

Lister Medical Group LTD

# Edgbaston Private Medical Practice

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 22 November 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led? We previously inspected the service as part of a pilot inspection of independent health care in March 2016.

#### **Our findings were:**

##### **Are services safe?**

We found some areas where the service was not providing safe care in accordance with the relevant regulations. For example, risk assessments and systems for monitoring risks were not always well documented to demonstrate a comprehensive approach to identifying and managing them.

##### **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.

##### **Background**

Edgbaston Private Medical Practice registered with CQC under the provider organisation Lister Medical Group Ltd in June 2016. Prior to this Edgbaston Private Medical Practice was registered under the provider organisation Listers Medical Associates Ltd and was inspected as a pilot service on the 18 March 2016 for the inspection of independent healthcare organisations. At the inspection on the 18 March 2016 the service was found to be compliant against the regulations associated with the Health and Social Care Act 2008.

Edgbaston Private Medical Practice provides a private medical service to adults and children. Services include a private general medical service, immunisations such as child immunisations and travel vaccinations, contraceptive and sexual health services, health

# Summary of findings

screening and lifestyle management. The practice team consists of a principal GP, two associate GPs, a practice manager and a team of four support / administrative staff.

- The service is located in a converted house that has been adapted to provide medical services in a business area of Edgbaston, Birmingham. The provider has recently opened a branch surgery in Birmingham City Centre located at Imperial & Whitehall Chambers, First Floor, 23 Colmore Row, Birmingham B3 2BS.

The practice is open for appointments six days a week between 9am and 6pm on Mondays, Tuesdays, Wednesdays and Fridays. On Thursdays between 9am and 7pm and on a Saturday between 9am and 1pm. Appointments can be booked in person, by telephone or by email. The practice offers patients the option as a pay as you go service or through an annual subscription. In the last 12 months the service carried out 6136 consultations.

The practice is not required to offer an out of hours service. Patients who need medical assistance out of corporate operating hours are requested to seek assistance from alternative services such as the NHS 111 telephone service or accident and emergency.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice is part of a limited company called Lister Medical Group LTD and non-invasive cosmetic procedures are offered as part of the Edgbaston aesthetics service which is also part of Lister Medical Group Ltd. The non-invasive cosmetic procedures provided to patients under arrangements made by the Edgbaston aesthetics service are exempt by law from CQC regulation. Therefore, at Edgbaston Private Medical Practice, we were only able to inspect the services which are not arranged for patients under the Edgbaston aesthetics service.

The principal GP 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 completed comment cards where patients and members of the public shared their views and experiences of the service. Patients spoke highly of the service, they described staff as professional, helpful and friendly. They told us that they felt they listened to and would be happy to recommend the service to others.

## Our key findings were:

The service was providing safe, effective, caring, responsive and well led care in accordance with the relevant regulations.

- There were systems in place to keep patients safe and safeguarded from abuse, although the provider did not have systems for actively seeking assurance of parental responsibility for children attending the service.
- The practice assessed risks to patient safety and we found the premises appeared well maintained. However, risk assessments and systems for monitoring risks were not always well documented to demonstrate a comprehensive approach to identifying and managing them. Following the inspection the provider sought to review and revise some of the systems in place.
- There were effective systems in place for recording, investigating and learning from significant events.
- Care and treatment was provided in line with evidence based guidance.
- Staff worked with other health professionals where appropriate and supported patients to lead healthier lifestyles.
- The provider participated in improvement activity such as clinical audit to support service improvements.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

# Summary of findings

- Patient feedback through CQC comment cards and the provider's own surveys showed patients were happy with the service received and that they felt involved in decisions about their care.
- Services were provided that were responsive to the needs of the population served. This included timely and flexible services.
- There was clear leadership and governance arrangements to support the running of the service and delivery of high quality care. Staff felt supported.
- The provider was proactive in identifying challenges and responsive to feedback received to support service improvements.

We identified regulations that were not being met and the provider must:

- Ensure effective systems for managing risks to ensure a comprehensive assessments are undertaken and rationale for decisions made are clear.

You can see full details of the regulations not being met at the end of this report.

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

- Review and implement systems for providing assurance that persons accompanying a child has parental responsibility.
- Review systems for obtaining DBS checks to ensure they are current at the time of recruitment.
- Review and identify how accessible information may be obtained if needed for patients.
- Review record keeping in relation to staff meetings to ensure key issues are discussed and for monitoring staff training.

