

Victory House

Inspection report

The Sidings, Station Road
Whalley
Clitheroe
BB7 9SE
Tel: 01200427729

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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.

Victory House was inspected previously on 7 December 2017. This inspection was undertaken before ratings for the service and each key question were introduced. However, at that inspection we found the service being delivered was safe, effective, caring, responsive and well led.

Following the inspection on 18 October 2022 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 Victory House as part of our inspection programme and to provide the service with a rating. Dr Mary Adams is a single-handed GP who provides an independent GP consulting service to both children and adults.

We spoke with five patients on the telephone and all provided glowing praise for Dr Adams and the service provided by her.

Our key findings were:

- The service provided care in a way that kept patients safe.
- There were effective systems in place to protect patients from avoidable harm. Policies and procedures were in place to support the delivery of safe services.
- The service was provided from a location that was leased from another service on an as required basis. This did provide some challenges which Dr Adams was aware of and was implementing actions to mitigate any potential risks to patients.
- Dr Adams was appropriately trained and medicines and equipment were available in the event of a medical emergency.
- There were systems in place for identifying, acting on and learning from incidents, patient safety alerts and complaints.
- Dr Adams had established effective working relationships with health care professionals working in primary and secondary care.
- Patients received timely, effective care and treatment that met their needs. Our review of clinical records found appropriate care and treatment was being provided.

Overall summary

- We saw examples where information was shared with a patient's NHS GP to support the safe care and treatment and continuity of care.
- Patients were supported to live healthier lives through education and support.
- Governance arrangements and quality improvement activity was established to support service improvements and the delivery of safe and effective care.
- Dr Adams was supported by a personal administrative assistance and evidence was available that demonstrated appropriate training and annual appraisals were undertaken
- Services available and fees were clearly displayed on the provider's website.

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

- Proceed with the planned removal of carpeting in the consultation room.
- Extend monitoring systems for expiry dates to include spill kits and oxygen tubing.
- Actively encourage and record patient feedback about the quality of care and treatment provided and use this to inform the service's quality improvement agenda.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to Victory House

Dr Mary Adams provides a private GP practice from Victory House, which is located at The Sidings, Station Road, Whalley, Clitheroe, Lancashire, BB7 9SE. Good access to car parking is available. Dr Mary Adams has provided a private GP service for 25 years.

Dr Adams is the CQC registered provider for the service and she provides a pre-bookable family doctor service to the whole population. One part time personal assistant supports her with administrative and management duties.

The service is registered with CQC to undertake the regulated activities of Diagnostic and screening procedures, Treatment of disease, disorder or injury and Maternity and midwifery services. An application to remove the regulated activity Surgical procedures had been submitted to the CQC. The registered provider confirmed no minor surgical procedures were being provided.

Dr Adams leases one consultation room from another service at Victory House as and when required to provide patient consultations. There is a shared waiting area which is managed and maintained by the host service. Both the consultation room and the patient waiting area are on the ground floor and offer level access for people with physical disabilities.

Victory House offers patients appointments Monday to Friday between 9am and 5pm, with appointments available in an evening and at weekends if required. The service offers patients 24-hour telephone access and contact telephone numbers for the GP and the personal assistant are available. A patient's preference for a telephone consultation is respected if clinically appropriate.

The practice website can be found at: <http://www.drmaryadams.org/>

How we inspected this service

During the inspection we spoke with Dr Adams and her personal assistant; we reviewed a sample of patient records and other documentation and we spoke with five patients after the inspection visit.

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:

Victory House provided safe services for patients. However, two areas where improvements were identified were being addressed. These included:

- The provider recognised the location did create some challenges in relation to infection prevention and control and was implementing a plan to improve this.
- Spill kits and oxygen tubing had passed their expiry date.

Safety systems and processes

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

- The service had systems to safeguard children and vulnerable adults from abuse. Dr Adams was a single-handed GP who employed one part time personal assistant. The GP demonstrated good knowledge and understanding regarding safety issues including those that may affect patients. Access to the local safeguarding champions was established and used for additional guidance and support. Dr Adams was able to discuss specific examples of how they had supported patients to ensure their safety. Appropriate safety policies were available and reviewed to ensure they were up to date. Both staff members knew who to contact if they required additional guidance and both were trained appropriately in safeguarding adults and children.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Dr Adams had a good understanding of how to recognise and protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Dr Adams carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken. (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).
- Patients were offered a chaperone and the staff member who undertook this role had a DBS check in place. The staff member had benefited from a one to one discussion with the GP reviewing best practice guidance on chaperoning. During the inspection both the Dr Adams and her personal assistant confirmed they would enhance this with a formal training course.
- The provider leased the patient consultation room from another service. This caused some challenges for the GP in ensuring full compliance with infection prevention and control. For example, the flooring in the consultation room was carpeted, the hand wash basin had a basin plug, and the waiting area did not have washable seating. In response to these areas, the provider had recently obtained permission from the landlord to change the flooring in the consultation room to a washable service and a date from a contractor to undertake this was expected. Dr Adams confirmed the basin plug was never used. It was confirmed that appointments for face to face consultations were scheduled so that patients did not have to queue or wait to be seen by the GP and therefore they rarely used the patient waiting area.
- Dr Adams described how they cleaned the consultation room between patient appointments as part of the infection prevention and control procedures.
- An infection prevention and control audit had been undertaken. We noted the clinical waste sharps bin had not been signed and dated on first use, which the provider confirmed was an oversight. The provider supplied waste disposal receipts which showed the sharps bin and other clinical waste were collected on a monthly basis.

