

PrivateGP.Com Limited

PrivateGP.Com Ltd (Private General Practice Services)

Inspection report

Beech House
3 Knighton Grange Road
Stoneygate
Leicester
LE2 2LF
Tel: 0116 270 0373
Website: www.privategp.com

Date of inspection visit: 31 March 2016
Date of publication: 16/06/2016

Overall summary

We carried out an announced comprehensive inspection on 31 March 2016 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Our key findings were:

- There was an effective system in place for reporting and recording significant events.
- Information about services and how to complain was available and easy to understand. Complaints were fully investigated and patients responded to with an apology and full explanation.
- Risks to patients were always assessed and well managed.
- The practice held a comprehensive central register of policies and procedures which were in place to govern activity.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider actively encouraged patient feedback and acted upon it.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There were effective recruitment processes in place and all members of staff had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff who acted as a chaperone were trained to carry out this role and had a DBS check in place.
- There were various risk assessments in place which included a risk assessment for the control of Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.

Are services effective?

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All members of staff were suitably trained to carry out their roles.
- There was evidence of appraisals, induction processes and personal development plans for all staff. Practice nurses received regular clinical supervision sessions by the lead GP.
- The practice ensured sharing of information with NHS GP services and general NHS hospital services when necessary and with the consent of the patient.

Are services caring?

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

- Patients said they 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 to them and fees was easy to understand and accessible. A schedule of fees was provided to all patients.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff had received training in confidentiality and the Mental Capacity Act.

Are services responsive to people's needs?

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

Summary of findings

- Patients said they found it easy to make an appointment with a GP and that there was continuity of care. The practice also provided home visits for patients who required them.
 - The practice offered telephone consultations, home visits and occasional on-line consultations for regular patients via skype (skype is an internet software application which enables voice and video calls with the use of a webcam).
 - The practice had good facilities and was well equipped to treat patients and meet their needs.
 - Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.
 - Language Line telephone translation services were available for patients whose first language was not English. This also ensured patients understood their treatment options.
 - There was a practice information guide and written information was available to patients in different languages.
 - The practice offered pre-consultations to patients prior to receiving services such as travel medicine. Fees were also explained to patients as part of this process.
-

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. The practice business plan was reviewed on an annual basis.
 - There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held monthly governance meetings.
 - There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
 - The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
 - Staff told us they had received comprehensive induction and training programmes.
 - The practice proactively sought feedback from staff and patients and carried out an annual audit based upon the results, which it acted on.
 - There was a strong focus on continuous learning and improvement at all levels.
-

PrivateGP.Com Ltd (Private General Practice Services)

Detailed findings

Background to this inspection

The inspection was carried out on 31 March 2016. Our inspection team was led by a CQC Lead Inspector and was supported by a GP Specialist Advisor.

Prior to the inspection we had asked for information from the provider regarding the service they provide.

We carried out an announced, comprehensive inspection on 31 March 2016 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

During our visit we:

- Spoke with a range of staff including, a GP, senior practice nurse, office manager and members of the reception/administration team.
- Reviewed the personal care or treatment records of patients.
- Reviewed 13 comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

Background to Privategp.com Ltd (Private General Practice Services)

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Privategp.com Ltd (Private General Practice Services) services are provided to patients under arrangements made by their employer with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at Privategp.com Ltd (Private General Practice Services), we were only able to inspect the services which are not arranged for patients by their employers with whom the patient holds a policy (other than a standard health insurance policy).

Privategp.com Ltd (Private General Practice Services) is an independent provider of GP services and also offers a range of specialist services and treatments such as functional medicine including acupuncture and hypnotherapy, nutrition advice, travel vaccinations, immunisations and blood tests, sexual health screening, occupational health and mental health services to people on a pre-bookable

Detailed findings

appointment basis. The practice also offers telephone consultations and home visits and for regular patients occasionally there is an option for on-line consultations via skype (skype is an internet software application which enables voice and video calls with the use of a webcam). The clinic is based close to the city centre of Leicester in a quiet residential area. It is an accredited yellow fever centre which is registered with NATHNaC (National Travel Health Network and Centre). The practice is also registered with the British College of Aesthetics Medicine (BCAM). The practice has been providing services to patients since 1995.

