

# Coyne Medical Fulham Road

## Inspection report

658-660 Fulham Road  
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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.**

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 Coyne Medical Fulham Road as part of our inspection programme of a new provider registration for the service. This was a first rated inspection for the service that was registered with the Care Quality Commission (CQC) in April 2020. During this inspection we inspected the safe, effective, caring, responsive and well-led key questions.

Coyne Medical Fulham Road is a private GP practice located in the London Borough of Hammersmith and Fulham. The lead 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## **Our key findings were:**

- The service had a range of policies and procedures to govern activity.
- The provider organised and delivered services to meet patients' needs.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- Staff we spoke to felt valued by the leaders and said there was a high level of staff support and engagement.
- There was a strong focus on continuous learning and improvement.

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

- Review safeguard training levels for non-clinical staff.
- Review and update cold chain policy.
- Provide refresher Sepsis awareness training.
- Review system in place for checking parental responsibility.
- Complete a two-cycle quality improvement activity that results in an improvement in the quality and safety of care provided to patients.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector, a GP specialist advisor.

## Background to Coyne Medical Fulham Road

Coyne Medical Fulham Road is a private general practice offering a range of services to patients such as routine medical checks, health screening, private prescriptions, baby and childhood development checks and a full range of childhood immunisations.

The service employs eight GPs, who are all registered with the General Medical Council (GMC) and are on the GP register, and nine non-clinical staff including a practice manager and an operations manager.

The service had long term patients as well as one off appointment patients.

The service has two locations patients can be seen at 658-660 Fulham Road. London

SW6 5RX or 109 New Kings Road London SW6 4SJ. This report is about the Fulham Road site. The service is open Monday to Friday 9am to 6pm and Saturday 10am-2pm. Same day, telephone and home visits (within catchment) are provided.

There are three clinical rooms, two on the lower ground floor, and one on the first floor. The service has a ramp and a lift for patients with mobility difficulties. The service sees children and adults. There are two waiting rooms (one large, one small), there are three toilets in total with one being an accessible toilet.

The service website address is <https://coynemedical.com> Before the inspection, we reviewed notifications received about the service, and a standard information questionnaire completed by the service. During the inspection, we interviewed staff,

### How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

We carried out this inspection on 7 July 2022. The inspection was led by a CQC inspector who was accompanied by a GP specialist advisor. Before visiting, we looked at a range of information that we hold about the service. We reviewed information submitted by the service in response to our provider information request. During our visit we interviewed the lead doctor, the practice manager and operations manager as well as non-clinical staff, observed practice and reviewed documents.

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

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

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

# Are services safe?

**We rated safe as Good because:**

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority, however this system needed to be tightened up, whilst the service did check and ask for identity, we identified that sometimes when patients first visited they may not have had both the parent and child identity verified. When we raised this with the service, they explained this situation did not happen often, and they did always encourage patients to bring ID on their first visit and in future they would ensure all new patients were checked appropriately.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken (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). It was in Coyne Medical Fulham Road policy to request Disclosure and Barring Services (DBS) checks for all staff.
- All staff received up-to-date safeguarding and safety training appropriate to their role. However, all non-clinical staff were trained to child safeguarding level one. When we raised this with the service, they informed us they would get all non-clinical staff trained to the appropriate level. Staff knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control, this included having a cleaning schedule policy and daily cleaning schedules listing specific equipment which was signed and dated daily.
- We saw an infection control policy and COVID 19 Safety policy updated June 2022.
- A COVID 19 risk assessment had been reviewed June 2022.
- The last infection prevention and control audit was carried out in August 2021. The provider had carried out Legionella testing.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.
- We saw a disability access protocol and risk assessment which had been reviewed in November 2021.

## **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.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections. When we asked the service if non-clinical staff had Sepsis training, the service was unsure, during the inspection the service went on to explain they often had informal training session about various topics and they would do a refresher training session regarding Sepsis.

# Are services safe?

- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

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

# Are services safe?

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

**We rated effective as Good because:**

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

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

- 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.
- The service informed us they had regular clinical meetings, we saw meeting minutes to reflect this, during these meetings significant events and NICE guidance would be discussed.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

## **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. We saw the practice had undertaken a single cycle audit regarding prescribing antibiotics, at the time of the inspection they had not undertaken a second cycle, however they informed us they would be conducting a follow up audit within the next 12 months.

## **Effective staffing**

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical) were registered with the General Medical Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

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

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.

# Are services effective?

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- 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.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a 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 GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

## Supporting patients to live healthier lives

### **Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.**

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

## Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.



# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

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

- The service sought feedback on the quality of clinical care patients received. There was a patient box in reception, where patients could provide feedback. Patients could also leave feedback via the service website and via emailing the practice.
- Staff understood 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.**

- Interpretation services were available for patients who did not have English as a first language. For patients who required British Sign Language, the practice was able to arrange an interpreter. Patients were also told about multi-lingual staff who might be able to support them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

## **Privacy and Dignity**

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

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

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

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, the practice had a large child population, so the service provided colouring books, reading books, had a designated child friendly table and chairs in reception.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.
- Appointments were 30 minutes for a face to face.
- The provider offered home visits within a catchment area of the location.
- Appointments could be made by calling the practice, booking online via the service website, patients who consented to the messaging service would be sent a reminder the day prior to their appointment.

## **Timely access to the service**

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- 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.
- Referrals and transfers to other services were undertaken in a timely way.
- The service had listened to patient feedback and had increased appointments on Saturdays, also early morning appointments.
- All patients were offered a telephone or face-to-face consultation with a GP within two working days of contacting the practice, or the patient could choose to wait longer if they wanted a more convenient appointment or to see their preferred practitioner if it was safe to do so.

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

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedure in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

# Are services well-led?

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

## **Leadership capacity and capability;**

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## **Vision and strategy**

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

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

## **Culture**

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## **Governance arrangements**

# Are services well-led?

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, the cold chain policy needed to be updated to reflect the existing staff, which the practice confirmed they would update after the inspection.
- On the day of the inspection we identified that all non-clinical staff were trained to level one safeguarding. The service informed us that they would ensure that non-clinical staff members would be trained to the appropriate level.
- We saw the practice had undertaken a single cycle audit regarding prescribing antibiotics, at the time of the inspection they had not undertaken a second cycle, however they informed us they would be conducting a follow up audit within the next 12 months.
- When we asked the service if non-clinical staff had Sepsis training, the service was unsure, during the inspection the service went on to explain they often had informal training sessions about various topics and they would do a refresher training session regarding Sepsis.
- The service had systems in place to assure that an adult accompanying a child had parental authority, however this system needed to be tightened up, whilst the service did check and ask for identity, we identified that sometimes when patients first visited they may not have had their identity verified. When we raised this with the service, they explained this did not happen often, and in future they would ensure all new patients were checked appropriately.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## **Managing risks, issues and performance**

### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.

## **Appropriate and accurate information**

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

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

# Are services well-led?

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

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

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

- 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. The service had set up a Patient Participation Group.
- The service had undertaken a staff survey and all staff agreed they would recommend the service as a great place to work.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

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

- 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.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The service participated in the local children's book project, where they collected and distributed books to vulnerable children in the borough.
- There were systems to support improvement and innovation work.