Are services safe?

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We observed that the spills kits (used to cover any biological substance such as blood or vomit) had passed their expiry date and one set of oxygen tubing had passed their expiry date. The provider confirmed these would be replaced immediately.
- Environmental risk assessments including fire safety and Legionella were in place.

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.
- Systems were established to ensure patients received the support they required from the GP. For example, for regular patients Dr Adams could, depending on their clinical need offer a telephone consultation and authorise an electronic prescription if required. On rare occasions, with patient consent Dr Adams used the services of a local GP to provide patient consultations.
- Dr Adams understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Calls from patients with suspected medical emergencies were directed to call an emergency ambulance or attend an emergency department.
- Systems and information were available to support the GP in recognising and managing patients with severe infections, for example sepsis.
- There were appropriate indemnity arrangements including professional indemnity in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Patients' records were stored on a secure electronic record management system that was accessible to the GP regardless of location. Paper records were held securely in fire retardant cabinets.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service had systems in place to enable electronic prescribing so that paper prescriptions were rarely required.

Are services safe?

- A pharmaceutical fridge was available and daily temperatures for this were monitored. Dr Adams told us that the fridge rarely held stock of vaccines. At the time of our visit the fridge held one flu vaccination. The GP did not routinely provide childhood immunisations.
- The provider audited their prescribing practice and an antibiotic audit was available dated from January 2022. This showed very low prescribing rates for this type of medicine.
- Dr Adams prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance, Dr Adams recorded a clear rationale in the patient's record and consideration of patient safety. For example, a medicine used to treat hay fever was not recommended by the National Institute for Health and Care Excellence (NICE). However, the patients' records we viewed contained comprehensive information regarding prescribed medicines, the risks associated with the prescription and information demonstrating the patients' NHS GP was informed of this.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Both the GP and the personal assistant recognised the importance of raising concerns and reporting incidents. There was a recognition that this process was a useful tool to drive improvements.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. The service had recorded six incidents in the last 12 months. For example, Dr Adams had identified a concern relating to referrals to secondary care. As result of this action was taken and a safety netting procedure was introduced that monitored the provision of a secondary care appointment.
- Dr Adams was aware of and complied with the requirements of the Duty of Candour. They promoted a culture of openness and honesty. The service had systems in place for knowing about notifiable 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.

Are services effective?

We rated effective as Good because:

We found that Victory House was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

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

- Dr Adams 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. The GP used smart phone applications to enable quick and easy access to up to date guidance.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Patients describing symptoms of a medical emergency were directed to call for emergency medical help.
- Dr Adams made sure they had enough information to make or confirm a diagnosis. Information relating to the patient's previous medical history, relevant family medical history, NHS GP and whether a patient consents to information being passed to them and allergies, were obtained before they commenced a consultation.
- Contracts and service agreements were in place with a private laboratory to ensure all test results such as blood tests were received quickly. The test results were automatically stored within the electronic patient record.
- We saw no evidence of discrimination when making care and treatment decisions. The first appointment with Dr Adams was approximately one hour long. This enabled a complete and thorough health check including past medical history.
- The service used medical record software to manage patient records which meant Dr Adams had instant access to medical records to support regular patients. The patient record system enabled the GP to identify quickly the specific needs of the patients and it also included pop-up alerts identifying if a patient was for example vulnerable.
- There were systems in place to manage recalls for repeat investigations, results follow up, or clinical reviews and systems to monitor or safety netting were in place to ensure follow up actions were not omitted.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. 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.
- Dr Adams had undertaken an HRT audit to ensure patients were supported appropriately and a hypertension audit review for 2020, 2021 and 2022 showed improvements in patient's blood pressures.
- Systems were established and effective for the monitoring of patients with a long term health conditions so that health checks were offered to regular patients in accordance with best practice guidance.

Effective staffing

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

Are services effective?

- All staff were appropriately qualified. Dr Adams and her personal assistant had worked together for several years. Training records for both were available. These were up to date.
- Dr Adams was registered with the General Medical Council (GMC) and she was up to date with her appraisal and revalidation.

Coordinating patient care and information sharing

The GP 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. We saw examples of information sharing with patients' NHS GPs and secondary care referrals.
- Before providing treatment, Dr Adams ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Dr Adams signposted patients to other avenues of support as needed including signposting to mental health services and charities.
- 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.
- Dr Adams risk assessed the treatments they offered. They identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their NHS GP, or they were not registered with an NHS GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered NHS GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- 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.
- Information about the cost of individual services was available on the provider website so patients were aware before committing to a consultation.

