs was the nominated lead for safeguarding and was supported in the role by the corporate HCA Healthcare UK safeguarding team and committee. The safeguarding lead was trained to level 4 child protection and the second GP was trained to level 3. The practice manager and administrator were trained to child protection level 2. The safeguarding committee facilitated shared learning and improvement across the HCA Healthcare UK group.
- The service carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. 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). Patients were advised chaperones were available and the service used their own staff who were trained for this role and had received a DBS check.
- The service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The service undertook regular annual portable appliance testing (PAT Testing) and all medical equipment was re-calibrated annually.
- The service had a variety of risk assessments in place to monitor safety such as fire, Control of Substances Hazardous to Health (COSHH) and Legionella (a term for a particular bacterium which can contaminate water systems in buildings).
- There was an effective system to manage infection prevention and control. All staff had completed infection control training and there were appropriate systems for safely managing healthcare waste. Regular infection control audits were undertaken on a monthly and quarterly basis. The data from these audits were uploaded to the HCA Healthcare UK compliance dashboard. The service also received additional support from the HCA Healthcare UK infection prevention and control leads.

Are services safe?

- During the COVID pandemic, the service continued to provide face-to-face services to those patients who wanted to attend. The service ensured staff had appropriate PPE and implemented enhanced cleaning schedules to minimise the risk of infection and provide a safe service throughout the pandemic.
- There was a business continuity plan in place to deal with emergencies and major incidents.

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. The service did not use locum GPs; any absences were covered internally by the GP team. In the event of any shortages of administrative staff as a result of sickness, the practice was supported by administrative staff as part of the HCA Healthcare UK organisation.
- 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 and had received sepsis training. GPs used sepsis toolkits and had equipment available to enable the assessment of patients with presumed sepsis or other clinical emergencies including pulse oximeters, blood pressure machines and thermometers.
- The service had an Adult & Paediatric Resuscitation policy in place and staff had received basic life support training for adults and children to ensure they could maintain a patient's safety whilst awaiting emergency assistance. To test for staff preparedness and to build staff confidence, emergency simulation exercises had been undertaken. Monthly audits of the resuscitation equipment were undertaken and the results of this audit were uploaded to the internal HCA audit software system, 'Synbiotix.'
- There were suitable medicines and equipment to deal with medical emergencies including emergency oxygen, emergency medicines and a defibrillator (an electronic device that analyses life threatening irregularities of the heart and can deliver an electrical shock to attempt to restore a normal heart rhythm); which were stored appropriately and checked regularly.
- When there were changes to services or staff the service assessed and monitored the impact on safety. During the COVID-19 pandemic, the practice made arrangements for patients to be seen outside in the practice garden area to keep patients safe.
- There were appropriate professional indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment to patients required improvement

- Individual care records were not written and managed in a way that kept patients safe. The patient consultations we reviewed did not meet the basic core principles expected of a GP as described by the GMC's 'Good Medical Practice' and the Royal College of General Practitioners' 'Good Medical Practice for General Practitioners.' The consultation notes lacked detail which put patients at risk of harm. We reviewed the consultation notes for seven patients and found common themes included a lack of safety netting being recorded, failure to undertake follow ups of patients where necessary and limited note taking regarding patient history and examination findings. Some consultations we

Are services safe?

reviewed stated a clinical problem and the prescription generated and lacked any further information. The lack of information in the patient consultations could put patients at risk if information was required by other healthcare services to enable them to deliver safe care and treatment. Following our inspection however, the practice informed us that practice GPs had taken steps to address this issue including the alteration of appointment templates to allow more space for contemporaneous notes; the ordering of dictation equipment to facilitate note taking; and an external peer review of the medical records in the practice on 1 April 2022. Staff informed us an ongoing external quarterly peer review of the records would also be put in place to provide ongoing assurance that patient notes meet set criteria and standards.

- The service had a secure, electronic, patient records system. The patient records information system was stored in a remote server for the benefit of security. It also meant patients could be seen at another clinic location in the event the service premises were unavailable.
- The service was registered with the Information Commissioner's Office and had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

The service systems for appropriate prescribing of high risk medicines required improvement.

