Care Quality Commission

Thurloe Street Private Practice

Inspection report

18 Thurloe Street
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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?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good **overall.**

The key questions are rated as:

Are services safe? – Good
Are services effective? – Good
Are services caring? – Good
Are services responsive? – Good
Are services well-led? – Good

We carried out an announced comprehensive inspection at Thurloe Street Private Practice as part of our inspection programme. This is the first rated inspection for the service as an independent GP provider.

Thurloe Street Private Practice is an independent GP-led clinic undertaking general GP medical services which includes childhood and travel immunisations. The service operates from 18 Thurloe Street, London, SW7 2SU.

The service is registered as a partnership with the care quality commission (CQC) and for the regulated activities of diagnostic and screening services, family planning, maternity and midwifery services and treatment of disease, disorder and injury.

The 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 general 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 Thurloe Street Private Practice services are provided to patients which are occupational health-related, for example Civil Aviation Authority pilot medicals. These types of arrangements are exempt by law from CQC regulation.

One of the GP partners 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.

We were unable to speak with any patients during the inspection. However, as part of our inspection process, we asked for CQC comments cards to be completed by patients during the two weeks prior to our inspection. Thirty-nine CQC comment cards were received, all of which were positive, and included themes such as excellent, first-class service, very friendly, efficient, helpful, thorough, caring, and clean and hygienic premises.

Our key findings were

- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns.
- The service had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- The service carried out staff checks on recruitment, including checks of professional registration where relevant.
- Clinical staff we spoke with were aware of current evidence-based guidance and they had the skills, knowledge and experience to carry out their roles.
- There was evidence of some quality improvement but with limited evidence of clinical audits.
- Consent procedures were in place and these were in line with legal requirements.
- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- Systems were in place to protect personal information about patients. The service was registered with the Information Commissioner's Office (ICO).
- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.

Overall summary

- Information about services and how to complain was available.
- There were clear responsibilities, roles and systems of accountability to support good governance and management in place. Although we did find some gaps on the day the service was responsive and immediately addressed all areas raised.

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

- Conduct a formal fire evacuation exercise to be assured that all staff know what to do in the event of a fire.
- Update relevant policies and procedures to include a process to retain medical records in line with Department of Health guidelines should the service cease trading.
- Implement a programme of continuous quality improvement, including clinical audits.

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 GP Specialist Advisor and a second CQC team inspector.

Background to Thurloe Street Private Practice

Thurloe Street Private Practice is an independent GP-led clinic undertaking general GP medical services which included childhood and travel immunisations. The service is a registered Yellow Fever Vaccination Centre. The service operates from 18 Thurloe Street, London, SW7 2SU.

The service is provided by a two GPs, supported by a practice manager, who is responsible for the non-clinical day-to-day running of the service, and three receptionists/secretaries. The service offered pre-bookable and walk-in face-to-face consultations for both children and adults.

Patients could access appointments each morning, Monday to Friday, between 8.30am to 1pm and in the afternoon on Monday, Tuesday and Thursday between 2pm and 6pm, on Wednesday between 2pm and 5pm and Friday between 2pm and 5.30pm.

How we inspected this service

Pre-inspection information was gathered and reviewed before the inspection. On the day of the inspection we spoke with both GP partners and the practice manager. We reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment and training records, significant events, patient survey results and complaints.

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.

Good

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- The service had systems to safeguard children and vulnerable adults from abuse. Policies were up-to-date and regularly reviewed. We saw that all staff had access to up-to-date contact information and who to go to for further guidance.
- 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.
- Both GPs had undertaken safeguarding children level 3 training and non-clinical staff had been trained to level 2. On the day of the inspection, the service could not demonstrate that one part-time member of staff had undertaken safeguarding children and safeguarding adults training. After the inspection the service sent evidence that the training had been completed.
- The service did not have any system in place to verify a person's identity, age and, where appropriate, parental authority but told us they would not register a child at the service if the parent or guardian was not registered. After the inspection the service sent an updated policy in relation to patient identification at registration, which outlined the process they had implemented.
- The practice manager acted as a chaperone when required and had received an enhanced Disclosure and Baring Service (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. The practice manager was able to demonstrate their role as a chaperone but had not undertaken any recent formal training. After the inspection evidence was sent that updated training had been completed.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis, where appropriate. We saw evidence of professional registration and medical indemnity for the GPs. We saw that staff files indicated that verbal references and been sought for non-clinical staff, but no notes had been maintained. Similarly, the service had not retained interview notes. The service told us they would review their recruitment procedures to ensure all appropriate documentation was recorded and maintained for appropriate timescales.
- DBS checks were only undertaken for clinical staff and for staff who acted as a chaperone, which was in line with their policy. However, the service had not undertaken any formal risk assessment in relation to their non-clinical staff to determine if a DBS check was required. After the inspection the service sent evidence that a risk assessment had been undertaken for non-clinical staff to support their decision.
- The immunisation status of clinical staff in direct patient contact was maintained in line with current Public Health England (PHE) guidance. However, there were gaps for non-clinical staff. After the inspection the service sent evidence that it had a record of the immunisation status for all staff in line with guidance.
- The provider had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and core training. For example, health and safety and moving and handling training. Staff had undertaken fire awareness training, but the service had not undertaken a recent formal fire evacuation exercise. In addition, the service had a nominated fire marshal but had not considered who would assume the role when the fire marshal was absent. After the inspection the service sent an updated fire policy which outlined new arrangements for fire marshal cover.
- There was an effective system to manage infection prevention and control (IPC). We observed that appropriate standards of cleanliness and hygiene were followed. An IPC audit of the premises had been undertaken in June 2019. We saw that the service had acted on the issues identified in IPC audit, for example, the correct segregation and storage of cleaning equipment. We saw evidence that all staff, including the lead, had received on-line IPC training relevant to their role.
- The arrangements for managing clinical waste kept people safe.
- We saw that various risk assessments had been undertaken for the premises, which included fire, health and safety, Control of Substances Hazardous to Health (COSHH) and Legionella.

