

Woodbury Medical Ltd

# Doctors at Petts Wood

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 9 May 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

### Our findings were:

#### Are services safe?

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

#### Are services effective?

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

#### Are services caring?

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

#### Are services responsive?

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

#### Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

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 service has a 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.

This provider offers private GP services, and vaccinations.

Ten patients provided feedback about the service on the Care Quality Commission comments cards, all the comments were positive.

### Our key findings were:

- Policies and procedures were in place to support the delivery of safe care.
- The service was aware of and complied with the requirements of the Duty of Candour.
- Feedback from patients was positive.
- There was a clear pricing structure to help patients understand the total cost of services available.
- There was an effective system in place for obtaining patients' consent.

# Summary of findings

- Staff treated patients with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.

We identified areas where the service could improve and should:

- Review signs displayed in reception, to enable patients to know what to do in the event of a fire.
- Review and update the safeguarding policy to specify who the safeguarding lead is.
- Review process for verifying patients identity.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

- We found there was an effective system for reporting and recording significant events, one event had been reported during the previous year. There were systems to help ensure that if things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities. All staff had received the relevant level of training on safeguarding children and vulnerable adults relevant to their role.
- Records were kept securely electronically and they were clear, accurate and auditable.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- The practice had adequate arrangements to respond to emergencies and major incidents, however there were no signs in the reception area indicating what to do in the event of a fire.

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### **Are services effective?**

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

- Staff were aware of current evidence based guidance and acted upon it.
- The service had a system of audits which demonstrated quality improvement.
- Staff sought and recorded patients' consent to care and treatment and understood the requirements of legislation and guidance when considering consent.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

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### **Are services caring?**

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

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- All of the 10 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the provider offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
- Patients' medical records were all stored securely electronically, only clinical staff could access patient records.
- The provider maintained patient and information confidentiality.

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### **Are services responsive to people's needs?**

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

- The service provided an information pack which detailed all services offered including a price list information on clinicians, complaints, a privacy policy and information about a loyalty plan.
- All patients' appointments were pre-bookable and the service offered 30 minute consultations.
- The service saw babies from eight weeks old, children and adults.

# Summary of findings

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- The service had good facilities and was well equipped to treat patients and meet their needs. The premises were wheelchair accessible, with the exception of the patient toilet facilities.

Information about how to complain was available. There was a policy on handling complaints that included processes for learning from complaints

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## **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

- The service had a clear vision and strategy to deliver high quality care.
  - The service had a mission statement which was displayed in reception and included in the patient information pack.
  - There was a clear leadership structure and staff felt supported by management. The policies and procedures to govern activity were effective and had all been reviewed in April 2018.
  - An overarching governance framework supported the delivery of the strategy and good quality care.
  - Staff had annual performance reviews and attended staff meetings and training opportunities.
  - The service was aware of the requirements of the duty of candour.
  - There was a culture of openness and honesty.
  - The service had systems for knowing about notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
  - The service sought feedback from staff and patients.
  - There was a focus on continuous learning and improvement at all levels.
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# Doctors at Petts Wood

## Detailed findings

### Background to this inspection

We carried out this comprehensive 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.

Our inspection was led by a CQC inspector with a GP specialist advisor.

Before visiting, we reviewed a range of information we hold about the service. During our visit we:

- Spoke with the GP, the service manager, a nurse practitioner and a member of the administrative team.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment in use.

Doctors at Petts Wood provides private GP services including travel and immunisations which are available to any fee-paying patient, the service sees babies from two months old, children and adults. All appointments are pre-bookable. The service has been operational for two years.

The service is registered with the CQC to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

The service is located in Petts Wood, Orpington in the London Borough of Bromley, the premises for the private doctors surgery are shared with their private dental practice, H. Williams & Associates. There is one clinical consultation room.

The service is operated by one male GP, one female nurse practitioner and is supported by a medical secretary and a service manager. Staff who are required to register with a professional body were registered with a licence to practice.