- The service did not have an effective process in place in line with current national guidance for monitoring patients' health in relation to the use of high risk medicines (for example, Methotrexate) prior to prescribing to keep patients safe.
- We saw evidence of a lack of blood test result monitoring for patients being prescribed the high-risk medicine, Methotrexate, (a treatment for inflammatory conditions) for which regular blood testing was necessary. Prescriptions for this medicine had therefore been issued for patients without the prescriber being assured it was safe to prescribe.
- The systems and arrangements for managing vaccines and emergency medicines and equipment minimised risks. The service followed the HCA Healthcare UK Corporate Medicines Management policy and had Prescribing Guidelines and Vaccine Fridge Monitoring policies in place.
- The service was supported by the Pharmacy Manager at The Lister Hospital who undertook frequent visits to the service to oversee the safe storage and management of medicines in accordance with service policies.
- The practice manager was the nominated lead for medicines safety and attended the Lister Hospital Medicines Management Committee and Clinical Incident Review Group in order to report to and engage in governance processes and obtain shared learning from other departments that could be relevant for the practice.
- Letter headed prescriptions were kept securely and their use was monitored. The service had recently introduced a red practice prescription stamp in order to further improve prescription security.
- Staff informed us although online GP consultations were made available for patients, the GPs did not prescribe medicines online via email for patients they did not know.

Track record on safety and incidents

Are services safe?

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.
- 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. Alerts were received by the practice manager and the pharmacy manager at the Lister Hospital and cascaded as necessary to appropriate staff to action.

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. The service follows the HCA Healthcare Corporate Incident and Serious Incident Management policy. Staff understood their duty to raise concerns and report incidents and leaders encouraged a culture of openness and honesty. Staff were confident in using the incident reporting software, Datix, to record incidents.
- 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. At the time of our inspection, the service had one example of a serious incident which had been reported on the Datix system. This incident related to a significant delay in blood test results for a patient. As a result of this incident, changes were made to the test results protocol so that the HCA Healthcare UK laboratory monitored and followed up and blood tests couriered to a reference laboratory to ensure the 48 hour turnaround time is not exceeded; and the service ran a daily report to check on the pending pathology results.
- The practice manager attended the Lister Hospital Clinical Incident Review Group where learning from incidents across departments and services are shared.
- Staff had received training and complied with, the requirements of the Duty of Candour. If there were unexpected or unintended safety incidents, the service would give the affected people reasonable support, truthful information and a verbal and written apology. Staff had applied the Duty of Candour in response to the serious incident and both of the practice GPs were in daily contact with the affected patient.

Are services effective?

We rated effective as Requires improvement because:

Patients' care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance in relation to clinical record keeping and the prescribing of high risk medicines; and formal processes were not in place for parental consent and the sharing of information for patients with NHS GPs.

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice.

- Evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines were received by one of the GPs who was also the prescribing lead for the service; and were cascaded to relevant staff. The service also received national guidance and alerts from HCA Healthcare UK.
- The service used the clinical software 'EMIS' Web which is widely used in NHS GP practices. Staff told us the use EMIS Web, enabled the GPs to access up to date information, templates and documents.
- Being part of the HCA Healthcare UK organisation, GPs were able to access advice and opinions from clinical colleagues regarding patient consultations where needed.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service had a comprehensive programme of quality improvement activity and we saw evidence of a reporting dashboard which the practice used to upload data and outcomes of audits centrally to HCA Healthcare UK on a monthly and quarterly basis.
- The service had a portfolio of audits which were routinely carried out to ensure standards were maintained which included: COVID-19 spot checks, hand hygiene, infection prevention and control, health and safety, emergency resuscitation equipment, chaperoning, transportation of specimens and safeguarding adults and children. The outcome of these audits was presented at the Lister Hospital Quality Improvement Group.
- The service made improvements using clinical audits which had positive impact on quality of care and outcomes for patients. During our inspection we reviewed two clinical audits which demonstrated evidence of action to improve quality. For example, one audit reviewed the care of patients prescribed Thyroxine medicine to assess if these patients were being monitored appropriately. The audit was carried out in March 2021 and repeated in February 2022. This second-cycle audit was able to demonstrate the clinical monitoring of these patients had been improved and the results of the audit was circulated and discussed in practice meetings.