Good

Are services safe?

- The service ensured that equipment was safe and maintained according to manufacturers' instructions. We saw evidence that medical calibration and portable appliance testing (PAT) testing had been undertaken.

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.
- There were suitable medicines and equipment to deal with medical emergencies, for example a defibrillator and oxygen. We saw that they were appropriately stored but there was no formal record system to demonstrate that they were checked regularly. After the inspection the service sent evidence that the defibrillator and oxygen had been added to the monthly emergency medicine check list.
- We saw all staff had undertaken annual basic life support training. However, the service had not undertaken formal sepsis awareness training for non-clinical staff. We spoke with the practice manager who understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. However, there were no other non-clinical staff available on the day to speak with to determine all staff's understanding. After the inspection the practice sent evidence that sepsis awareness guidance had been shared with all staff and formal sepsis awareness training by one of the GPs had been scheduled for the next staff meeting.
- There were appropriate indemnity arrangements in place.
- The service had a business continuity plan in place for major incidents such as power failure or building damage which included contact details of staff.

Information to deliver safe care and treatment

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

- Patient records were stored securely using an electronic record system. There were no paper records. Computers were password protected.
- We reviewed some individual care records and found they 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.
- There was a system in place for dealing with pathology results. Pathology specimens were sent to a professional laboratory for analysis. Pathology results were securely received by the service and saved on the clinical record.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The service had systems in place for seeking consent to share information with the patient's NHS GP, if applicable.
- The service was able to describe the system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading, but this was not outlined in their data security or information governance policy.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. Processes were in place for checking medicines and staff kept accurate records of medicines.
- The provider did not hold any stocks of medicines for dispensing, which included controlled drugs.
- Private prescriptions were processed electronically through the clinical system and signed by the prescribing GP. The service securely controlled and recorded prescription stationery.
- Staff we spoke with demonstrated they prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- GPs were able to demonstrate the processes for monitoring patients' health in relation to the use of medicines including high risk medicines with appropriate monitoring and clinical review prior to prescribing.

Good

Are services safe?

Track record on safety and incidents

The service had a good safety record.

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

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. There was an incident policy in place which was accessible to staff. Staff we spoke with understood their duty to raise concerns and report incidents and near misses.
- The service had recorded two incidents in the past 12 months and we saw that they had been adequately reviewed and investigated and action taken to improve safety. For example, we saw that the process to ensure all blood samples were collected by the pathology provider at the end of each day was reviewed after there had been a delay in a sample being sent to the laboratory. We saw that this was discussed at a staff meeting.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. Staff we spoke with were aware of and the Duty of Candour. They told us the service encouraged a culture of openness and honesty.
- There was a formal system for receiving and acting on patient safety alerts and we saw evidence where recent alerts had been reviewed and action taken, where relevant.

Good

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

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

- 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 such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- We reviewed examples of medical records which demonstrated that patients' needs were fully assessed, and they received care and treatment supported by clear clinical pathways and protocols.
- Staff assessed and managed patients' pain where appropriate.
- Clinical staff advised patients what to do if their condition got worse and where to seek further help and support.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was involved in some quality improvement activity.

- The service used information about care and treatment to drive quality improvement, for example, through patient feedback, significant events and complaints. We saw that an informal prescribing audit of a psychoactive drug (used to treat a range of conditions, including anxiety and insomnia) had been undertaken but there had been no formal clinical or prescribing audits undertaken and the service did not have a programme of clinical audits.

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.
- The service could demonstrate role-specific training and updates for relevant staff. For example, a GP had undertaken Yellow Fever training which was a requirement to maintain their registration as a Yellow Fever Vaccination Centre.
- GPs were registered with the General Medical Council (GMC).
- The provider understood the learning needs of staff and provided protected time and training to meet them. A record of training was maintained.
- GPs were registered with the General Medical Council (GMC), the medical professionals' regulatory body, with a licence to practise and on the GP register. We saw that GPs 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 practise. We saw that the GPs were following the required appraisal and revalidation processes.
- The service had an induction programme for newly appointed staff.
- The service had an appraisal schedule in place for staff. However, we noted that two members of staff had not undertaken an appraisal in the last 12 months. The service manager told us that these appraisals had been scheduled for when staff returned after the summer holiday period in mid-September.
- The service had a core training schedule for staff which included safeguarding children and adults, prevent, consent, infection prevention and control, basic life support, fire awareness, health and safety, moving and handling, equality and diversity, human rights and conflict.
- There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

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

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

Good

Are services effective?