The provider which is Privategp.com Limited is registered with the Care Quality Commission to provide services at Privategp.com Ltd (Private General Practice Services), Beech House, 3 Knighton Grange Road, Stoneygate, Leicester, LE2 2LF. The property is owned by the provider and consists of a patient waiting room, reception area and administration office on the ground floor and consulting rooms which are located on the first floor of the property. There is limited on site car parking and also on street car parking outside the practice for patients.

The practice holds a list of registered patients and offers services to patients who reside in Leicester and surrounding areas but also to patients who live in other areas of England who require their services. The practice is located close to local Universities and student villages and also provides private services for students who require medical assistance.

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.

This practice is a member of the Independent Doctors Federation (IDF). The IDF is a designated body with its own Responsible Officer. The lead GP is an elected member of the IDF.

As part of our inspection we reviewed 13 Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the service. All of the 13 comment cards we received were positive about the service experienced. Patients said the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments also told us that the environment was calm, safe, clean and hygienic. Patients told us they received information to help them make informed decisions about their care and treatment.

The practice employs three GPs, one GP is also the Director of the company and is responsible for the overall management of the practice, a senior practice nurse, a practice nurse, a personal assistant/office manager, an accountant, a marketing and media/patient care coordinator, a marketing assistant, and two receptionists/administrators. The practice also employs the services of a counsellor, a nutritional health specialist, a physiotherapist, a nutritional therapist and a consultant psychiatrist.

The practice is open from 9am until 5pm Monday to Friday.

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

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.

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the office manager of any incidents or significant events and there was a recording form available on the practice's computer system.
- Staff told us significant events were discussed in practice meetings and staff were invited to attend.
- We saw evidence of a serious incident reporting policy.
- The practice held a record of significant events which included details of investigations and actions taken as a result of the significant event.
- The practice carried out a thorough analysis of the significant events.

During our inspection we looked at two significant events and discussed these with the lead GP. We reviewed safety records and incident reports. We saw evidence of meeting minutes where significant events were discussed and action plans agreed to ensure safety was improved in the practice. For example, processes were reviewed as a result of a patient who did not receive a positive faecal occult blood (FOB) result. As a result, all clinicians ensured a paper result request form was given to patients to request blood results.

Reliable safety systems and processes (including safeguarding)

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was responsible for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff we spoke with demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3. All non-clinical staff were trained to Level 1.
- We saw evidence that staff had received training in the Mental Capacity Act (MCA) 2005.
- All patients who attended for travel vaccinations were required to read guidance in relation to radicalisation and female genital mutilation (FGM which is a form of female circumcision which is illegal in England). This guidance advised patients that the practice had a responsibility to report any concerns to local safeguarding teams if they suspected that a patient was travelling or being taken abroad for the purpose of an illegal procedure. This guidance was available to patients in the waiting room and in the practice welcome pack.
- The practice had a safe and effective system in place for the collection of pathology samples such as blood and urine. The practice used the services of an accredited laboratory which provided a daily collection service from the practice for all samples. Pathology results were provided the next day and in some cases on the day to ensure patients received their results in a timely manner.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred

Are services safe?

from working in roles where they may have contact with children or adults who may be vulnerable). We saw evidence of chaperone training certificates during our inspection. A chaperone policy was in place.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Medical emergencies

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training and there were emergency medicines available. The practice held a master database which contained details training which included basic life support training, we saw that annual refresher training was scheduled for September 2016.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We saw evidence that this equipment was checked by the senior practice nurse on a weekly basis to ensure it was fit for purpose. We saw signed records to show this equipment had been checked. A first aid kit was located on the ground floor and an accident book was available.
- There were notices on display in each consulting room which gave clear instructions on actions to be taken in the event of an emergency such as an adult or child choking, basic life support instructions and the location of the automatic emergency defibrillator (AED), oxygen and masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. This plan included arrangements to be taken in the event of major disruptions to the service in the event of adverse weather conditions. The practice held emergency contact numbers for all members of staff.