Effective staffing

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

Are services effective?

- All staff were appropriately qualified. The service had an induction programme for all newly appointed staff.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The service 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 we spoke with told us they were encouraged and given opportunities to develop. In addition to mandatory training, staff had access to the HCA Healthcare UK's 'Learning Academy' which offered staff a range of other training and resources to facilitate their personal and career development.
- All staff received regular annual appraisals and clinical staff were supported to meet the requirements of professional revalidation where necessary.
- The service did not use GP locums however in the event of an unexpected GP absence, the service were able to access HCA Healthcare UK doctors and there was a GP locum induction pack in place if required.

Coordinating patient care and information sharing

The coordination of patient care and information sharing with other organisations to deliver effective care and treatment required improvement.

- Our review of clinical records found GPs were not recording enough information to make or confirm a diagnosis. A lack of detail within patient records may put patients at risk of harm as clinicians undertaking consultations whether within the practice or within other healthcare organisations, do not have access to a patient's full medical information and subsequently, inappropriate decision making could result and patients may not being appropriately monitored, re-called, followed up and reviewed. Following our inspection however, the practice informed us that practice GPs had taken steps to address this issue including an external peer review of the medical records in the practice on 1 April 2022 and a new process of ongoing peer review of patient records.
- For patients also registered with an NHS GP, information about their care was shared, with patient consent, however, at the time of our inspection there was no formal process in place to share patient information between the practice and NHS services. When registering with the service, patients were asked to provide details of their NHS GP. However, patients were asked for consent to share information with their NHS GP verbally by the service GPs during their consultation and there was no formal process in place for this. Immediately following our inspection however, action had been taken to address this issue including amendments to the practice's registration form and the development of a flowchart to support staff to implement this process.
- The practice had rapid access to other services and consultants as part of HCA Healthcare UK and an in-house physiotherapy, urology and dermatology service.

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?

- The service identified patients who may be in need of extra support, this included support for patients with mental health needs.
- The service offered bespoke health screenings, tailored to individual patient's needs and took into account relevant family medical history and aimed to actively reduce the risk of serious disease going undetected.
- The service offered patients 'Well Man/Woman' healthchecks and where appropriate, staff gave people advice so they could self-care.
- The service had a strong focus on holistic care and referred patients to other services including the in-house physiotherapy, dermatology and urology healthcare practitioners; HCA Healthcare UK lifestyle clinics and dieticians; and NHS services.
- 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 systems in place to obtain consent to care and treatment in line with legislation and guidance required improvement.

- When registering with the service, adult patients were not requested to provide any photo identification. As a result, parental authority for any child patients brought for appointments at the practice could not be verified and confirmed by the service. Following our inspection however, amendments were made to the process for ensuring consent to provide care to children is obtained and documented.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Information about the cost of their consultation and treatment was explained to patients in advance.

Are services caring?

We rated caring as Good because:

- Staff treated patients with kindness, respect and compassion.
- Staff helped patients to be involved in decisions about care and treatment.
- The practice respected patients' privacy and dignity.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural and social needs. Staff displayed an understanding and non-judgmental attitude to patients. Staff told us some of their patients lived outside of the London area but chose to travel in order to receive consultations from the service GPs.
- Staff were required to complete equality and diversity training on an annual basis.
- The service sought feedback on the quality of clinical care patients received. Patients were invited to review their experience of the service after each appointment. We saw on 'Google' that the service had received 12 patient reviews in the last 12 months, all of which rated the service as five out of five stars. Patient feedback was overwhelmingly positive and described the GPs as caring and attentive. We saw on the practice webpage that the service had received three patient reviews verified by 'Doctify' in the last 12 months all of which were rated five out of five stars. Patient stated the service was helpful, fast and efficient.
- The service provided us with feedback received from 15 patients as part of a practice survey. One hundred percent of patients rated the practice 'Excellent' or 'Good.' All feedback was positive about the service with patients expressing their gratitude for the time GPs took to care for their needs, and the warmth of staff.
- Staff were able to provide examples of additional acts of kindness they had extended towards patients which demonstrated their compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- The service website included information about the services available. Patients were able to access to information about the GPs working for the service on the and could book a consultation with a GP of their choice.
- Patient feedback we reviewed demonstrated patients 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.
- The practice had a hearing loop system in place to assist patients with hearing impairments.

