

Courtfield Private Practice

Inspection report

73 Courtfield Gardens
London
SW5 0NL
Tel: 02073733541
www.courtfieldpp.co.uk

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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 (last inspection September 2018, unrated).

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 Courtfield Private Practice Limited on 23 May 2022 as part of our inspection programme.

Courtfield Private Practice consists of a group of private General Practitioners working from modern premises in South Kensington, London. In addition to routine family practice, the service has expertise in paediatrics as well as health screening for men and women.

Dr Tim Ladbrooke 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:

- There was an open culture in which safety concerns raised by staff and people who used services were highly valued as integral to learning and improvement.
- Clinical audits were carried out and all relevant staff were involved. Opportunities to participate in benchmarking, peer review and accreditation were proactively pursued.
- People had comprehensive assessments of their needs, which included consideration of clinical needs, mental health, physical health and wellbeing.
- Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety. For example, a December 2021 risk assessment regarding a bacterium called Legionella (which can proliferate in building water systems) identified that cold-water tanks required cleaning and disinfecting. We noted the six-month time scale for undertaking these works.
- Safeguarding vulnerable adults, children and young people was given priority.
- Leadership, practice management and governance arrangements drove the delivery of high-quality person-centred care.

Overall summary

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

- Continue to monitor and act on Legionella risks.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a specialist adviser.

Background to Courtfield Private Practice

Background to Courtfield Private Practice Limited

Courtfield Private Practice operates under the provider Courtfield Private Practice Ltd. The provider is registered with the Care Quality Commission to carry out the regulated activities of treatment of disease, disorder or injury and diagnostic and screening procedures.

The service consists of one male and one female GP Director and six GP associates (five female, one male). There is a practice manager, a finance manager and a team of reception and administrative staff. The service is open Monday, Tuesday, Thursday and Friday from 8:00am, Wednesday 7:30am and Saturday from 8:30am to 1:00pm. The service closes on Monday at 8:30pm, Tuesday, Thursday and Friday at 6:30pm and Wednesday at 8:30pm. Appointments last for half an hour and appointment times are as follows:

- Monday 8:30am to 1:00pm and 3:00pm to 7:00pm
- Tuesday 8:30am to 1:00pm and 2:30pm and 6:00pm
- Wednesday 7:30am to 1:00pm and 2:30pm to 8:00pm
- Thursday 8:30am to 1:00pm and 2:30pm 6:00pm
- Friday 8:30am to 1:00pm and 2:30pm to 6:00pm
- Saturday 8:30am to 1:00pm

The service uses a separate organisation to provide out of hours care to its patients. Patient records are all computer based. The service refers patients when necessary to other private and NHS providers as well as back to patients' NHS GP.

How we inspected this service

Before our inspection, we gathered and reviewed information from a number of sources including information submitted by the provider.

During our inspection, we spoke with staff, reviewed clinical records and reviewed documents.

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:

- Learning was based on a thorough analysis and investigation of things that went wrong. All staff were encouraged to participate in learning and to improve safety as much as possible.
- Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety.
- Safeguarding vulnerable adults, children and young people was given priority.

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. 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.
- 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 where required. These 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 service had clear systems to keep people safe and safeguarded from abuse (including a designated Safeguarding Lead and readily accessible Local Authority safeguarding guidance).
- Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- We looked at systems in place to manage infection prevention and control (IPC) risks. Recent audits had taken place and actions undertaken as necessary. Staff had received recent IPC training.
- Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety. We noted that in December 2021 an external contractor had been commissioned to assess risks associated with a bacterium called Legionella (which can proliferate in building water systems). The main remedial action identified regarded cleaning and disinfecting the building's cold-water tanks within three to six months.
- 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 considered the profile of people using the service.

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, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. Where an item recommended in national guidance was not held on site, staff were able to explain the rationale for this decision although this was not formally documented.

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 emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- We saw evidence the service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, antibiotic prescribing audits.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They also did not prescribe schedule 4 or 5 controlled drugs.
- 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.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- Monthly clinical meetings took place to discuss complex cases, share learning from incidents and monitor activity. This helped the service to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service had systems in place to ensure learning and improvement took place 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.

Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong. One significant incident had been logged in the previous 12 months (concerning an infant presenting with a high temperature, which was later confirmed to be Meningitis). Records confirmed the patient's initial care and subsequent referral to a local A&E department had been discussed, so as to identify opportunities to learn and improve safety. We also noted this service's significant incident analyses had included seeking input from senior clinicians at the A&E department.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a mechanism in place to disseminate alerts to all members of the team. This entailed the service's lead GP reviewing and cascading relevant alerts to clinicians, followed by discussion at monthly clinical meetings.