# 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.

- The provider had systems and processes in place to keep patients safe and safeguarded from abuse. This included safeguarding arrangements, management of infection control, medicines, staff recruitment, equipment and for unforeseen events. In most cases these were well implemented. However, we also identified some areas the provider should improve for example, systems for assuring themselves that parents accompanying a child has parental responsibility.
- The premises appeared well maintained and risk assessments had been undertaken. However, risk assessments and systems for monitoring risks were not always well documented to demonstrate a comprehensive approach to identifying and managing them.
- There were effective systems in place for recording, reporting and managing significant events and incidents and for sharing learning.
- Safety alerts were reviewed and acted on to support service improvement.
- Systems were in place for managing complaints and patients were made aware of these.

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### **Are services effective?**

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

- Clinical staff carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE).
- The provider had systems for supporting improved outcomes for patients. Patients received timely care and treatment.
- The provider participated in quality improvement activity including clinical audits which demonstrated service improvements.
- The provider worked with other health and social care professionals where required to ensure patients received the care and treatment they needed.
- Services were provided to promote health and support patients in leading healthier lives, this included health checks and screening services.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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### **Are services caring?**

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

- Positive feedback was received from patients through the CQC comment cards and the providers own in-house patient satisfaction survey. Patients said they were treated with dignity and respect and were involved in decisions about their care and treatment.
- Staff told us that they had not had situations where patients had required support to be involved in making decisions about their care and treatment but would look to provide this if requested.
- Staff respected and promoted patients' privacy and dignity.
- However, we also identified an area the provider should improve in relation to the provision of accessible information.

# Summary of findings

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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 provider understood the needs of its patients, services were organised and delivered to meet those needs and took account of patient preferences.
- The provider was proactive in identifying people whose lifestyle may make it difficult to see a GP and provided primary medical care that was convenient for this group of patients.
- The provider offered flexibility in the provision of care. Patients could access appointments within 24 hours and at a time that suited them. Appointments were available six days a week, including a late night on a Thursday and on Saturday mornings.
- The practice had systems in place for handling complaints and concerns.

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

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

- There was clear leadership and governance arrangements which supported the running of the service and the delivery of high quality, sustainable care.
  - The provider was proactive in identifying areas for improvement and addressing those.
  - The provider had a clear vision for the future and staff were aware of this.
  - There was a supportive culture and staff felt valued and able to raise issues or concerns if needed.
  - Staff were supported by a range of policies and procedures that were reviewed regularly.
  - Feedback from patients was sought to help drive improvement.
  - However, we also identified some areas the provider should improve for example, clearer management of risks and the rationale for decisions and record keeping in relation to staff training and staff meetings to ensure key issues are discussed.
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# Edgbaston Private Medical Practice

## Detailed findings

### Background to this inspection

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.

Our inspection team consisted of a CQC Lead Inspector and a GP Specialist Advisor.

The inspection team:-

- Carried out an announced inspection at Edgbaston Private Medical Practice on 22 November 2017.
- Spoke with staff.

- Reviewed patient feedback from the completed CQC comment cards and the provider's own survey.
- Reviewed the practices policies and procedures and other documentation made available by the provider in relation to the running of 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

### Safety systems and processes

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

- The provider had policies and procedures in place covering adult and child safeguarding to provide support and guidance to staff. The policies contained contact details for relevant agencies responsible for investigating safeguarding concerns. We also saw information relating to Female Genital Mutilation (FGM) and pathways for reporting. All GPs working at the practice were trained to safeguarding level three and non-clinical staff to level two. Staff demonstrated they understood their responsibilities and were able to give an example of a safeguarding concern they had appropriately identified and raised. When we inspected there was no system for alerting staff if a patient was at risk or vulnerable. Following the inspection the provider advised us that they had introduced a code so that they could identify vulnerable or at risk patients in future. There was also no process for staff to assure themselves that an adult accompanying a child had parental authority such as identification checks.
- Notices were displayed which advised patients that chaperones were available if required. There was a chaperone policy in place. Staff who acted as a chaperone were trained to do so and had undergone a DBS check. (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).
- The provider carried out staff checks, including checks of professional registration where relevant. We reviewed the personnel files for two members of staff (one clinical and one non-clinical). We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service. However, the clinical DBS checks seen were not current at the time of recruitment. Following the inspection the practice

advised us that a new DBS checks had been requested. We saw evidence of revalidation of clinical staff (the process by which clinicians demonstrate their fitness to practice).