Staffing

There was adequate staffing levels in place to meet the demands of the service, staff we spoke with told us that levels of cover were adequate. Staff were also supported by an office manager.

All members of staff had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

There were effective recruitment and training policies in place, we saw evidence during our inspection that these policies had been adhered to in relation to a new member of staff who had recently been employed. We saw evidence of a whistleblowing policy and all staff we spoke with understood this policy.

We saw evidence of medical indemnity insurance for GPs. GPs were registered with the General Medical Council (GMC). The office manager carried out regular checks of GMC registration. A register was held by the practice which included full details of GMC registration numbers for all GPs. The register included dates that checks had been carried out and planned dates for future registration checks.

Practice nurses received regular clinical supervision from the lead GP during planned, face to face sessions.

The senior practice nurse had successfully completed nurse revalidation approximately two weeks prior to our inspection. We saw evidence of the full revalidation document during our inspection.

Monitoring health & safety and responding to risks

Risks to patients were always assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a comprehensive health and safety policy in place and was accessible to all members of staff electronically and in paper format. We observed that this policy was in date. There was a poster on the ground floor which identified local health and safety representatives.
- All members of staff had received up to date health and safety training.
- The practice had adequate fire safety equipment in place and all equipment had been serviced on a regular basis. The practice had an up to date fire risk assessment in place dated 8 February 2016. The practice

Are services safe?

ensured there was a trained fire marshal in place. We saw evidence that fire marshal training had taken place in December 2015. A fire action plan was on display informing patients and staff what to do in the event of a fire. All staff had received fire safety training. Fire doors were clearly identified and were free from obstruction, staff told us that regular fire drills were carried out. The last fire drill had taken place in November 2015. We saw evidence that the fire alarm system was tested on a weekly basis.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw evidence of certification that showed all electrical and clinical items had been checked by an accredited external contractor. We saw that all electrical items had been checked in February 2016 and all clinical items had been calibrated in March 2016. A five year electrical installation test had been carried out on the premises in March 2011.
- We saw evidence that a gas safety inspection had been carried out in September 2015 and was due to be re-inspected in October 2016.
- The practice held a register of approved contractors who were authorised to enter the premises to carry out planned service and maintenance works.
- The practice held a risk register which contained numerous risk assessments such as manual handling, infection control, health and safety and COSHH. (Control of Substances Hazardous to Health). We also saw evidence that 18 COSHH data sheets were held on file for all substances held in the practice.
- All staff were required to complete a workstation and display screen equipment assessment on a regular basis. The last risk assessments were carried out in February 2016.
- All staff had completed manual handling training in February 2016.

Infection control

The senior practice nurse was the infection control lead. All staff including the infection control lead had received infection control training. All members of staff received an infection control handbook which they were required to keep at their workstation. The practice had an infection control policy in place which had last been reviewed in February 2016. We saw evidence that monthly infection control audits were undertaken for each consulting room

and all other areas of the practice. We saw evidence that action was taken to address any improvements identified as a result. During our inspection, we saw an infection control annual statement which was held on file and also on display in the patient waiting area which detailed the outcomes of the annual infection control environmental audit which was last carried out on 11 March 2016. Hand sanitizing gels were available on the reception desk and in all patient areas for patient and staff use.

We also saw evidence of hand hygiene audits which had been undertaken by all practice staff on 23 March 2016.

