

# GPDQ Head Office

## Inspection report

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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		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Overall summary

**This service is rated as Good overall.** (Previous inspection Dec 2017 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at GPDQ Head Office as part of our inspection programme.

The Chief Medical Officer 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.

## Our key findings were:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- Patients received effective care and treatment that met their needs.
- Not all staff had two professional references in their recruitment files.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to meet patients’ needs. Patients could access care and treatment in a timely way.
- The way the service was led and managed promoted the delivery of high-quality, person-centre care. There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The Chief Medical Officer had received nominations and accolades for his work to retain GPs in the NHS and promote GP well-being in the UK.

The areas where the provider **should** make improvements are:

- Ensure that all clinical and non-clinical staff have two references filed for professional background checks.

**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 specialist adviser and a GP Clinical Fellow.

## Background to GPDQ Head Office

GPDQ Limited provides mobile, private GP services in the Greater London area and in Birmingham, through its location, GPDQ Service Office, also known as GPDQ. The organisation is based at 7 Natal Road, London, N11 2HU. The premises are used for management and administrative purposes only. The provider does not consult with patients in its own premises.

GPDQ Limited provides private GP services which are available to any fee paying patient of any age. The service is managed by a Management Board which includes a non-clinical Chairperson and Chief Executive Officer, a Chief Medical Officer and two Clinical Directors all of whom are qualified GPs. The Chief Medical Officer is also a partner in an NHS GP service. The Management Board is advised on clinical matters by a Clinical Board, two members of which are external advisors.

Consultations are undertaken by 91 part-time GPs, all of whom also work in NHS GP services. There are also approximately 15 nurses undertaking clinical work. There are eight operational managers, including a manager of clinical operations, analytics, marketing, corporate well-being and development. The team is completed by five administrative employees. Patients using services provided by GPDQ Limited contact the provider by telephone or through its website.

Patients are seen by the GP in their own homes, places of work, hotels or other external locations. The service is currently available almost throughout England. The service can be accessed using the website or via phone twenty four hours per day and by telephone between 8am and 6pm. Appointments are available between 8am and 11pm, 365 days a year.

As part of our inspection we reviewed large amounts of patient feedback. The provider had undertaken recent satisfaction survey activity and had collected feedback from complaints, compliments and social media. The majority of feedback received was positive with people referring to the service as easy and convenient to use and doctor's being caring and highly responsive. There were no consistent themes amongst less positive comments.

### How we inspected this 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?

**We rated safe as Good because:**

## **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 including locums. 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 systems to safeguard children and vulnerable adults from abuse.
- Although there was no safeguarding register kept or reviewed by the service, one was generated following the inspection. There were no patients on this register and there had not been any safeguarding concerns identified.
- 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. The provider had also compiled a library of safeguarding information so that staff were able to access the correct information for the local safeguarding team for the geographical area in which they had a concern. This information was available on the provider's intranet system and all GPs were able to access this remotely.

## **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.
- The provider expected that all GPs would conduct consultations in private and maintain patient confidentiality. Each GP used an encrypted, password secure laptop to log into the operating system, which was a secure programme. GPs were required to complete a home working risk assessment to ensure their working environment was safe.
- There were processes in place to manage any emerging medical issues during a consultation and for managing test results and referrals. The service was not intended for use by patients with either long term conditions or as an emergency service. In the event an emergency did occur, the provider had systems in place to ensure the location of the patient at the beginning of the consultation was known, so emergency services could be called.
- A range of clinical and non-clinical meetings were held with staff, where standing agenda items covered topics such as significant events, complaints and service issues. Clinical meetings also included case reviews and clinical updates. We saw evidence of meeting minutes to show where some of these topics had been discussed.
- The office team carried out a variety of checks on a daily, weekly and monthly basis. These were recorded were discussed at clinical meetings. More urgent matters, such as inappropriate prescribing was monitored for and investigated on a daily basis.

## **Information to deliver safe care and treatment**

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

# Are services safe?

- Potential GP employees had to be currently working in the NHS (as a GP), be registered with the General Medical Council (GMC), on the GP register with a license to practice and on the National Performers List. The service held copies of up to date evidence relating to their qualification and training in safeguarding and the Mental Capacity Act.
- Arrangements were in place and implemented to ensure the professional revalidation of medical and nursing staff. We saw a staff matrix which included details of registration and revalidation for all clinical staff. We noted that when a clinician's revalidation was overdue, their availability was suppressed on the IT system which meant they could not be allocated to any work assignments.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- We reviewed five recruitment files which generally included the necessary documentation. We found that three out of the five files did not have two references as required by the internal policy and one of these staff members was a working GP for the service. Since the inspection, references have been requested for all of these staff members.

