

John Gayner

# The Practice

## Inspection report

6b Sloane Square,  
London,  
SW1W 8EE  
Tel: 020 7730 3700  
Website: [www.sloanedoc.co.uk](http://www.sloanedoc.co.uk)

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## Ratings

### Are services safe?

## Overall summary

We undertook a comprehensive inspection of The Practice on the 21 June 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found that the service was providing effective, caring, responsive, well led care however, they were not providing safe care in accordance with the relevant regulations.

The full comprehensive report following the inspection on 21 June 2018 can be found by

selecting the 'all reports' link for The Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an announced focused inspection of The Practice on the 25 April 2019 to confirm the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 21 June 2018. These were;

- Not all arrangements for dealing with medical emergencies were effective. The adult pads for the defibrillator had expired in 2016 and there were no children's pads. and there was no oxygen held onsite.
- There were no quality improvement activities in the service.

- Review the need for a formalised business continuity plan.
- There was no oxygen on site and no risk assessment for its omission.
- The service did not stock all of the recommended emergency medicines.

This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

### Our findings were:

#### Are services safe?

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

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

The Practice is a private doctor consultation and treatment service. The clinic offers private consultations with a general physician with additional medical

# Summary of findings

screening and vaccination services. There is one male GP supported by a medical secretary/practice manager. The service operates five days a week from 6B Sloane square, London, the building is shared with another private doctor. Services are provided on the second floor, there is one large doctor's consulting room and shared administration and reception areas.

The service is open from Monday to Friday 8.30am to 6pm.

Dr John Gayner 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 feedback from four people about the service, including comment cards, all of which were very positive about the service and indicated that clients were treated with kindness and respect. Staff were described as helpful, caring, thorough and professional.

## Our key findings were:

- Systems and processes were in place to keep people safe. The service lead was the lead member of staff for safeguarding and had undertaken adult safeguarding to level two and child safeguarding training to level three. Whilst the provider did not directly provide clinical services for patients under the age of 18 there is an expectation that staff working in a health care setting are trained in child safeguarding in line with the intercollegiate guidance.
- The service had conducted quality improvement activity since the last inspection.
- The provider was aware of current evidence based guidance and they had the skills, knowledge and experience to carry out his role.
- The provider was aware of their responsibility to respect people's diversity and human rights.
- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- There was a complaints procedure in place and information on how to complain was readily available.
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The service had systems in place to collect and analyse feedback from patients.

## Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

# The Practice

## Detailed findings

### Background to this inspection

The Practice was inspected on the 25 April 2019. The inspection team comprised a lead CQC inspector and a GP Specialist Advisor.

We carried out this focused 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.

During the inspection we utilised a number of methods to support our judgement of the services provided. For example, we interviewed staff, observed staff interaction with patients and reviewed documents relating to the service.

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

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

# Are services safe?

## Our findings

We undertook a comprehensive inspection of The Practice on the 21 June 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found that the service was providing effective, caring, responsive, well led care however, they were not providing safe care in accordance with the relevant regulations.

The issues raised were;

- Not all arrangements for dealing with medical emergencies were effective. The adult pads for the defibrillator had expired in 2016 and there were no children's pads. and there was no oxygen held onsite.
- Review the need for a formalised business continuity plan.
- There was no oxygen on site and no risk assessment for its omission.
- The service did not stock all of the recommended emergency medicines.

### Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff, locums. They outlined clearly who to go to for further guidance.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks

identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- There was a health and safety policy available and there was a system in place to liaise with the building management to conduct and review health and safety premises risk assessments, control of substances hazardous to health (COSHH) and legionella risk assessment and management (Legionella) is a term for a particular bacterium which can contaminate water systems in buildings).
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- All the medicines we checked were in date and stored securely.
- There had been a fire risk assessment in February 2018, Staff had all had fire training and all fire equipment had been serviced and checked.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

# Are services safe?

- When reporting on medical emergencies, the guidance for emergency equipment is in the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with DHSC guidance in the event that they cease trading.
- The service lead was the lead member of staff for safeguarding and had undertaken adult and child safeguarding training.
- Referral letters included all of the necessary information.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service did not carry all the recommended emergency medicines nor did they have a defibrillator or carry oxygen. They had however, carried out risk assessments for their omission, and felt that their proximity to a tube station (2 mins) with a defibrillator and oxygen from a large teaching hospital (4 mins) and the fact that they only saw patients by appointment and

did not see acutely ill patients meant that the risk was small. They indicated that in their 20 years of practice they had never had an emergency, they did however carry Adrenaline.

- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there is a different approach taken from national guidance there is a clear rationale for this that protects patient safety
- Processes were in place for checking medicines and staff kept accurate records of medicines.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service had established a business continuity plan, to cover either illness or unavailability of the premises.
- 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.
- All staff had received annual basic life support training.

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The 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:

## Are services safe?

- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The

service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. There had been no significant events in the last two years.