ZID Medical Services Limited

Private GP Care Birmingham

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 22 March 2018 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 not providing safe care in accordance with the relevant regulations.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right.

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 not providing well led care in accordance with the relevant regulations.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right.

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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Our key findings were:

- There were systems in place for the overall management of significant events and incidents.
- Although the provider had some systems and processes in place to keep patients safe some of these were were not sufficiently effective or embedded. This included risks in relation to unforeseen medical emergencies and the use of chaperones.
- There was an overarching governance framework which supported the delivery of good quality care.

Summary of findings

- The provider demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- The premises appeared well maintained and visibly clean and tidy.
- The practice had not sought feedback from patients and the public. The provider told us that due to the low number of patients that had used the service since opening, they had not implemented a system to gather patients' views and no audits had been completed to support the delivery of safe care and treatment.
- Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care.
- The provider had established a good network within the private healthcare sector for advice and support if needed.
- The GP provider told us that currently the regulated service offered accounted for less than 5% of his working week.
- The provider had effective systems for obtaining consent and patient information was well documented.
- There was a complaints process in place, however the provider told us they had received no complaints since opening the practice.

We identified regulations that were not being met and the provider must**:**

- Ensure effective systems and processes are established to ensure good governance in accordance with the fundamental standards of care.
- Ensure care and treatment is provided in a safe way to patients

There were areas where the provider could make improvements and should:

- Review and improve the process for advising patients of the complaints process.
- Review and take steps to improve the process for obtaining patient feedback.
- Improve the current process to ensure chaperones used by the service have had the necessary training and checks completed.

You can see full details of the regulations not being met at the end of this report.

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 not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- We found areas where improvements must be made relating to the safe provision of treatment. Although the provider had some systems and processes in place to keep patients safe some of these were not sufficiently effective or embedded. This included risks in relation to unforeseen medical emergencies and the use of chaperones.
- There was a system in place for recording, reporting and managing significant events and incidents, however the provider told us they had not had any incidents or events since opening.
- The provider demonstrated that they understood his responsibilities and they had received training on safeguarding children and vulnerable adults relevant to his role.
- The practice had an effective system in place to demonstrate what action had been taken with alerts and safety updates received from the Medicines and Healthcare products Regulatory Agency (MHRA).
- If a chaperone was required, the GP told us he was able to ask for assistance from the dental nurses at the practice, where the provider rented a consultation room, however patients who required a physical examination were requested to bring someone with them.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- The provider had the skills, knowledge and experience to deliver effective care and treatment. Continuous development, competence and knowledge were recognised as integral to ensuring high-quality care.
- The provider had established a good network within the private healthcare sector for advice and support if needed.
- The provider had effective systems for obtaining consent.
- The provider had systems to keep himself up to date. He had access to guidelines and learning from various sources and used this information to deliver care and treatment that met patients' needs.
- The information needed to plan and deliver care and treatment was available in a timely and accessible way through the practice's patient record system and their physical records. The practice shared relevant information with other services in a timely way.

Are services caring?

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

- The provider told us patients were involved in decisions about their care and treatment. They were given time and opportunities to ask further questions.
- The provider respected and promoted patients' privacy and dignity.
- We observed a calm and friendly atmosphere at the practice during our inspection.

Summary of findings

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations. We found one area where improvements should be made which related to the displaying of the complaints process so that it was easily accessed by patients if needed.

- The provider screened all telephone requests for appointments to ensure they had the appropriate support on site. The provider tried to organise all appointments to coincide with the opening times of the dental practice.
- The practice offered a sexual health testing and private GP care.
- The practice had a system in place for handling complaints and concerns. However, the provider told us they had not received any complaints since opening the practice. The provider did not have the complaints procedure on display and we were unable to find it on the website.

Are services well-led?

We found that this service was not providing well led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- The provider had a vision to provide high quality care.
- There were some governance arrangements, but we found these did not support the running of the service.
- The provider had not set up a business strategy to promote the service, they relied on 'word of mouth' and patients who accessed the practice website.
- The provider had a range of policies and procedures that were reviewed regularly.
- Feedback from patients was not sought to help drive improvement. The provider told us they had not asked for patients views as so few patients had accessed the service since opening and the business currently attributed to 5% of the GP's working week.
- 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).

Private GP Care Birmingham

Detailed findings

Background to this inspection

Private GP Care registered with CQC in October 2015 to provide the regulated activities of diagnostic and screening procedures and treatment of disorder, treatment and injury. It is a private consulting clinic specialising in GP consultations and a sexual health service.

The service is run by a single handed doctor. The provider rents a room at a private dental practice situated in Smethwick, an area of the West Midlands. The provider commenced the private GP business in August 2016 and sees a small number of patients. Data provided by the practice showed 30 patients had received a private consultation since the service began.

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.

The practice has no set opening times. Patients make appointments with the GP directly by telephone and a suitable date and time is organised for the patient to be seen at the practice premises. The practice is not required to offer an out of hours service. Patients who need 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.

