

Dr Michael Mitchell

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Inspection report

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Date of inspection visit: 29/11/18

Date of publication: 24/12/2018

Overall summary

We carried out an announced comprehensive inspection on 31/10/17 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led? At the inspection we found the provider was not meeting the regulations for providing safe, effective and well-led care. The full comprehensive report on the October 2017 inspection can be found by selecting the 'all reports' link for Dr Michael Mitchell on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 29/11/18 to confirm that the practice had taken action to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 31/10/17. This report covers our findings in relation to those requirements.

At this inspection we found the provider had made the necessary improvements

Our key findings were:

- There was a system in place for reporting and investigating significant events.
- Systems were in place to keep patients safe and safeguarded from abuse.
- Quality improvement activity had been initiated.
- There was a process in place to ensure staff received annual appraisals.
- Staff had been trained to carry out their roles.
- There was a system in place to gather and act on feedback from patients.
- Governance and oversight had improved.

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

- Continue to develop quality improvement activity.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Dr Michael Mitchell

Detailed findings

Background to this inspection

Dr Michael Mitchell is an independent provider of general medical services and treats both adults and children from a location in Northwood in the London borough of Hillingdon. Dr Michael Mitchell is a single-handed doctor who is supported by two reception staff.

The provider is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

Services provided include long-term condition management, travel vaccinations, childhood immunisations, health screening, sexual health services, end of life care, substance misuse, cryotherapy and wound management.

Appointments are available weekdays from 8am to 12 noon which includes a walk-in service. For out of hours care the provider has an agreement with a private locum agency, alternatively patients are signposted to the local urgent care centre. The doctor has a patient list size of over 1,000 patients and provides an average of four consultations a day.

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

Are services safe?

Our findings

At our previous inspection on 31 October 2017, we found the provider was not meeting the regulations for providing safe services.

- **There were some systems in place to keep patients safe. However, we identified shortfalls in relation to safeguarding, chaperoning, infection control, equipment safety, medicine management and emergency provisions.**
- **There was no formal system for reporting and investigating incidents and significant events.**

We found the provider was meeting the regulations for providing safe care when we undertook a follow-up inspection on 29 November 2018.

Safety systems and processes

- At the inspection in October 2017 we found that reception staff had not completed safeguarding training to the appropriate level for their role. (It's a requirement set out in the Intercollegiate Guidelines for non-clinical staff to be trained in safeguarding children to level one). Disclosure and Barring Service (DBS) checks were not in place for both reception staff who acted as chaperones and this had not been risk assessed. (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 found that reception staff did not have a clear understanding of the role of a chaperone and they had not received training. In addition, there was no information in the clinic advising patients that chaperoning services were available and the doctor did not record in the patient record when the offer of a chaperone was declined.
- At this inspection we found improvements had been made. There was evidence that reception staff had completed training in safeguarding children to level one and they had completed a basic training module in safeguarding vulnerable adults. Chaperone training had been completed by the reception staff and DBS checks undertaken. Notices were displayed in the waiting area advising of chaperone services and the doctor was routinely logging in patient notes when the offer of a chaperone was declined.

- At the inspection in October 2017 we found that staff had not received training in infection prevention and control (IPC) and audits were not carried out to monitor and improve IPC standards. The provider had not ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions as portable appliance tests (PAT) and medical equipment calibration tests had not been completed.
- At this inspection we found improvements had been made. There was evidence from staff meeting minutes that IPC was a regular topic of discussion and the provider had introduced monthly audits to monitor IPC standards with actions identified to improve standards completed. Calibration tests of medical equipment and PAT tests had been carried out.

Risks to Patients

- At the inspection in October 2017 we found shortfalls in the arrangements to respond to medical emergencies. The clinic had access to a defibrillator, however it was located in a dental practice on the ground floor of the premises and there was no risk assessment in place to mitigate the risk of not having immediate access to one. The provider did not have an oxygen cylinder available and not all the emergency medicines held at the clinic were in date. The doctor and one reception staff had received basic life support training in March 2016 (the Resuscitation Council UK guidelines recommend it should be undertaken annually) and the second receptionist had not received any basic life support training.
- At this inspection we found improvements had been made. The provider had purchased an oxygen cylinder and a defibrillator which were kept in the consultation room ready for use. Emergency medicines were in date and expiry dates were being monitored. All staff had received basic life support training in the last 12 months.