Services were available by appointment only, opening hours are:

Monday 8am – 7.30pm

Tuesday 8am – 7.30pm

Wednesday 8am – 7.30pm

Thursday 8am – 7.30pm

Friday 8am – 7.30pm

Saturday 9am-1pm

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

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

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

# Are services safe?

## Our findings

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

### Safety systems and processes

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

- The service conducted safety risk assessments and had policies which were regularly reviewed and communicated to staff.
- The service had systems to safeguard children and vulnerable adults from abuse, policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance and how to report safeguarding concerns to relevant external agencies. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding.
- All staff had received training on safeguarding children and vulnerable adults relevant to their role. The service GP was trained to child safeguarding level three, the nurse practitioner and other staff members was trained to level two.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff in line with service policy. (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).
- Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The practice carried out staff checks, including checks of professional registration where relevant. All the clinical staff had undertaken professional revalidation as required.
- There was an effective system to manage infection prevention and control.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

### Risks to patients

The service had adequate arrangements to assess, monitor and manage risks to patient safety.

- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Clinicians knew how to identify and recognise those in need of urgent medical attention and manage patients with severe infections, including sepsis.
- All staff had received annual basic life support training. There were emergency medicines available and staff knew where they were located. There was a risk assessment of which emergency medicines the service should stock.
- There was oxygen with adult and children's masks. There was a first aid kit, and accident book.
- All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan for major incidents such as power failure or building damage.
- A medical indemnity policy was in place for all clinical staff.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- Patient records were stored securely on the service computer, which was backed up.

### Information to deliver safe care and treatment

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the patient record system and their intranet system.

- Individual care records were written and managed in a way that kept patients safe.
- The service kept the patients' GPs informed about the treatment if required. The service used the Personal Child Health Record (also known as the PCHR or 'red book') which is the national standard health and development record given to parents/carers at a child's birth, to record immunisations and as a means of checking that immunisations were appropriate.
- Patients provided personal details at the time of registration including their name, address and date of birth. Staff checked patient identity by the information supplied on the registration form, however this information was not verified.

# Are services safe?

- The service processes for checking the adult accompanying a child patient had the authority to do, would be via a child's "red book" to confirm their identity. The service told us for older children they would ask the child and if in doubt they would not see the child. The service informed us if they had any concerns they would follow their safeguarding process.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- The practice kept prescription stationery securely.
- Staff prescribed, administered and gave advice to patients on medicines in line with legal requirements and current national guidance.
- All clinical staff were aware of safety and medicine alerts.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity to understand risks and where identified made necessary safety improvements.

- There was a system for reporting and recording significant events. There had been one significant event over the last year.
- The service carried out regular fire drills.
- The service did not display information on what patients should do in the event of a fire, however the service had adequate fire and prevention and detection systems. The service had appropriate health and safety policies in place.

## Lessons learned and improvements made

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons and took action to improve safety in the practice. For example, there had been one safety incident where a patient was given the wrong quantities of medication on a prescription. The patient returned the prescription; the service apologised and prepared a new prescription. As a result of this incident, the service reviewed its processes to ensure that all prescribers double checked quantities prescribed before patients leave this was a second check process by another prescriber.
- The service kept written records of verbal interactions as well as written correspondence.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards such those from the Public Health England and the National Institute for Health and Care Excellence.

- Patients were required to complete a comprehensive questionnaire regarding their previous medical history. The service had two separate patient questionnaires one for adults and one for children.
- We saw no evidence of discrimination when making care and treatment decisions.

### Monitoring care and treatment

There was evidence of quality improvement activity including clinical audit:

- There had been audits carried out of patients age in relation to the onset of dementia, patients waiting time to access appointments and patients with mental health illness.

### Effective staffing

- Staff received training that included: safeguarding adults and children, fire safety awareness, basic life support, mental capacity act training and information governance.
- The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- The learning needs of staff were identified through a system of appraisals, meetings and formal and informal reviews.
- All employed staff had received an appraisal within the last 12 months.

