

Dr Michael Mitchell

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Inspection report

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Ratings

Overall rating for this service

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.

This service has been inspected twice previously, but not rated. Those reports can be found by selecting the 'all reports' link for Dr Michael Mitchell on our website at www.cqc.org.uk.

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 of Dr Michael Mitchell on 10 May 2019 as part of our inspection programme. Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

At this inspection we found:

Summary of findings

- The service had good systems to manage risk so that safety incidents were less likely to happen. When safety incidents did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- Patient feedback was consistently positive.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- Quality improvement activity that had been initiated following previous inspections was seen to be continuing, and there was now a strong focus on continuous learning and improvement.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Dr Michael Mitchell

Detailed findings

Background to this inspection

Dr Michael Mitchell is an independent provider of general medical services and treats both adults and children from a location in Northwood in the London borough of Hillingdon. The registered provider is Dr Michael Mitchell, a single-handed doctor, who is supported by two reception staff. Registered providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

Services are available to any fee-paying patient and include long-term condition management, travel vaccinations, childhood immunisations, health screening, sexual health services, end of life care, substance misuse, cryotherapy and wound management.

Appointments are available weekdays from 8am to 12pm which includes a walk-in service. For out of hours care the provider has an agreement with a private locum agency.

Alternatively, patients are signposted to the local urgent care centre. The doctor has a patient list size of over 1,000 patients and provides an average of four consultations a day.

The service operates from the first floor of a converted residential building with a private dentist being located on the ground floor. There are no lifts and so persons requiring additional access support are directed at the time of booking to NHS providers or they might, on occasions, be seen at home. There is one clinical consultation room, storage areas and a reception/waiting area.

Twenty four people completed CQC comment cards to provide feedback about the service. All 24 people were wholly positive about the care that they had received.

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

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

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

Are services safe?

Our findings

We rated safe as Good because:

- The clinic was equipped to respond to medical emergencies and had the necessary equipment, including a defibrillator and oxygen, in place.
- We found the clinic to be clean and hygienic and staff had received training on infection prevention and control.
- Infection control audits had been undertaken to monitor infection control standards.
- The provider carried out recruitment checks for new staff.
- There was a health and safety policy and the provider had undertaken risk assessments to monitor the safety of the premises.
- There was a system in place to receive and comply with national patient safety alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA).
- There was system in place for reporting, investigating and learning from significant events.

Safety systems and processes.

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

- The provider conducted safety risk assessments. They had safety policies which were regularly reviewed and communicated to staff. Although there had been no recent recruitment of staff we saw evidence that safety information would be provided from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- Disclosure and Barring Service (DBS) checks were in place for the two reception staff who both acted as chaperones. (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).
- All staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The service had systems in place to assure that an adult accompanying a child had parental authority to give

consent to care and treatment. Staff we spoke with were clear that they needed to be sure that the accompanying adult had parental authority and they had procedures to check with a parent where another adult (e.g. a nanny) brought a child into the service.

- Staff who acted as chaperones were trained for the role and had received a DBS check. Notices were displayed in the waiting area advising of chaperone services and the doctor was routinely recording in patient notes when the offer of a chaperone was declined.
- There was evidence from staff we spoke to that infection prevention and control (IPC) was a regular topic of discussion and the provider had introduced monthly audits to monitor IPC standards with actions identified to improve standards completed. Calibration tests of medical equipment and PAT tests had also been carried out within the last six months.

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
- There was appropriate equipment and medicines to manage medical emergencies. This included an oxygen cylinder and a defibrillator which were kept in the consultation room ready for use. Emergency medicines were in date and expiry dates were being monitored. All staff had received basic life support training in the last 12 months.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment.

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

Are services safe?

- 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 clinician had considered the guidance from the Department of Health and Social Care (DHSC) about the retention of records and had a system in place in the event that they ceased trading.
- The clinician made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines.

The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, minimised risks.

- Most prescriptions were issued by handwriting them onto practice letter headed paper. The clinician prescribed in line with guidance in the British National Formulary.
- There was a small supply of private prescription forms used to prescribe controlled drugs. These were held securely, and the provider had a system to track and monitor prescriptions of controlled drugs. They had also initiated regular audits of antibiotic prescribing to check prescribing was in line with national guidance.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Patients provided personal details at the time of registration including their name, address and date of birth. Before consultations and at the appointment booking stage, staff checked patient identity by asking to confirm their name, date of birth and address provided at registration.

- Adults accompanying children were asked to confirm that their relationship and where staff were in any doubt, staff asked for evidence. We were told of examples of staff asking for evidence of consent from a parent when nannies brought children for immunisations.

Track record on safety.

The service had a good safety record.

- There were risk assessments in place 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.
- There was a system for receiving and acting on safety alerts, and a record was kept of action taken in respect of alerts which were relevant to the service.

Lessons learned and improvements made.

The service learned and made improvements when things went wrong.

- There were adequate systems for reviewing and investigating when things went wrong. The service had developed a comprehensive policy for dealing with significant events and a formal system had been introduced to record, investigate, act on and learn from significant events and adverse incidents. However, there had been no incidents recorded during the last 12 months.
- Staff understood their duty to raise concerns and report incidents and near misses.
- The service was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.
- Clinical audits were used to demonstrate the quality of care provided and there was evidence of action to change practice to improve quality.

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).

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The clinician had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment.