Due to the low numbers of patients the provider sees, we did not have any completed comment cards where patients and members of the public shared their views and experiences of the service.

The inspection was led by a CQC inspector and included a GP Specialist Adviser.

Before visiting, we reviewed information we hold about the practice such as any notifications, the provider information return and other information received.

During our visit we:

- Spoke with the GP provider.
- Reviewed how treatment was provided.
- Reviewed documentation made available to us for the running of the practice.

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 found that this service was not providing safe care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible. The policies clearly outlined who to contact for further guidance if the provider had concerns about a patient's welfare.
- The provider demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GP was trained to child safeguarding level three.
- Chaperones were available if required. The provider was able to request the support of the nurses who worked at the dental practice to act as chaperones. We were unable to confirm that the staff who acted as chaperones were trained for the role and had received a Disclosure and Barring 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 had systems in place for knowing about notifiable safety incidents. Safety was monitored using information from a range of sources, including safety updates from the Medicines & Healthcare Products Regulatory Agency (MHRA).
- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place and the provider had access to appropriate hand washing facilities and personal cleaning equipment. The dental practice were the infection control lead for the premises and an infection control policy was in place. Personal protective equipment such as disposable gloves and aprons and spill kits for the cleaning of bodily fluids were available to staff
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- We found the premises appeared well maintained and had arrangements in place for the safe removal of healthcare waste. The provider assured us that risk assessments were carried out by the dental practice where they rented the consulting room, however we did not see any evidence to confirm these were in place. The provider had not completed any of their own risk assessments.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety but there were some areas where these needed to be improved.

- We saw evidence of professional indemnity arrangements in place.
- The provider had not undertaken adequate risk assessments to ensure effective arrangements to manage emergencies on the premises and relied solely on the dental practice to carry out this role. Emergency medicines consisted only for those used in the case of anaphylaxis during minor procedures. No risk assessments had been carried out to assess the need for emergency medicines not routinely stocked.

Information to deliver safe care and treatment

The GP had the information he needed to deliver safe care and treatment to patients.

- The practice kept a clinical record for each patient that attended a consultation. Individual care records were written and managed in a way that kept patients safe.
- Patients were required to give information when they first attended which provided details of past medical history, medications, allergies and details of the patients usual GP.
- The practice had systems for sharing information with other agencies to enable them to deliver safe care and treatment. Information was routinely shared with the patients NHS GP. A patient could opt out of having their information shared with their GP.
- Patient information was stored electronically on a password protected system. Paper records were not kept.

Safe and appropriate use of medicines

Are services safe?

The practice had reliable systems for the appropriate prescribing of medicines.

- Patients medicines and allergies were checked prior to any care and treatment and were documented within the patients records. The provider did not prescribe controlled drugs or unlicensed medicines at the clinic.
- There was evidence of actions taken to support antimicrobial stewardship; however there was no specific antibiotic prescribing policy for the clinic.
- The provider did not hold stocks of prescription stationery. Private prescriptions were sent directly to a local pharmacist if needed.

Track record on safety

The practice had embedded systems for monitoring safety in the practice.

- There was a range of risk assessments in place in relation safety issues which the provider assured us were regularly reviewed by the dental practice where he rented his consulting room.
- There were established processes in place for the management of incidents, however the provider told us he had had no incidents since opening the clinic.

Lessons learned and improvements made

The practice had made no improvements as the provider told us he had had no incidents or significant events since opening the practice.

- The GP understood his duty to raise concerns and report incidents and near misses.
- The GP was aware of the requirements of the Duty of Candour and told us he had a culture of openness and honesty. However, there had been no incidents where this had applied.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was not providing effective care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Effective needs assessment, care and treatment

We discussed with the provider how they kept up to date and made use of evidence based guidance and standards.

All patients unknown to the service were asked for details about their past medical history, medicines and allergies to support care and treatment.

The provider was able to demonstrate evidence of sepsis guidance.

Monitoring care and treatment

There was no evidence of clinical audit. The provider had not carried out any audits of patient notes to check the completeness of information, the provider attributed this to the low number of patients he had seen.

Effective staffing

The provider had not employed any staff due to the current low demand for services.

- One doctor worked from this location, with the support of another GP if they were unavailable. The principal doctor had been a GP for the past 10 years and was currently working as a locum at another surgery for the NHS and also worked in the private sector. The GP told us that his private practice accounts for less than 5% of their working week.
- Training updates were undertaken by the GP and we saw evidence of training they had attended to keep up to date.
- We saw evidence to confirm that the GP undertook annual appraisals. This is the mechanism by which doctors demonstrate their fitness to practice.

Coordinating patient care and information sharing

The provider worked together with other health and social care professionals to deliver effective care and treatment.

- The provider had protocols in place for referring patients to specialists or other services. The provider had established a network within the private hospitals.
- The provider routinely shared information with the patients usual NHS GP. The patient was able to opt out of this if they just had a consultation but not if the provider thought that urgent action or referral was required.
- The provider had a policy in place for sending blood samples taken at the clinic and for monitoring samples sent to ensure they were not lost and returned in a timely manner.