### Coordinating patient care and information sharing

- From documented examples we reviewed we found that the service shared relevant information with other services in a timely way, for example when referring patients to other services.
- Where patients' consent was provided, all necessary information needed to deliver their ongoing care was shared with other services and patients received copies of referral letters.
- Referral letters contained the necessary information.

### Supporting patients to live healthier lives

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

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- All patients and patients' parents/guardians provided consent as in the provider's policy.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff demonstrated they understood and would carry out assessments of capacity to consent in line with relevant guidance, including for children and young people.



# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- All of the 10 patient Care Quality Commission comment cards we received were wholly positive about the service experienced.
- Consultation room doors were closed during consultations; conversations taking place in the room could not be overheard.

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

The service had facilities in place to assist patients with specific needs to be involved in decisions about their care.

- The service's website provided patients with information about the range of treatments available including costs.
- There was evidence in the treatment plans of patients' involvement in decisions about their care.
- We saw that there were information leaflets about the various treatments.

### **Privacy and Dignity**

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Patient records were stored securely on the service computer.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

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

- The facilities and premises were appropriate for the services delivered.
- There was a comprehensive price list so that patients were aware of the total costs of any particular course of treatment.
- The service had access to translation services if required.
- All patients attending the service referred themselves for treatment. There were processes in place to refer patients for onward treatment or to NHS GP services where required.

- Information about how to make a complaint was displayed in the reception area.
- There was information on the service website which included arrangements for dealing with complaints service cost and a section to provide feedback.

### Timely access to the service

The service was open Monday to Friday between 8am and 7.30pm and on a Saturday between 9am and 1pm. Services were not provided outside of these times.

The service did not offer out of hours care.

### Listening and learning from concerns and complaints

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

- There had been no complaints in the previous year. There was a policy for managing complaints. The provider showed us how a complaint would be dealt with and the processes that were in place for learning from complaints.

# Are services well-led?

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

## Our findings

We found that this service was providing well-led care in accordance with the relevant regulations

### Leadership capacity and capability;

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

### Vision and strategy

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

- The service planned its services to meet the needs of service users.
- The service had a vision to provide quality treatment and care for its patients.
- There was a mission statement and this was displayed in reception and on the service leaflet.

### Culture

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

- The service focused on the needs of patients.
- The service was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). There was a culture of openness and honesty.
- Staff felt respected, supported and valued. They were proud to work in the service.

### Governance arrangements

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

- Service leaders had established clear policies, procedures and activities to ensure safety.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- We saw evidence of a standing agenda where all staff were involved in discussions this allowed for lessons to be learned and shared following significant events and complaints.

### 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 risks including risks to patient safety.
- The practice had a programme of clinical audit in place in order to review the effectiveness of clinical care or the adherence to clinical policy and guidance (such as adherence to prescribing guidelines).
- There were regular test of the fire safety equipment and regular fire drills. However, the provider had not ensured appropriate signage was in place in the reception area to advise patients of the procedure to follow in the event of a fire.

### Appropriate and accurate information

- Patients completed a comprehensive questionnaire regarding their previous medical history.
- Patients' GPs were informed of treatment where required.
- The service used patient satisfaction information which was monitored and discussed to ensure that patients were happy with the service being provided.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- Referral letters were timely and contained the appropriate information.

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

The service involved patients and staff to support high-quality sustainable services.

# Are services well-led?

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

- Patients' and staff views and concerns were encouraged, heard and acted on to shape services. For example the service conducted a patient survey in October 2017 seeking patient feedback in relation to the service provided, 23 patients participated, results showed that patients were satisfied with their appointment and the staff.
- There were 10 CQC patient comment cards. All the cards included positive feedback.

## **Continuous improvement and innovation**

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

- There were plans to recruit a female GP.
- The nurse practitioner was undertaking training in skin tag removal which was an additional service that would be provided once her training was complete.