- The service had systems in place for seeking consent to share information with the patient's NHS GP, if applicable.

Supporting patients to live healthier lives

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

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

Consent to care and treatment

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

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

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Arrangements were in place for a chaperone to be available, if requested. We saw signs in the waiting room and consultation rooms.
- The service gave patients timely support and information.
- We were unable to speak with patients at our inspection. However, we received 39 CQC comments cards, all of which were positive about the service experienced. Patients commented that staff were very friendly, helpful and caring.
- The service had not undertaken a recent formal survey. However, they told us all patient feedback through a suggestion box and verbal and written complaints were reviewed to drive quality improvement. In addition, the service reviewed feedback on a consumer review website which showed the service had been awarded five stars from six reviews in the past 12 months. Patients said it was an excellent service, doctor were well-informed and took time to explain. After the inspection the service sent evidence of a proposed patient survey it intended to use to gather patient feedback on an ongoing basis.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- The service gave patients clear information to help them make informed choices. We were told that any treatment, including fees, was fully explained to the patient prior to a consultation or procedure.
- There was information on the service's website with regards the services provided and what costs applied.
- The service had access to formal interpreting services if required.
- There was a hearing induction loop available at reception.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff we spoke with recognised the importance of people's dignity and respect. All staff had received equality, diversity and human rights training.
- Curtains were provided in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted consultation room doors were closed during consultations.
- There were arrangements to ensure confidentiality at the reception desk.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The service complied with the Data Protection Act 2018 and was registered with the Information Commissioner's Office (ICO) which is a mandatory requirement for every organisation that processes personal information.
- There were systems in place to ensure that all patient information was stored and kept confidential.
- All staff had received information governance training.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The facilities and premises were appropriate for the services delivered. Services were provided on the ground and lower ground floor, which was accessible by stairs. The service operated from Grade II listed premises, which limited adaptations to the building. The service made reasonable adjustments when patients found it hard to access services. For example, the service would undertake a home visit if the patient felt unable to access the premises via the stairs.
- Staff told us that they had access to translation services for those patients whose first language was not English.
- There was an induction hearing loop available at reception to aid those patients who were hard of hearing.

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.
- Patients feedback from comment cards was that they could access appointments when they needed them.
- Appointments were available on a pre-bookable and walk-in basis. The service provided face-to-face consultations which were available Monday, Tuesday and Thursday 8.30am to 6pm, Wednesday 8.30am to 5pm and Friday 8.30am to 5.30pm.
- The service was not an emergency service. The service engaged a private GP out of hours service for evenings, weekends and bank holiday should patients require a doctor. Alternatively, patients could access immediate help via 999 or NHS 111.

Listening and learning from concerns and complaints

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

- The service had a complaints policy and there were procedures in place for handling complaints.
- The practice manager was the designated responsible person to handle all complaints.
- Information about how to make a complaint was available to patients. The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service told us there had been no formal written complaints in the last 12 months but had recorded two verbal complaints, both of which were in relation to fees charged by the service. The service had acted upon the feedback and made changes to the process of explaining of potential treatment costs ahead of a consultation.

Good

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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. There was a realistic strategy and business plan to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and through patient feedback.

Culture

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

- Staff we spoke with told us openness, honesty and transparency were the norm including with patients 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. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There were processes for providing all staff with the development they need.

Governance arrangements

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

- The service was run by a small team. There was a clear staffing structure and staff were aware of their own roles and accountabilities. Staff had lead roles, for example, infection control, complaints and safeguarding.
- Although we did find some gaps in some systems and processes on the day of the inspection, the service was responsive and immediately addressed all areas raised.
- The service had established policies, procedures and activities to ensure safety. We noted that some of the policies required an update to include the most relevant information, for example the information governance policy.
- We saw that staff had access to policies and procedures.
- There was a meeting structure and meetings were minuted.

Managing risks, issues and performance

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

- There were processes in place for managing risks, issues and performance.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, health and safety and fire risk assessments had been completed for the premises.
- The service used information about care and treatment to drive quality improvement, for example, through patient feedback, significant events and complaints. However, there had been no formal clinical or prescribing audits undertaken and the service did not have a programme of clinical audits.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Patient consultations and treatments were recorded on a secure patient clinical system.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- Quality and operational information was used to ensure and improve performance.
- The service complied with the Data Protection Act 2018 and was registered with the Information Commissioner's Office (ICO) which is a mandatory requirement for every organisation that processes personal information.
- All staff had undertaken information governance training.

Good

Are services well-led?

- The provider submitted data and notifications to external organisations as required.

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 engaged and involved patients and staff to support high-quality sustainable services.
- The service was provided by a small team who engaged on a day-to-day basis through one-to-ones, staff meetings and appraisals. Some staff appraisals had not been undertaken in the past 12 months, but we saw evidence that these had been scheduled.

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 service made use of internal and external reviews of incidents and complaints.