- We looked at the systems to manage infection prevention and control. We observed the premises to be visibly clean and tidy. The principal GP was the infection control lead for the service. Staff had access to a range of infection control policies and procedures. There were cleaning schedules and monitoring systems in place for the cleaning of the premises. The principal GP told us that they cleaned clinical equipment such as the ear irrigation and spirometer after each use but did not formally record this. Equipment seen appeared visibly clean. Staff had access to personal protective equipment such as disposable gloves and aprons. The practice had undertaken a recent in-house infection control risk assessment to identify any issues. None were identified. However, we found the risk assessment was not very comprehensive for example, it did not include issues such as infection control training, disposal of waste including sharps or specimen handling.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw evidence that electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. We found the premises appeared well maintained and arrangements in place for the safe removal of healthcare waste. We saw records in relation to fire alarm testing and fire drills carried out and for the servicing of fire equipment. Maintenance issues were logged and monitored and general health and safety risk assessments were undertaken in relation to the premises which included aspects of fire safety and infection control, legionella and the control of substances hazardous to health (COSHH). However, we found risk assessments undertaken were basic and lacked clear evidence as to how the risks had been assessed, such as tools used. There were no safety information available in relation to COSHH and products used on the premises in case of emergency.

### Risks to patients

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



# Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed. Practice staff told us that there were sufficient staff to enable them to provide appointments within 24 hours. They also worked flexibility to cover for each other during leave.
- There was an induction system for temporary staff tailored to their role. A staff handbook was available for all staff with which included policies and procedures staff needed to be made aware of and training staff were expected to complete.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Emergency medicines and equipment including a defibrillator and oxygen were available. These were monitored to ensure they were in date and ready for use. We identified some medicines recommended for use in an emergency that were not available at the time of inspection. Following the inspection the provider sent evidence that these medicines were now available.

## 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 practice had recently procured a web based patient record system used widely in private practice with greater functionalities to better meet the service need. These included a booking system, billing system, formulary, coding and reporting system. The system was backed up in real time and access was available to those authorized via password protection. The practice mainly used electronic records but any paper records held were also stored securely in locked facilities.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Where appropriate information was shared with the patients NHS GP for example if a patient needed an urgent referral.
- Where patients wished to be referred privately for secondary care and treatment information was also shared through referral letters. We saw examples of referral letters and found these did not routinely contain

information such as past medical history, medicines and allergies. Following the inspection the provider forwarded us an updated referral letter template which contained these headings as a reminder to ensure this information was always included even if it was a nil response.

## Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. Medicines stocked were logged and monitored on a monthly basis to check they remained in date. These were kept securely.
- The service employed only GPs who prescribed and there was clear guidance as to what medicines the provider did not prescribe to patients. For example, the provider did not prescribe unlicensed medicines and controlled drugs.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice had a repeat prescribing policy in place which provided guidance to staff to ensure patients received a minimum of an annual review of their medicines. The GP would also liaise with the patients NHS GP for requests for certain medicines.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Access to the British National Formulary and Green Book for information on vaccinations was available to staff. The patient record system included a formulary which alerted clinicians to any drug interactions.
- There was evidence of actions taken to support antimicrobial stewardship. Clinical staff had access to the local antimicrobial guidelines and microbiology contacts for further advice and guidance through the laboratory they regularly used.
- The practice had systems for monitoring the temperature of the medicine fridge used for storing vaccinations. We saw that detailed weekly downloads of the fridge temperatures were checked. We were also advised that the fridge would alarm if temperatures fell outside the set range which would prompt an earlier download. There was a fridge failure protocol which detailed action staff should take if fridge temperatures



# Are services safe?

fell out of range and the principal GP told us of action taken when this had occurred however no records were maintained of action taken. Following the inspection the provider advised us that they were now monitoring fridge temperatures daily and in line with the Department of Health Green Book and forwarded evidence of this.

## **Track record on safety**

The practice had embedded systems for monitoring safety in the practice.

- The service had systems for recording, investigating and learning from incidents and complaints. We saw records dating back to 2013.
- Staff had access to policies and protocols in place for the management of accidents, injuries and near misses and incidents. These included details of agencies for reporting notifiable incidents to.