Are services caring?

- 'Language Line' interpretation services were available for patients who did not have English as a first language. The service was also able to access translation services provided as part of the hospital services of HCA Healthcare UK where needed.
- Staff told us they promoted an 'open door' policy to all patients and staff, so that comments and suggestions can be heard and, if appropriate, implemented to improve the service.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- The service had a confidentiality policy which covered the principles of confidentiality, rules around disclosure, patients' right of access to their records and the process for this, and disciplinary action for staff if found to have breached confidentiality.
- Patient information was held securely on the electronic clinical system.
- Consultation room doors are closed during appointments and we observed that conversations taking place in these rooms could not be overheard.
- Curtains were provided in the consultation rooms for patients if needed to maintain dignity.

Are services responsive to people's needs?

We rated responsive as Good because:

- People were able to access care and treatment in a timely way.
- The service understood the needs of their patients and improved services in response to those needs.

Responding to and meeting people's needs

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

- The practice understood the needs of their patients and took a holistic approach to their care. For example, the practice regularly referred patients to in-house healthcare practitioners who offer physiotherapy, dermatology, and urology services.
- Staff told us the practice prides itself on the ability to provide unhurried, patient focused care to meet the needs and lifestyles of each individual patient.
- The facilities and premises were appropriate for the services delivered. The practice ensured patients with mobility issues were able to access the service. Staff informed us uneven paving outdoors had been repaved to improve disabled access for patients. Alternatively, patients with mobility issues or who were housebound were offered GP home visits.
- Patients had rapid access to physiotherapy, dermatology and urology services where needed from in-house consultants who offered sessions for patients at the practice.
- Whilst the services provided by the service weren't specifically for patients with learning disabilities or autistic spectrum disorder, people with mental health issues, physical disability, dementia, people detained under the MHA, people who misuse drugs and alcohol, or people with an eating disorder; any patient may attend the practice and staff every effort would be made to accommodate their needs.
- For patients who are travelling, the practice located pharmacies across the country in order to email prescriptions to them for these patients.

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 rapid access to same day and next day appointments, diagnosis and treatment, test results, and referrals to other services and consultants as part of HCA Healthcare UK. Diagnostic imaging appointments were often available for patients on the same day at a variety of centres across the local area managed by HCA Healthcare UK. Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients also had rapid access to physiotherapy, dermatology and urology services where needed from in-house consultants who offered sessions for patients at the practice.

Are services responsive to people's needs?

- Patients with the most urgent needs had their care and treatment prioritised. Staff informed us the practice telephones were usually picked up within 30 seconds and most pathology results were available within 24 hours and sent to patients directly from the practice.
- Routine consultations were 20 minutes, however GPs stated they extended this time as required to treat patients holistically and if they recognised a specific need such as learning disabilities and mental health challenges and we saw evidence to support this.
- The service was open Monday to Friday from 08:00 to 18:00. Home visits to patients were available from the GPs for patients where necessary. When the practice was closed, the main telephone number was diverted every evening to the personal mobile telephone of the doctor on call. The on call doctor service was shared between the two practice GPs. In addition, patients were also able to access the HCA Healthcare UK concierge service for assistance out of hours.
- Staff informed us that safety measures and enhanced cleaning schedules the service put in place and sufficient access to personal protective equipment (PPE), enabled them to remain open throughout the COVID-19 pandemic. The practice made arrangements for patients to be seen outside in the practice garden area to keep patients safe and provide Polymerase Chain Reaction (PCR) tests.

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.

- At the time of the inspection the service had not received any formal complaints. Staff explained any complaints received would be reviewed, listened to, investigated and viewed as an opportunity to learn and improve. The service had received one verbal complaint from a patient who reported they could not access the service via the telephone during out of hours. As a result of this verbal complaint, administrative staff routinely perform a check on the out of hours telephone system to ensure it is operating effectively.
- In the event of a formal complaint being raised by a patient, the service had an appropriate complaint policy and procedure in place and would be supported by the corporate governance framework of HCA Healthcare UK where complaints from all services were reviewed in governance meetings to monitor for trends and share learning.