- The clinician conducted audits to ensure diagnosis and treatment were in line with national guidelines. For example, the clinician audited patient notes to ensure compliance with recognised note taking guidance and compliance with prescribing guidelines and identify areas for improvement. The clinician found that of the areas looked at, compliance was high (100%). The audit findings were documented to demonstrate learning and improvement.

Effective staffing.

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

- Staff were appropriately qualified. Although existing staff were long-term, the provider had an induction programme in place for any newly appointed staff.
- The clinician was registered with the General Medical Council (GMC), had a licence to practice and had professional indemnity insurance that covered the scope of their practice. They also had a current responsible officer. (All doctors working in the United Kingdom are required to have a responsible officer in place and required to follow a process of appraisal and revalidation to ensure their fitness to clinic). The clinician was following the required appraisal and revalidation processes.
- The service 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.

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. For example, secondary care providers or the patient's usual GP.
- Before providing treatment, the clinician 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.
- 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.

Supporting patients to live healthier lives.

Are services effective?

(for example, treatment is effective)

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

- Where appropriate, the clinician gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider (e.g. their usual GP) 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.

- The clinician understood the requirements of legislation and guidance when considering consent and decision making.
- The clinician supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.
- We were told that any treatment including fees was fully explained to the patient prior to the procedure and that people then made informed decisions about their care.
- Standard information about fees was detailed on the providers website and information was displayed in the waiting room.

Are services caring?

Our findings

We rated caring as Good because:

The service had systems and processes in place to ensure patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

- Information for patients about the services available was accessible.
- We saw systems, processes and practices allowing for patients to be treated with kindness and respect, and that maintained patient and information confidentiality.
- Feedback we received from patients was wholly positive about the service.

Kindness, respect and compassion.

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat 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.

- Patients told us through comment cards and online feedback, 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.
- Staff communicated with patients in a way that they could understand, for example, staff knew how to access communication aids and easy read materials where necessary.
- The service's website provided patients with information about the range of treatments available including costs.

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?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

- The service had good facilities and was well equipped to treat patients and meet their needs. The premises were not accessible, but people with impaired mobility were seen at another of the service's clinics.
- Information about how to complain and provide feedback was available and there was evidence systems were in place to respond appropriately and in a timely way to patient complaints and feedback.
- Treatment costs were clearly laid out and explained in detail before treatment commenced.

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 service understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered. However, access to the premises was not suitable for disabled persons or those with prams and pushchairs as the service was located on the second floor and there was no lift installed. However, the provider offered home visits to those patients who could not attend at no extra cost, or directed them to a NHS provider.
- Translation services were available but rarely used as patients usually attended with an English speaking relative or friend. Staff were aware that, in some instances, it would be better that a relative did not translate and had procedures in place to deal with this.
- There was a summary leaflet which included arrangements for dealing with complaints, arrangements for respecting dignity and privacy of patients and also services available.
- Information was also available on the providers website.

- The provider referred patients to private specialists where appropriate.

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, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The clinic was open Monday to Friday from 8am to 12pm. Appointments were available on a pre-bookable basis or patients could walk-in for a same day appointment. For out of hours care the provider had an agreement with a private locum agency and alternatively patients were signposted to the local urgent care centre. The clinician told us that the out of hours service was rarely used as patients could contact them after 12pm by mobile phone, when a request for an appointment would usually be accommodated.
- 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 responded appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Although no complaints had been received during the last 12 months we were told that staff would treat patients who made complaints compassionately.
- The service had a complaints policy and procedures in place which ensured that lessons would be learned if complaints were received.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

- The service had a clear vision to deliver high quality care for patients.
- There was a clear leadership structure and staff felt supported.
- The service had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of high quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, performance reviews and up to date training.
- The provider was aware of and had systems in place to meet the requirements of the duty of candour.
- There was a culture of openness and honesty. The service had systems for being aware of notifiable safety incidents.
- incidents and sharing the information with staff and ensuring appropriate action was taken.
- The service had systems and processes in place to collect and analyse feedback from staff and patients.

Leadership capacity and capability.

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

- The clinician provided the leadership for both clinical and non-clinical aspects of the service. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The clinician was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Staff said they felt respected, valued and supported; they worked as a close-knit team and they expressed a high level of satisfaction with their roles.

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 clinic had a vision to deliver high quality care and promote good outcomes for patients and there was a business plan in place to deliver the vision. There was a patient charter displayed in the waiting area outlining the providers responsibilities to its patients.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture.

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

- Staff we spoke with said that they felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- By reviewing their policies, it could be seen that openness, honesty and transparency would occur 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 staff with the development they need. This included appraisals which had taken place during the last 12 months.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between the clinician and staff.

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.
- Staff were clear on their roles and accountabilities.
- The clinician had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There were no formal practice meetings to discuss issues and to allow lessons to be learned and shared.

Are services well-led?

Good 

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

However, the team was small comprising a single GP and two reception staff, and conversations would frequently take place with issues being communicated as and when they occurred. This was confirmed by staff we spoke to.

Appropriate and accurate information.

The service acted on appropriate and accurate information.

- 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.
- The service was working to increase the numbers of patients who provided feedback and had introduced a patient satisfaction questionnaire.
- Staff could describe to us the systems in place to give feedback, for example in informal meetings and told us that they were encouraged to suggest improvements, and that these were often implemented.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation.

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

- There was a focus on continuous learning and improvement.
- The clinician attended regular professional development training sessions to ensure that they were familiar with current guidance and procedures.