## **Lessons learned and improvements made**

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. There was a standard reporting form for this and systems for reviewing and investigating when things went wrong.
- We saw that five significant events had been reported and investigated in the last year. Lessons learnt were shared across the staff team at practice meetings and action was taken to improve safety in the service. We saw one example where the vaccine protocol was updated following an incident in which the wrong vaccine had been administered. The patient was informed and received an apology.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. Alerts received were reviewed by the practice manager and principal GP and where relevant shared with staff who signed to say they had seen them. We saw evidence of a recent alert that had been acted on relating to a HIV testing kit.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. We saw examples of NICE guidance being followed in the treatment of patients with diabetes and hypertension.

Our discussions with clinical staff demonstrated best practice being followed in relation to the monitoring of patients with poor mental health and patients who were frail or vulnerable.

The service used local antibiotic guidelines and had undertaken an audit to check this was being followed.

There was a registration form which was completed by patients unknown to the service which enabled staff to obtain details about a patient's past medical history, medicines and allergies to support care and treatment.

The practice made use of local private hospitals for investigations to be made to support diagnosis as required.

Staff knew how to make an urgent referral depending on the patient's preference to be seen privately or through the NHS. Where the need for an urgent referral was identified the service would notify the patient's usual NHS GP by fax and a follow up call to check the fax had been received.

### Monitoring care and treatment

The provider had systems for managing, monitoring and improving outcomes for people. Administrative staff told us that they had internal targets for tasks they carried out to ensure patients received timely care and treatment for example, for sending referral letters. They told us that tasks allocated electronically would change colour as they neared the deadline which enabled them to monitor and ensure they were completed within targets.

The provider undertook quality improvement activity. Clinical audits had been carried out which included an antibiotic audit. This showed improvements at re-audit in adherence to local antibiotic prescribing guidelines. A referral audit had also been undertaken to compare the GPs provisional diagnosis with that of the outcome diagnosis from the specialist consultant.

The provider received quarterly lab reports with regard to cervical samples. We saw a copy of the latest report (July to September 2017) which reported no inadequate samples.

### Effective staffing

Staff had the skills, knowledge and experience to carry out effective care and treatment.

- All three clinical staff were GPs. The two associate GPs also worked for the NHS and were able to bring skills and experience from this. Clinicians had undertaken additional training in areas such as diabetes, dermatology and occupational health.
- Clinical staff had undertaken training in immunisations and had access to on-line resources to support them and keep up to date.
- There was an induction process for new staff including clinicians new to the service. The induction process included a training programme and a range of competency checks which included use of equipment, tests and systems used by the service. The induction process for clinicians was supervised by the principal GP.
- All staff had access to a range of on-line training. At the time of the inspection the provider had not clearly identified core training requirements or had effective systems for monitoring that staff were up to date with training. Following the inspection the provider sent us an update of their required training and new template for recording and ensuring staff remained up to date with this.
- The practice provided staff with ongoing support. This included an induction process and appraisals. This included discussions about learning needs.
- Staff were encouraged and given opportunities to develop. One member of staff had progressed to assistant manager and opportunities were given to apprenticeships within the administrative team.

### Coordinating patient care and information sharing

The provider worked together with other health and social care professionals to deliver effective care and treatment.

- The provider had clear protocols for referring patients to specialists or other services. These were available to staff from their computers.
- The provider shared important information with the patient's usual NHS GP as required such as for patients

# Are services effective?

(for example, treatment is effective)

with poor mental health, safeguarding issues and urgent cancer referrals. For the routine sharing of information with a patient's usual NHS GP the provider obtained consent as part of the registration process.

- The practice was able to give examples of care provided where they had worked alongside other organisations to co-ordinate the care of some of their most vulnerable patients with specific needs.
- The provider was aware that they were not routinely receiving information from private consultants or from the NHS GP following referrals. The provider told us they were currently working on developing a system to monitor this.
- The practice had arrangements in place for managing samples taken. The provider told us that they had daily sample collections and that the pathology laboratory used had a 24 hour turn around for returning results from samples sent. There were systems in place for ensuring test results were fed back to patients in a timely way.