Are services well-led?

We rated well-led as Requires improvement because:

- There was compassionate leadership at all levels. However, improvement in awareness of leaders of required improvements to some practice systems and processes to support good governance and management was necessary.

Leadership capacity and capability;

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

- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- The service had a stable, longstanding workforce of senior staff.
- Leaders at all levels were visible and approachable and worked closely with staff.
- The Head of Operations of The Lister Hospital provided ongoing support to the service and was on site on a regular basis. The Head of Operations supported the practice manager in areas of team development, any estates and facilities issues that may arise, and links to resources as part of HCA Healthcare UK.
- The service also received support and onsite visits from other senior leaders and teams within HCA Healthcare UK including the Chief Executive, Chief Nursing Officer, Head of Governance and Risk, Clinical Practice Facilitator, Resuscitation Lead, Infection Prevention Team and Estates and Facilities Team.
- Staff reported there was open and regular communication from senior leaders via Chief Executive newsletters and blogs.

Vision and strategy

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

- The service mission statement was, 'Above all else, we are committed to the care and improvement of human life.' There was a clear vision and set of values. The service vision was 'Exceptional people, exceptional care.' The service values were: recognising and valuing everyone as unique and individual; treating people with compassion and kindness; acting with absolute honesty, integrity and fairness; and trusting and treating one another as valued members of the HCA family with loyalty, respect and dignity.
- The service had a strategic framework in place to strive towards being 'One HCA, putting patients first.' The strategy included developing routes to new patients, offering seamless support for patients, geographical growth of services, being an exceptional employer with exceptional staff, partnering with outstanding consultant teams, proving value and being a sustainable business. To deliver this strategy, staff explained they will work together as one HCA team, living their values.
- The service monitored progress against delivery of the strategy and the practice performance through HCA digital dashboards and a variety of committee and board meetings.

Are services well-led?

- Staff were aware of and understood the mission, vision, values and strategy and their role in achieving them.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- 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 service was aware of and had systems in place to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. All staff, clinical and non-clinical, were considered valued members of the team. They were given protected time for professional development, training and learning.
- There was a strong emphasis on the safety and well-being of all staff. The service had recognised the importance of physical, mental and social wellbeing of staff being particularly important during the COVID-19 pandemic. It had implemented a comprehensive range of wellness benefits for staff which were accessible via the 'Wellness Hub' page of the intranet. Staff had access to webinars, videos, podcasts and articles to assist staff to maintain physical health through nutrition and exercise; to cope mentally with feeling worried or anxious about Coronavirus; and to maintain supportive relationships whilst spending time away from loved ones. Staff could also access wellbeing software applications such as 'Headspace' which assists people to meditate, improve sleep and manage stress.
- In addition, staff also had access to the 'Employee Assistance Programme' which offers counselling and advice for free either online or over the telephone, 24 hours a day, 365 days a year.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- We observed there were positive relationships between staff and leaders.

Governance arrangements

Some of the systems in place to support good governance and management required improvement.

- The practice was not conducting internal or external peer reviews to ensure clinicians were working to an appropriate standard.
- There was no effective system in place for the management of patients being prescribed high risk medicines, including a lack of regular blood test monitoring contrary to national guidance.

Are services well-led?

- There was an extensive HCA Healthcare UK corporate governance infrastructure which the service was part of. There were several governance committees held on a monthly and quarterly basis such as: infection prevention, health and safety, medicines management, resuscitation, blood management, patient experience, clinical incident, quality improvement and risk management. In addition, the service held regular local practice meetings with all staff to ensure they were kept informed and up to date.
- There was a range of service specific policies which were available to all staff. These were reviewed annually and updated when necessary.
- 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.
- The Practice Manager showed us evidence of the HCA digital dashboard which the Practice Manager was required to use to upload service data of performance, audits and compliance.