The practice had a risk assessment in place for Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The last risk assessment had been carried out in February 2016. The practice had procedures in place for the prevention of Legionella which included flushing of all water outlets and cleaning and de-scaling of taps on a regular basis. We saw evidence of records which were signed as per practice policy to show these procedures had been carried out.

Suitable processes were in place for the storage, handling and collection of clinical waste.

Spillage kits were provided to deal with the spillage of bodily fluids such as urine, blood and vomit.

The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.

Premises and equipment

The practice maintained appropriate standards of cleanliness and hygiene. During our inspection we conducted a tour of the premises which included consulting rooms and patient areas. We observed the premises to be very clean and tidy. There was a process in place to ensure a cleaning and monitoring checklist was completed and signed on a weekly basis for each area of the premises which included all consulting rooms and patient areas. We saw evidence that the last inspection had been carried out on 12 March 2016.

Safe and effective use of medicines

During our inspection we looked at the systems in place for managing medicines. Medicines were stored appropriately

Are services safe?

in the practice and there was a clear audit trail for the ordering, receipt and disposal of medicines. There were processes in place to ensure that the medicines were safe to administer and supply to patients.

- The practice did not hold a stock of prescription forms. All prescriptions were issued on a private basis and were computer generated and printed individually by the GP during consultation. We observed that all staff followed information governance and security procedures at all times, computer screens were locked when staff left their work area.
- The practice carried out audits of medicines and vaccinations. We saw evidence that a weekly stock check was carried out on all vaccinations and to ensure they were within their expiry date.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). We observed that controlled drugs (CDs) were stored in a locked cabinet inside a second locked cabinet in a first floor consulting room. Appropriate registers were in place and all CDs were signed in and out of stock. We saw evidence of a policy in place in relation to the management of CDs.
- We saw evidence of weekly stock checks carried out of all medicines which included controlled drugs. All batch numbers, expiry dates and stock levels were recorded.
- Patient Group Directions had been adopted by the practice to allow nurses to administer and/or supply medicines in line with legislation. We saw evidence of PGDs during our inspection which were signed and dated.
- We saw evidence of a repeat prescribing policy. Only GPs were authorised to prescribe medicines and issue repeat prescriptions.
- During our inspection we observed that all vaccinations and immunisations were stored appropriately. We saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis. We saw evidence of a cold chain policy in place which had been reviewed in February 2016. (cold chain is the maintenance of refrigerated temperatures for vaccines). An alarm was installed to the vaccination fridge which would sound in the event of the temperature falling out of the required range.
- We saw evidence of an annual return for the utilisation of yellow fever vaccines completed by the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Staff training and experience

The practice had a comprehensive induction and training programme for all newly appointed staff. We spoke with a member of staff who had recently been employed by the practice. They told us that they had received a comprehensive induction period which included mandatory training, observational training and regular one to one meetings for support. Training covered such topics as safeguarding, infection prevention and control, hand washing techniques, fire safety, health and safety and confidentiality.

All members of staff were suitably trained to carry out their roles. Training records showed that staff had received all mandatory training. Staff told us they valued the training provided to them.

The learning needs of staff were identified through a system of appraisals, we saw evidence that all staff had received an appraisal within the last 12 months by the lead GP. All staff had a continual professional development record held on their personnel file which recorded details of all training undertaken such as basic life support, fire safety, infection control and customer care.

The lead GP had received an appraisal in September 2015 which had been carried out by the Independent Doctors Federation (IDF). The lead GP had successfully revalidated in November 2013.

The practice had a schedule of training in place for example, basic life support training was carried out on an annual basis for all staff. Yellow Fever training was carried out on a two yearly basis for clinical staff, refresher training was scheduled for June 2016.

There was a checklist in place for the training requirements of all newly employed doctors and practice nurses which included a general introduction to private GP services.

Working with other services

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's electronic patient record system. This included care assessments, medical records, investigation and test results.