Supporting patients to live healthier lives

The GP were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate Dr Adams 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, Dr Adams 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.

Are services effective?

- 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:

Victory House was committed to providing a caring service to its patients.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Dr Adams requested feedback informally regarding the quality of clinical care patients received. They confirmed they responded proactively to feedback. However, this was not recorded.
- We spoke with five patients who provided wholly positive feedback about the caring nature of Dr Adams and about the quality and thoroughness of the care and treatment they received.
- Dr Adams and her personal assistant demonstrated a good understanding of patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- 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.

- Dr Adams had a smart phone application available that enabled her to offer her patients interpretation services should this be required.
- The patients we spoke with told us they were listened too and never rushed. They told us they were involved in the discussion about their health care and management.
- For patients with learning disabilities Dr Adams involved family, carers and other agencies

Privacy and Dignity

The service respected patients' privacy and dignity.

- Dr Adams and her personal assistant recognised the importance of people's dignity and respect.
- All consultations were private and offered an environment to discuss sensitive issues.
- Patients personal information was stored securely both in electronic format and in paper. Dr Adams provided evidence demonstrating paper records were stored securely off site away from the consultation room.

Are services responsive to people's needs?

We rated responsive as Good because:

Victory House offered a bespoke responsive service to meet patient's demands, needs and preferences.

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. The first initial appointment with Dr Adams was one hour in length, and the usual appointment time for regular or returning patients was 30 minutes.
- The facilities and premises offered good parking, ground floor access and disabled toileting facilities.
- Dr Adams offered 24-hour access should patients require this and they made reasonable adjustments so that patients who were vulnerable could access and use services on an equal basis to others.

Timely access to the service

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

- Comprehensive effective systems were in place that enabled patients' timely access to initial assessments, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use and they could always get an appointment with Dr Adams at a time convenient for them.
- Referrals and transfers to other services were undertaken in a timely way. Dr Adams, with the patient's consent referred patients to secondary care services. We heard examples where clinical investigation undertaken had resulted in a cancer diagnosis. After discussion and agreement with the affected patients, Dr Adams referred them to the appropriate oncology services.

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.

- The service had a complaints policy and procedure in place. We heard that all patient feedback was responded to compassionately.
- Information about how to make a complaint or raise concerns was available. At the time of this inspection no formal complaints had been made to the service. However, Dr Adams's personal assistant logged patient 'grumbles' and was able to provide us with documentary evidence on how these were acknowledged and responded to.
- The service learned lessons from individual concerns and used patient feedback to make improvements in the quality of the service it provided.

Are services well-led?

We rated well-led as Good because:

The leadership and the culture of the service supported the delivery of high-quality person-centred care. However, a formal recorded patient survey was not undertaken.

Leadership capacity and capability;

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

- Dr Adams was a single-handed provider who worked closely with her part time personal assistant. Both demonstrated a good insight and were knowledgeable about issues and priorities relating to the quality and future of services within primary care and the NHS. They understood the challenges people faced in accessing NHS primary care and had been able to offer patients an alternative to waiting for a NHS GP appointment for a fee.
- Patients told us that Dr Adams and her personal assistant were easily contactable and supportive.

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 to achieve their priority of delivering an accessible quality service to patients within a traditional family doctor model.
- The service monitored progress against delivery of their strategy and responded to patient feedback and incidents to improve their service delivery.

Culture

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

- The staff member we spoke with felt respected, supported and valued. They were proud to work for the service. There were positive relationships between Dr Adams and her personal assistant.
- The service focused on the needs of patients.
- Dr Adams and her personal assistant acted on behaviour and performance inconsistent with the vision and values. There was a strong emphasis on the safety and well-being of each other and of their patients and both undertook a range of training courses and had received regular annual appraisal.
- Openness, honesty and transparency were demonstrated when responding to incidents and concerns. Dr Adams was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The service actively promoted equality and diversity

Governance arrangements

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

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The GP reported following our site visit that the areas of monitoring that had been missed (signing of the sharps bin, checks on expiry dates for spill kits and oxygen tubing) had been addressed.
- Staff were clear on their roles and accountabilities
- Dr Adams had policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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 current and future risks including risks to patient safety.
- Both staff members 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.
- Contingency plans were established in the event of an incident that prevented business continuity.

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.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- 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.

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.

- 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. However, a formalised system to collect and record patient feedback was not established. Dr Adams and her personal assistant told us that they had tried to establish a patient participation group however this had been unsuccessful. We heard that developing a patient survey was on their 'to do' list.
- We heard that the relationship between Dr Adams and her personal assistant was well established, productive and effective. There was a system of mutual support in place that was valued by both staff members.
- The service was transparent, collaborative and open with stakeholders about performance.
- Patients we spoke were very satisfied with the quality of communication, care and treatment they received.

Continuous improvement and innovation

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

Are services well-led?

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints.
- Learning was shared and used to make improvements.