Supporting patients to live healthier lives

The provider identified those who needed additional support as part of their care and treatment. If patients needed support in relation to their health needs they would refer them back to their GP.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance. The provider did not carry out any surgical procedures.

- Information was clearly provided in advance to patients about the full cost of consultations before any decisions were made.
- The GP demonstrated an understanding of the requirements of legislation when considering consent and decision making for patients who may lack mental capacity. He advised us that they would seek further information from the patients GP if they had concerns regarding capacity.

Are services caring?

Our findings

Kindness, respect and compassion

- Our conversations with the GP indicated that they were sensitive to patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Patients were able to request a chaperone during an examination if a dental nurse was available, however the provider told us that from the initial telephone conversation with the patient they would advise them to bring a chaperone with them to the consultation.

The provider did not monitor patient satisfaction with the service through the use of surveys. The GP contributed this to the low numbers that had accessed the service since opening.

Involvement in decisions about care and treatment

The provider helped patients be involved in decisions about their care.

- We saw evidence from patient records that patients needs, wishes and preferences were discussed as part of the consultation process.
- The provider made use of various formats to communicate with patients so that they could find out more about the consultation service. This included the provider website. Patients were able to ask questions via a call to the service.

Privacy and Dignity

The provider respected and promoted patients' privacy and dignity.

- Patient information was held securely in a password protected computer system.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The provider understood the needs of their population and tailored services in response to those needs. Patients were given flexibility as to the time of their consultation.
- Patients were able to contact the service for more information with no obligation to go ahead with a consultation until they were confident it was what they wanted.
- The provider did not have set consulting hours and adapted the service to meet the needs of patients who may find it difficult attending during usual working hours.
- The provider was unable to offer consultations to patients with mobility difficulties at the practice due to the consulting room being on the first floor without lift access.
- The provider offered a sexual health screening service through a private sector sexual health testing service.
- Patients requiring translation services would be advised to bring someone with them that could translate at the consultation.

Timely access to the service

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

- The service was open for appointments dependant on the working schedule of the provider and the requirements of the patient.
- There were no set times for appointments and patients would liaise directly with the provider for a suitable date and time.

Listening and learning from concerns and complaints

The practice had systems in place for responding to complaints, however the provider told us they had received no complaints since opening the practice.

- The provider had a complaints procedure in place. The provider did not have the complaints procedure on display and we were unable to find it on the website.

Are services well-led?

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

Our findings

We found that this service was not providing well led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Leadership capacity and capability

The provider had the capacity and skills to deliver high quality, sustainable care.

- The service was led by a single handed GP. The provider had no staff employed at the practice.

Vision and strategy

The service had a vision for the future to deliver high quality care and promote good outcomes for patients.

- The provider discussed with us his vision for the service. The GP wanted a develop his private consultation service, to improve the customer journey and experience for patients.
- The provider had not set up a business strategy to promote the service, he relied on 'word of mouth' and patients who accessed the practice website.

Culture

- The service focussed on the needs and wishes of patients when delivering the service.
- The provider demonstrated an openness and honesty during our inspection. The provider was aware of and had systems to ensure compliance with the requirements of duty of candour.

Governance arrangements

There were systems of accountability to support the governance and management of the service.

- The provider relied on the established policies and procedures of the dental practice where he rented his consultation room to support the safety of the service. We were assured these were regularly reviewed to ensure they remained up to date and were accessible to all staff, however we saw no evidence on the day of inspection to confirm the provider had access to these policies. The provider had not completed any of his own risk assessments.

Managing risks, issues and performance

There were processes for managing risks, issues and performance, however the provider was unable to demonstrate if these were managed appropriately.

- The provider had not completed any risk assessments, but relied on the dental practice to complete risk assessments. We also found some areas where improvement was needed. For example, the equipment required for unforeseen medical emergencies.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Records seen contained appropriate information to support care and treatment.
- Patient information was held securely.
- We found documents maintained by the service were tidy and organised.

Engagement with patients, the public, staff and external partners

- The provider had not sought feedback from patients about the service provided. The provider told us this was due to the low numbers of patients that had accessed the service since opening.

Continuous improvement and innovation

We asked the provider about systems and processes for learning, continuous improvement and innovation.

- The GP told us that he focused on ensuring patients felt well cared for throughout their experience.
- The provider was unable to demonstrate innovation as the service had not seen a regular influx of patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular: • Risk in relation to unforeseen medical emergencies had not been assessed in the absence of equipment and emergency medicines and mitigated against. **This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • The provider had not completed risk assessments, but relied solely on the assessments completed by the dental practice. • There was limited evidence of any clinical improvement activity such as clinical audit. • The complaints process was not displayed.

This section is primarily information for the provider

Requirement notices

- There were no systems or processes that enabled the registered person to seek and act on feedback from relevant persons and other persons on the services provided.

This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.