## Supporting patients to live healthier lives

The provider offered in-house services which included childhood immunisations, sexual health, contraceptive services and cervical screening. Patients who had signed up for the membership scheme were also offered an annual health review. The main practice site hosted a weekly psychologist clinic which patients could be referred to.

The provider had not previously been able to easily identify patients with specific conditions due to the confines of their previous IT system. Recent changes to a new IT system enabled the provider to code specific conditions so that patients with specific needs could be more easily identified and supported.

The provider had recently opened up a branch surgery in a corporate area of Birmingham City Centre, an area where people may struggle to see their usual GP due to their busy working lives. In order to highlight and promote the service they had set up free pop up clinics and carried out basic health checks. Since September 2017 the provider had carried out six of these sessions and undertaken health checks on 174 people.

## Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making for patients who may lack mental capacity and for children and young people.
- The practice had systems for seeking consent for procedures carried out at the practice, for example joint injections. We saw examples of those.
- Information was clearly provided in advance to patients about the cost of consultations and treatment, including investigations and tests.

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff were sensitive to patients' personal, cultural, social and religious needs. We discussed positive examples of care provided to patients with specific needs such as autism and patients from overseas.
- The practice gave patients timely support and information.

As part of the inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 completed comment cards, all were positive about the service experienced. Patients said they found staff professional and told us that they were treated with care, dignity and respect.

The provider carried out an ongoing survey based on the NHS Friends and Family Test which asks patients whether they would recommend the service to others. The service told us they received approximately six responses each month. Results from this survey based on the last 12 months showed that 100% of patients who responded said they would be likely or extremely likely to recommend the service to others.

The provider also actively sought to identify carers. Those identified were signposted or referred to local services where they could have their needs assessed.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Feedback received from the patients through the completed CQC patient comment cards told us that clinical staff took the time to involve them in their care. Patients said that they did not feel rushed during their consultations and felt listened to.
- We saw examples from patient records of evidence of discussions with patients about their needs, wishes and preferences.
- We asked staff about facilities available to help patients be involved in decisions about their care where they may otherwise experience difficulties. Staff were aware of advocacy services available if needed. They also told us that they would arrange for an interpreter if requested but had not had a situation where language had been a barrier. Staff were not fully aware of how they would obtain accessible information for example, easy read or information for patients who were visually impaired but told us that they would look into this.

### Privacy and Dignity

Staff respected and promoted patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Privacy screens were provided in the treatment room to maintain patients' privacy and dignity during examinations, investigations and treatments.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### 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 population and tailored services in response to those needs. This included flexibility and longer appointments. Appointments were usually 20 minutes but could be extended, subject to additional costs which patients were made aware of.
- Information was clearly provided in advance to patients about the cost of consultations and treatment, including investigations and tests. Patients who wished to use the service had the option of a 'pay as you go' service or through an annual subscription in which they received a members package of care.
- The provider improved services where possible in response to unmet needs. For example, the provider had been proactive in identifying and responding to the needs of people who may otherwise not go to see a GP due to their busy lifestyle. The provider had recently opened a branch surgery in Birmingham city centre and had approached businesses in the area. Free pop up clinics where people could receive a health check were provided at these clinics to promote the service.
- Where services were not provided patients were made aware and signposted to their usual GP. For example, substance misuse services or antenatal care.
- The provider made reasonable adjustments when patients found it hard to access services. For example, the premises were accessible to patients with mobility difficulties. There was a buzzer at the entrance to alert staff if assistance was required and the practice had a portable ramp for ease of entrance into the premises. There was a designated parking space for patients with a disability and had consulting rooms located on the ground floor. At the branch clinic there was a lift available.

### Timely access to the service

Patients were able to access care and treatment from the services in a timely manner.

- The practice was open for appointments six days a week between 9am and 6pm on Mondays, Tuesdays, Wednesdays and Fridays. On Thursdays between 9am and 7pm and on a Saturday between 9am and 1pm.
- Patients were able to obtain an appointment within 24 hours of requesting one at their choice of location. Appointments could be booked in person, by telephone or by email.
- The provider aimed to keep the number of patients who did not attend to a minimum through the introduction of a deposit to secure an appointment. They also made use of texting to remind patients of their appointments.
- Administrative staff had targets to ensure referrals to other services were made in a timely manner.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and had systems in place for responding to them.