The practice ensured sharing of information with NHS GP services and general NHS hospital services when necessary and with the consent of the patient. Due to restrictions in communication links with NHS stakeholders, the provider did not have access to a full medical history from medical or hospital records and relied solely on the patient offering their history freely during a consultation. If an NHS service required any information, the practice would print a list of medicines and diseases/disorders for the patient to take with them.

Staff worked together as a multi-disciplinary team to meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. The practice made referrals to other independent or private sector services and could refer to NHS services.

Information sharing was restricted between out-of-hours (OOH) services and the provider due to the NHS inability to record an independent healthcare provider as a patient's primary GP service. The provider told us if a patient attended an OOH service or accident and emergency departments, the patient was responsible for advising them that a consultation had occurred and for providing documentation relating to the consultation.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. The practice had a comprehensive consent policy in place. Patients were required to sign a written consent form.
- The lead GP told us that any treatment including fees was fully explained prior to the procedure and that people then made informed decisions about their care.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice offered Language Line interpreter services as an additional method to ensure that patients understood the information provided to them prior to treatment.

The provider offered full, clear and detailed information about the cost of consultations and treatments, including tests and further appointments. We saw evidence of a schedule of fees displayed in the patient waiting room, in the practice welcome pack and also on the practice website. The lead GP told us that fees were explained to patients prior to consent for procedures and was discussed as part of the pre-consultation process. This process ensured patients had a 'cooling off' period before committing to the required fee, attending for an appointment or commencing treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

- All staff had received training in confidentiality. Staff we spoke with understood the importance of confidentiality and the need for speaking with patients in private when discussing services they required. All staff had signed a confidentiality agreement.

Involvement in decisions about care and treatment

Patient feedback on the 13 comment cards we received told us that they felt involved in decision making about the care and treatment they received. They also told us 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

- Access to the practice was suitable for disabled persons. Patient toilet facilities were on both the ground floor and first floor. There was a ramp at the main entrance and disabled patients were seen for their appointment in a ground floor consulting room.
- The reception desk was of a lower level suitable for patients in wheelchairs. The reception desk was located in the patient waiting room. However, there was a separate administration office where all incoming telephone calls were dealt with to ensure privacy and confidentiality for patients.
- Language Line telephone translation services were available for patients whose first language was not English. This also ensured patients understood their treatment options.
- The practice provided staff with a translation booklet which provided information in various different languages to help staff communicate with patients whose first language was not English.
- There was a comprehensive practice information guide which included arrangements for dealing with complaints, arrangements for respecting dignity and privacy of patients and also the treatment options and services available.
- There was a 'welcome to private GP services' information folder available for patients in the waiting room which contained information about PrivateGP.Com. This pack included information about the practice team, services available to patients, patient feedback forms and a schedule of fees.
- Health promotion information was available for patients in the waiting room.
- The practice offered pre-consultations to patients prior to receiving services such as travel medicine.
- Breast feeding and baby changing facilities were available.
- Pathology test results were provided the next day and in some cases on the same day the sample was obtained.
- The practice offered general travel health and disease prevention advice for patients travelling abroad.

Tackling inequity and promoting equality

The practice offered appointments to anyone who requested one and did not discriminate against any client group. There were disabled facilities and translation services available upon request.

Access to the service

The practice was open from 9am until 5pm Monday to Friday. Appointments were available on a pre-bookable basis. Urgent appointments were available on the day. The practice also offered home visits and telephone consultations to those who required them and on-line consultations via 'skype' (skype is an internet software application which enables voice and video calls with the use of a webcam).

Concerns & complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance for GPs in England.
- The office manager was the designated responsible person who handled all complaints in the practice.
- The practice held a record of all complaints received which included a record of all actions taken as a result of complaints received.
- A complaints form was available to help patients understand the complaints system. There was information on how to complain in the patient guide, patient waiting area and on the practice website.
- The complaints policy for patients gave details of the Health Service Ombudsmen and also the Independent Doctors Federation (IDF) should they be unhappy with the outcome of their complaint and wish to have their complaint reviewed.