## Safe and appropriate use of medicines

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

- The provider's offices were used for management and administrative purposes only and there were no medicines held on the premises. There was no prescribing carried out at this location. The provider had undertaken an assessment to inform its policy around mobile clinical staff carrying emergency medicines. The provider had concluded that the potential benefits to patients were outweighed by the risks associated with GPs carrying emergency medicines during visits. However, there were arrangements in place to ensure that GPs carrying out travel vaccinations had access to medicines for anaphylaxis. Anaphylaxis is an allergic reaction, which can occur because the body's immune system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat, including vaccinations.
- 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 was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- Fully electronic prescribing through a high security system was available for all patients to ensure fast and safe treatment.
- There were effective protocols for verifying the identity of patients including children.
- Patients could choose the pharmacy where they would like their prescription dispensed. The prescription could be dispensed by their preferred local pharmacy for collection by the patient.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. Patient safety alerts containing safety critical information were received, cascaded to relevant staff and followed up to ensure patient safety.
- 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 IT systems that were accessible to all staff held all significant events in a single log that automatically populated onto a significant events standing agenda item at all staff meetings, such as management and administrative as well as clinical and board meetings.

## Lessons learned and improvements made

# Are services safe?

## **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. For example, when some test results had not been shared with patients or had been shared incorrectly, the service implemented a new process to retrospectively audit and check test results that had been shared.
- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

**We rated effective as Good because:**

## **Effective needs assessment, care and treatment**

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

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- The service ensured that clinicians would always advise patients that the service provided should not be considered to be an emergency service and provided advice on what to do if their condition deteriorated suddenly, including where to seek further help and support.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. For example, in conclusion from a medical notes audit, the service found that further safety netting should be implemented for patients along with more detailed medical notes.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

## **Effective staffing**

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council and Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

## **Coordinating patient care and information sharing**

**Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

# Are services effective?

- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

## **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.**

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

## **Consent to care and treatment**

### **The service obtained consent to care and treatment in line with legislation and guidance.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making. There was a detailed consent form for all patients to sign before being assessed or treated.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received. There were nearly 5000 positive feedback comments from patients who had received care.
- Feedback from patients was positive about the way staff treat and care for people.
- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.

## **Involvement in decisions about care and treatment**

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

- Interpretation services were available for patients who did not have English as a first language.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **Responding to and meeting people's needs**

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

- The provider understood the needs of their patients and improved services in response to those needs. Patients can access a GP 7 days a week between 8am and 11pm through the website or call centre. Overall appointments are available within 90 minutes of the patient accessing the service.
- There were arrangements in place to ensure patients could access services such as psychiatry or specialist crisis support so that patients with acute needs could be supported.
- Patients could request a male or female clinician.
- During the pandemic, GPDQ organised a home visiting service across the Midlands and Greater London. They also set up COVID testing hubs across Birmingham, Coventry, Peterborough, North Warwickshire, Dudley and Cambridgeshire. Through this work the service prevented 80% of the patients they saw from using emergency services and they attended the most vulnerable and high risk patients such as care homes and patients who were housebound. All of the appointments or visits were arranged via the local CCGs and clinicians shared all medical notes and records with NHS GPs. Throughout this time staff had access to and used the advised personal protective equipment (PPE).
- The service set up a visiting service during the pandemic in Sandwell and West Birmingham CCG just seven days after being asked. We saw a large amount of positive feedback about the work done by staff at these sites.

## **Timely access to the service**

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. One patient needed urgent referral to emergency services and this was done immediately which resulted in that patient being safely treated.

## **Listening and learning from concerns and complaints**

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example where one patient had complained about an unclear policy regarding PPE, the policy was adapted so that it was clarified.

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability**

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- The leadership team was dedicated to staff well-being and retention of GP's in the NHS. These two principals were followed by various measures put in place to ensure support for staff such as free counselling or therapy if needed or exercise classes and bonding activities online.
- The Chief Medical Officer was nominated for the British Asian Hero Campaign due to their work and efforts during COVID. This campaign was recognised by the Prime Minister for its hard work during the pandemic.

## **Vision and strategy**

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

## **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. Staff could be supported to complete further education such as business degrees.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff 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. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

# Are services well-led?

- 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.
- There were positive relationships between staff and teams.

## 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. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Managing risks, issues and performance

### **There were clear and effective clarity around 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.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- 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.

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

### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

# Are services well-led?

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement. The service was in the process of piloting a new end to end system for integrated care using technology which enabled care homes to monitor, diagnose and treat service users.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work.