Safe and appropriate use of medicines

- At the inspection in October 2017 we found shortfalls in the systems in place for managing medicines. Although it was recorded in the patient notes when a controlled drug prescription was issued, there was no separate log to track their use. In addition, the provider did not carry out audits of medicines to monitor the quality of prescribing.

Are services safe?

- At this inspection we found improvements had been made. The provider had introduced a system to track and monitor prescriptions of controlled drugs and they had initiated regular audits of antibiotic prescribing to check prescribing was in line with national guidance.

Lessons learned and improvements made

- At the inspection in October 2017 we found that there was no system for recording and acting on significant events.
- At this inspection we found improvements had been made. The provider had developed a comprehensive policy for dealing with significant events and a formal system had been introduced to record, investigate, act on and learn from significant events and adverse incidents.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 31 October 2017, we found the provider was not meeting the regulations for providing effective services.

- **Quality improvement activity needed developing particularly in relation to clinical audit.**
- **There were shortfalls in staff training including safeguarding, chaperoning, infection control, fire safety and basic life support.**
- **There was no formal process in place to ensure all staff received annual appraisals.**

We found the provider was meeting the regulations for providing effective care when we undertook a follow-up inspection on 29 November 2018.

Monitoring care and treatment

- At the inspection in October 2017 we found that quality improvement activity was not routinely carried out particularly in relation to monitoring clinical outcomes.
- At this inspection we found improvements had been made. The provider had initiated audits of antibiotic prescribing to check it was in line with national

guidance, audits of patients with long-term conditions had been initiated to check care and treatment was in line with National Institute for Health and Care Excellence (NICE) guidance. In addition, the provider had introduced a rolling audit of patients' consultation records to ensure they were of a consistent standard in line with General Medical Council (GMC) guidance.

Effective staffing

- At the inspection in October 2017 we found that staff had the skills, knowledge and experience to carry out their roles. However, there were some shortfalls in staff training including safeguarding, chaperoning, infection prevention and control, fire safety and basic life support. In addition, formal appraisals for reception staff were not carried out.
- At this inspection we found improvement had been made. Since the previous inspection all staff had received training in safeguarding children and vulnerable adults, chaperoning, basic life support, infection prevention and control and fire safety. Reception staff had received an appraisal and their training and development needs discussed.

Are services well-led?

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

Our findings

At our previous inspection on 31 October 2017, we found the provider was not meeting the regulations for providing well-led services.

- **There was no program of continuous clinical and internal audit in place.**
- **There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we identified shortfalls in the systems in place to keep patients safe.**
- **There was no system in place to gather and act on feedback from patients.**

We found the provider was meeting the regulations for providing well-led care when we undertook a follow-up inspection on 29 November 2018.

Managing risks, issues and performance

- At the inspection in October 2017 we found shortfalls in the systems in place to keep patients safe including the those for managing medicines, significant events, safeguarding children and vulnerable adults, infection prevention and control, chaperoning, medical

emergencies and equipment safety. There was no program of continuous clinical and internal audit. Clinical audit was not routinely carried out and infection control audits had not been completed to monitor and improve infection control standards. There were no evidence of medicine audits including audits of antibiotic prescribing to promote good antimicrobial stewardship.

- At this inspection we found governance systems and oversight had improved. Effective systems had been implemented to keep patients safe. Infection control audits and antibiotic prescribing audits had been carried out. Quality improvement had been developed to include audit of clinical care to ensure it was provided in line with national guidance.

Engagement with patients, the public, staff and external partners

- At the inspection in October 2017 we found that there was no system in place to gather and act on feedback from patients.
- At this inspection we found improvement had been made. The provider had introduced a patient satisfaction questionnaire. All the feedback we reviewed was positive about the service provided.