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. Immediately following our inspection, effective action had been taken to address the issues identified in relation to parental authority of patients, patient record keeping and the management and monitoring of patients prescribed high risk medicines.
- The service had access to numerous digital dashboards to enable them to monitor risk and performance.
- Leaders had oversight of safety alerts, incidents, concerns 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.
- There was a clear, proactive approach to seeking out and embedding new ways of providing care and treatment.
- The service had a business continuity plan in place and had trained staff for major incidents.
- During the height of the pandemic, HCA Healthcare UK established a 'Pandemic Control Team' to monitor all of the impacts of the pandemic on HCA health care settings. A COVID-19 information hub was established on the 'Empowering You' page of the intranet to provide staff with quick access to the latest guidance. Regular updates on the COVID-19 response were emailed to staff. Daily meetings were held between senior leaders across the organisation to discuss the latest national guidance, emerging concerns, infection prevention, and access to PPE. The Lister Hospital's Head of Operations attended these meetings and fed information back to the service Practice Manager on an ongoing basis. In response to the frequent changes in relation to COVID-19, the service also increased their monthly practice meetings to weekly, during which additional information and guidelines from Public Health England (PHE) and the Independent Doctors Federation (IDF) were discussed and circulated to all staff.

Appropriate and accurate information

Are services well-led?

The service acted on appropriate and accurate 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.
- There was a rolling programme of audits which were undertaken weekly, monthly, quarterly and annually. The audit outcome data was uploaded to a digital dashboard for review at various committee and board meetings as part of the HCA Healthcare UK governance infrastructure.
- 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 involved patients, the public, staff and external partners to support high-quality sustainable service.

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture. For example, staff we spoke with told us there were ample opportunities to raise concerns or ideas for improvement and both the doctors and management were approachable and open to suggestions. One member of staff told us about a recent suggestion they had made to improve the service relating to contacting patients before the second dose of a vaccination may be due to remind them to book an appointment; which had been implemented. The service invited patients to review their experience of the service after their appointment on the 'Trustpilot' website; and anonymous patient feedback forms were emailed to patients to complete with their receipt or invoice.
- The service was transparent, collaborative and open with stakeholders about performance. Performance information was shared across the HCA Healthcare UK organisation via data dashboards and a range of committee meetings.
- The service had not received any formal complaints. We reviewed the feedback from 15 patients as part of a recent practice survey and 15 patient online reviews of the service which were all positive about the service. We saw evidence of a patient survey which was scheduled for completion by March 2022. In addition, GPs collated patient feedback individually throughout the year which was also utilised for their annual appraisal.
- The service had a whistleblowing policy in place. A whistle blower is someone who can raise concerns about practice or staff within the organisation. In addition, staff had access to the HCA Healthcare UK corporate 'Freedom to Speak Up' Guardian via email or the Ethics reporting line, where they can report any concerns they may have. Any concerns are dealt with anonymously and then followed up.

Continuous improvement and innovation

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

Are services well-led?

- The leadership drove continuous improvement and staff were accountable for delivering change.
- There was a strong focus on continuous learning and improvement and the service consistently sought ways to improve. All staff were involved in discussions about how to run and develop the service and were encouraged to identify opportunities to improve the service delivered.
- Learning from incidents, near misses, and complaints was shared across the HCA Healthcare UK organisation and used to make improvements.
- There were systems to support improvement and innovation work. For example, at the time of our inspection the service was in the process of undertaking a global diversity project to measure progress in managing diversity and fostering inclusion.
- Staff reported they were encouraged to attend any learning opportunities and talks provided by wider HCA Healthcare UK organisation to ensure an innovative practice.

This section is primarily information for the provider

Requirement notices

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements in this part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider had no systems or processes in place for conducting internal or external peer reviews to ensure clinicians were working to an appropriate standard.• The provider had no formal systems or processes in place to share patient information between the practice and NHS services.
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures Family planning services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Individual care records were not written and managed in a way that kept patients safe. Patient consultations did not meet the basic core principles expected of a GP as described by the GMC's 'Good Medical Practice' and the Royal College of General Practitioners' 'Good Medical Practice for General Practitioners.'

This section is primarily information for the provider

Requirement notices

- The provider did not have an effective process in place in line with current national guidance for monitoring patients' health in relation to the use of high risk medicines (for example, Methotrexate) prior to prescribing to keep patients safe.
- The provider did not have systems in place to assure that an adult accompanying a child had parental authority to give consent for care and treatment on their behalf.