Are services effective?

We rated effective as Good because:

- Patients had comprehensive assessments of their needs, which included consideration of clinical needs, mental health, physical health and wellbeing.
- Clinical audits were carried out and all relevant staff were involved.
- Opportunities to participate in benchmarking, peer review and accreditation were proactively pursued.

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.
- Patients' immediate needs were fully assessed. 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.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- We saw evidence the service made improvements using completed audits and we saw clear evidence of action to resolve concerns and improve quality. For example, findings from a recent cervical cytology audit had led to improved systems for ensuring that staff actively followed up patients.
- The service had also recently been accredited by the United Kingdom Accreditation Service (UKAS) - the national accreditation body for the United Kingdom. This quality assurance exercise had entailed a review of policies and a one-day remote inspection.
- The service's practice manager was a member of a national practice management network and spoke positively about how this had supported the service's quality improvement activity.
- The service had also recently joined a benchmarking exercise arranged by a national independent practitioner network and with the intention of being able to *benchmark* its performance against similar *independent* providers of primary care.

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 were registered with the General Medical Council (GMC) 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.

Are services effective?

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their NHS GP.
- 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 patients advice so they could self-care.
- 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:

- There was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Feedback from patients was positive about the way staff treated them.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treated people.
- 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.

- Interpreting services were available for patients who did not have English as a first language.
- Patients fed back that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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:

- The service was planned and delivered in a way that met the needs of its patients. The importance of flexibility, choice and continuity of care was reflected in how care was delivered.
- Care and treatment were coordinated with other services and other providers.
- Facilities and premises were appropriate for the services being delivered.
- Patients could access the right care at the right time. Access to appointments and services was managed to take account of people's needs, including those with urgent needs.

Responding to and meeting people's needs

The provider organised and delivered services to meet the healthcare needs of its patients and took account of their needs and preferences.

- The provider understood the preferences and needs of their patients and strove to provide a patient centred and flexible services (for example offering face to face, phone-based and video-based appointments).
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

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

- Patients had timely access to initial assessment, 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.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems in place to respond to them appropriately to improve the quality of care.

- The service had complaints policy and procedures in place and we noted the service's 2021/22 Annual Report contained analysis and learning regarding the ten received complaints.
- Information about how to make a complaint was publicised on the website and at the service.
- One (ongoing) complaint had been received since April 2022 and we noted that 'complaints' was a standing agenda item at monthly clinical meetings.

Are services well-led?

We rated well-led as Good because:

- Leaders had an inspiring shared purpose. They strove to deliver and motivate staff to succeed.
- We saw evidence of high levels of patient satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture.
- Leadership, practice management and governance arrangements drove the delivery of high-quality person-centred care.
- Leaders drove continuous improvement and staff were accountable for delivering change. There were systems to support this improvement: including use of internal audit, benchmarking and clinical audit.
- 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.

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. These challenges included reception staff recruitment and improving the service's clinical system, so as to facilitate faster clinical searches.

Vision and strategy

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

- The service had written a 2021/22 Annual Report which contained a mission statement and service objectives for 2022/23, along with a realistic strategy for achieving these objectives.
- The service developed the Annual Report jointly with staff.
- They were aware of and understood the vision, values and strategy of the service; and their role in achieving them.
- Monthly clinical meetings took place so as to scrutinise delivery against Annual Report's service objectives.

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. 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.

Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.

Governance arrangements

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

Structures, processes and systems to support good governance and management were clearly set out, understood and effective. There was an effective governance framework, which focused on delivering good quality care. For example:

- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. For example, regarding the recruitment of additional reception staff.
- 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. For example, the practice manager had developed a risk register which allowed the service to proactively monitor risks (for example regarding potentially lapsed staff training and overdue annual calibration tests).
- 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 and incidents.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

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

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, staff and external partners to support high-quality sustainable services.

- Information on patient's' experience was reported and reviewed alongside other performance data in the service's Annual Report.
- We saw evidence of high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. They spoke positively of how their suggestions had been taken on board and used to improve the service (for example regarding childhood immunisation recall protocols).
- We saw evidence of high levels of patient satisfaction. For example, the service's latest Patient Survey (May 2022, 60 patients) highlighted that 97% of respondents rated the friendliness of reception staff as 'excellent' and that 98% of respondents rated their visit as 'excellent'.
- There were systems to support improvement and innovation work including use of internal audit, benchmarking and clinical audit.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents. Learning was shared and used to make improvements.
- All incidents, including urgent referrals and safeguarding cases were reviewed at monthly clinical meetings.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.