- Staff told us that they had not received any formal or verbal complaints in the last 12 months.
- Information about how to make a complaint or raise concerns was available. A poster was displayed in the reception area which advised patients what to do if they wanted to raise a complaint.
- There was a complaints procedure in place which was available on the practice website, this set out expected timescales for a response and how the patient could escalate the complaint if the patient was unhappy with the response received.
- Staff told us that if there were any complaints these would be discussed at team meetings to identify any learning.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability;

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

- The service was led by the principal GP supported by a practice manager and administrative team.
- The principal GP was knowledgeable about issues and priorities relating to the quality and future of the service. We found the principal GP proactive in identifying challenges faced by the service and taking action to address those challenges. For example, the need for improved IT systems to support coding and clinical audit.
- The leadership team was visible and approachable. They worked closely with the staff team to provide compassionate and high quality care. This was reflected in the feedback received from patients.
- The service had effective processes to develop leadership capacity and skills, for example staff gave examples of career progression within the service.
- The principal GP was proactive in keeping up to date with regards to learning and development. They were supported by two associate GPs who also worked in the NHS who they could discuss issues that might arise.

### Vision and strategy

The service had a vision for the future to deliver high quality care and promote good outcomes for patients.

- The provider discussed with us their vision for the future. Now that they were established the told us that they wanted to grow. A branch surgery had been opened in the business area of the city centre and the practice had been reaching out to some of the large corporations to promote wellbeing in their workforce.
- There were plans to introduce an increased range of services in the future in relation to minor procedures and contraceptive services.

### Culture

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

- Staff we spoke with felt respected, supported and valued.

- Staff were able to raise concerns and were encouraged to do so.
- The provider held regular staff meetings and all staff were invited to attend. This ensured important information was shared. However, there was a lack of structure to the meetings seen for example, no standing agenda items were listed to ensure important issues were always discussed and matters arising were followed up or for staff to raise issues.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The service had a whistleblowing policy for staff to refer to if needed.
- There were processes for providing staff with the development they needed. Staff had access to annual appraisals and could access e-learning modules. Key policies and procedures were discussed as part of the new staff induction process. However, we found systems for monitoring training did not clearly demonstrate that staff were up to date. Following the inspection the provider forwarded a training matrix they planned to use in the future so this could be more easily monitor training completed.

### 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. For example, staff had job descriptions which set out their roles and responsibilities and there were formal contractual arrangements in place with the laboratory used so expectations were clear.
- Key targets were identified and staff were aware of these to ensure tasks were carried out in a timely way.
- The provider had established proper policies and procedures to ensure safety. These were regularly reviewed to ensure they remained up to date and accessible to all staff via their computers.

### Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- Risk assessments had been carried out in relation to the premises to identify potential risks to patient safety and

# Are services well-led?

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

to undertake mitigating actions. Although we found the premises appeared well maintained the risk assessments completed were not very comprehensive and rationale for decisions made not always clear.

- The service leadership had oversight of safety, alerts, incidents and complaints.
- Clinical audit had been used to support improvements in the quality of care.

## **Appropriate and accurate information**

The practice acted on appropriate and accurate information.

- Records seen contained appropriate information to support care and treatment. Additional information to support decisions in patient care was requested if needed from the patients usual GP.
- Recent changes to the IT system provided increased functionalities to support the monitoring of performance and clinical audit.
- Staff had contact details for reporting notifications to relevant external organisations.
- Patient information was held securely and staff were aware of maintaining patient confidentiality.

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

The practice involved patients, staff and external partners to support high quality sustainable services.

- The provider sought ongoing feedback from patients about the service provided. Feedback seen was positive and examples were given by staff about changes made as a result of feedback for example, the provision of a water dispenser in the waiting room.
- The practice worked with a range of external stakeholders where appropriate to ensure patients received care they needed. Clinics with consultants from secondary care and psychologist were hosted at the premises.
- Staff were able to provide feedback through the appraisal process.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

- The provider was proactive in reaching out to patients whose busy lifestyle may mean they are not easily able to access healthcare through an NHS GP.

The provider recognised the need to implement a new IT system to support the needs of the service and deliver improved care.



## 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<br>Family planning services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p>Regulation 17 (1)</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• Risk assessments relating to fire, infection control and legionella were not adequate in fully assessing the associated risks.</li><li>• No safety information was readily available in case of emergency in relation to COSHH and products used on the premises.</li></ul> |