We looked at eight complaints received, one of these complaints had been received in the last 12 months. We found they were satisfactorily handled and dealt with in a timely way. We saw evidence of a written acknowledgement sent to the patient which included full details of investigations carried out and an apology given where necessary. The practice demonstrated an open and transparent approach in dealing with complaints. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

Are services well-led?

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

Our findings

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The practice held a register of all professional registrations for clinical staff such as the General Medical Council (GMC) and Registered General Nurse (RGN). The register included details of medical indemnity insurance, renewal dates, dates checks were undertaken, Hepatitis B status, and dates safeguarding adults and children training was completed.
- Practice specific policies were implemented and were available to all staff. The practice held a comprehensive central register of policies and procedures. This register detailed the name of the policy, date of issue, date of amendment and review date. All staff were required to sign that they had read and understood these policies, we saw evidence of this during our inspection. During our inspection we looked at 24 policies which included consent, confidentiality, communication with deaf patients, health and safety, chaperone, equality and diversity, safeguarding children, vulnerable adults, risk management and a protocol for sexual health consultations. All policies and procedures were available in an electronic file which all members of staff had access to. All policies were also available in paper format and were accessible to all staff in the administration office.
- A comprehensive understanding of the performance of the practice was maintained.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The lead GP had the experience, capacity and capability to run the practice and ensure high quality care. The lead GP was an elected member of the Council of Independent

Doctors Federation (IDF). The GPs prioritised safe, high quality and compassionate care and was visible in the practice. Staff told us that the lead GP was approachable and always took the time to listen to all members of staff.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held monthly team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the lead GP encouraged all members of staff to identify opportunities to improve the services delivered by the practice.
- Staff were encouraged to participate in training and develop their skills. For example, the senior practice nurse had recently completed training in functional medicine and yellow fever training.

Learning and improvement

The lead GP had a strong vision for the future development of the practice and its values were clearly embedded within the whole practice team. The practice completed an annual business plan to continually review the future development of the practice. There was a strong focus on continuous learning and improvement at all levels within the practice. The lead GP encouraged staff to participate in training and encouraged staff to develop their skills. The lead GP ensured all members of staff were provided with regular training which included all mandatory and refresher training. For example, the senior practice nurse had recently attended training courses provided by the British Association of Sexual Health (BASH).

The lead GP was a member of various councils and societies which included the Royal College of General Practitioners, the British Society of Medical and Dental Hypnosis, the British Medical Acupuncture Society, the Faculty of Family Planning and Reproductive Health and the Royal Society of Occupational Medicine. She had also studied functional medicine over a four year period.

Are services well-led?

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

The practice was open to feedback and offered patients the opportunity to reflect on their experiences. The practice encouraged learning from complaints and significant events.

The practice held a register of all clinical audits carried out which included timescales for further re-audit. The register held details of the audit type, audit date, who carried out the audit and the date the next audit was required. The practice carried out numerous audits such as an audit of vaccinations, clinical bloods and a cervical cytology/HPV quarterly audit. During our inspection we saw evidence that clinical audits were effective and showed quality improvement. For example, the practice have reviewed and updated its policies in relation to a vaccination audit carried out to ensure all staff are aware of any changes or updates to ensure the safety of patients in relation to the administration of vaccinations.

Provider seeks and acts on feedback from its patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through surveys and complaints received. We saw evidence of a patient feedback form which encouraged patients to give feedback about the service they had received which included their views on the ease of booking an appointment, cleanliness of the premises, consultation with a GP, customer service and an opportunity to give any other feedback. Patients were encouraged to give the practice a rating on each of these areas. The practice collated this information and carried out an annual audit based upon the results and acted upon it to improve its services to patients.

The practice had also gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. We observed a notice in waiting room to promote and welcome feedback.