

The Private GP Service

Inspection report

The Surgery
96 Church Road
Gatley
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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. This service has not previously been inspected.

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 this comprehensive inspection at The Private GP 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.

The Private GP provides a home visiting service for patients of any age. Dr B Jobling is the CQC registered sole provider. The service is available 24 hours a day, seven days a week and 365 days a year. Patients may contact via a phone to text messaging service and the GP responds via call back to the patient to discuss the issue. Only non-urgent appointments for minor illness are offered. The service is mainly delivered to patients in their own home, however they can attend a surgery location, 96 Church Road, Gatley or directly at Dr Jobling's home address in Hale, Altrincham, where full access to a consulting room is available. This inspection relates only to consultations undertaken at patient's home addresses.

Our key findings were:

- The service had systems to manage risk so that safety incidents were less likely to happen.

- The service routinely reviewed the effectiveness and appropriateness of the care it provided. However, this was not always fully documented.
- The service ensured that care and treatment was delivered according to evidence-based guidelines.
- Appropriate use of medical records was maintained.
- The service involved and treated people with compassion, kindness, dignity and respect.
- Patients could access care and treatment from the service within an appropriate timescale for their needs. Patients told us the responsiveness of the service gave them peace of mind.
- There was a focus on continuous learning and improvement, some systems were in the process of being formally developed.
- Information about services and how to complain was available. We found the systems and processes to manage and investigate complaints were in place.
- The service proactively sought feedback from patients.

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

- Formalise internal communication between GPs.
- Review process for monitoring and recording safety alerts.
- Review and consolidate the chaperone policy to include arrangements should trained chaperones be required.
- Continue to develop and increase clinical audit to monitor and improve safety and performance.

• **Dr Rosie Benneyworth BM BS BMedSci MRCGP** Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection was led by a CQC lead inspector, the team included a GP specialist advisor.

Background to The Private GP Service

Dr B Jobling is the sole provider and is a qualified medical practitioner, registered with the General Medical Council. He is also a practicing GP at a CQC registered provider within the local area. Dr Jobling has a contractual arrangement in place with three other GMC registered GPs who cover patient calls on a rota basis. Dr Jobling covers the vast majority of patient calls.

The Private GP is registered to provide the regulated activity Treatment of disease, disorder or injury.

The registered office of the provider is located in an NHS GP practice within a building providing services which are regulated by the Care Quality Commission:

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The service is available 24 hours a day and 365 days a year. On occasions when Dr Jobling is not available, three regular locum GPs are available to respond to patient calls on a rota basis. Patients are seen by appointment only. The service has currently approximately 2,000 registered patients, between eight and ten patients are seen a week on average. The service has been operating for approximately 13 years.

How we inspected this service

The inspection was carried out on 28 January 2020. Prior to the visit, we received and reviewed some information from the provider. During the visit we:

- Spoke with the nominated individual, who is also sole provider (a nominated individual is a person who is registered with the CQC to supervise the management of the regulated activities and for ensuring the quality of the services provided).
- Reviewed policies, training records and equipment.
- Reviewed a sample of patient care and treatment records.
- Spoke to patients and one of the locum GPs over the telephone.

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

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

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

Are services safe?

We rated safe as Good because:

- There were systems and processes in place to keep people safe such as safeguarding procedures, effective recruitment procedures and infection prevention and control.
- The provider had clearly defined systems, processes and practices in place to keep people safe and safeguarded from abuse. To date there had been no safeguarding concerns identified.
- There were effective arrangements in place for the management of medicines.
- There was a system in place for reporting and recording incidents including significant events.

Safety systems and processes

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

- The provider had appropriate safety policies, which were regularly reviewed.
- The provider took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. We noted that Dr Jobling as the safeguarding lead, had completed safeguarding training to level 3 in children and level 2 in adults, however, had not completed training to level 3 for safeguarding adults, which has been a recommendation since September 2018. We were told this training would be completed as soon as possible and were later sent a certificate to confirm it had been completed the same day. We noted that additional face to face safeguarding training had been completed recently, for example, domestic violence and risk of radicalisation.
- Dr Jobling and the three locum GPs had 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). We saw evidence that all GPs had appropriate recruitment checks in place as required by Schedule 3 of the Health and Social Care Act.
- The provider effectively managed infection prevention and control. No invasive or intimate procedures were undertaken.

- The provider had considered the issue of chaperones and had a policy relating to this. To date no patients had requested a chaperone, however, if one was required there were arrangements in place with other suitable trained staff to provide that service. No formal documented procedure was in place in the event a trained chaperone was required. An assessment of the likelihood of a chaperone being required had been made, as no intimate or invasive procedures took place and a family member was often available at the home, it was considered extremely unlikely that one would be requested.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them, for example cleanliness and clinical waste management.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There was an effective induction system for locum GPs tailored to their role.
- The provider understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place. The provider had current medical insurance cover to operate as a private GP.
- The provider had oversight of safety alerts and changes in best practice and latest guidance, and systems were in place to ensure appropriate action was taken as a result of these. However, we found documentation relating to any action taken was not maintained by the service to maintain an audit trail.

Information to deliver safe care and treatment

Are services safe?

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with patient's own NHS GPs, if the patient consented to sharing that information, this enabled them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines and emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use. The provider did not keep or prescribe higher risk medicines.
- The provider completed reviews of prescribing, however these were not formally documented, as so few patients were seen, however following our inspection they decided that more structured and documented approach would be introduced. We were later sent two, one cycle audits of antibiotic and nonsteroidal anti-inflammatory drugs (NSAIDs) prescribing, they both indicated prescribing had been appropriate.

- The service did not prescribe controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments in relation to safety issues. For example, infection control and prevention.
- 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.

- The provider was aware of what constituted a serious incident or event. A protocol for reviewing and investigating any serious incident was in place. The provider told us that there had never been any serious incident in all the time the service had been delivered.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider demonstrated a culture of openness and honesty.

Are services effective?

We rated effective as Good because:

- The service carried out assessments and treatment in line with relevant and current evidence-based guidance and standards.
- GPs had the skills, knowledge and experience to deliver effective care and treatment.
- Patients received an individualised consultation and risk assessment, health information including additional health risks related to their treatment specific to them.
- The provider understood the requirements of legislation and guidance when considering consent.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice.

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- GPs assessed and managed patients' pain where appropriate.
- Patients could contact GPs at any time of day or night via a remote text messaging service. Some patients told us they contacted the GP via email. Patients we spoke with told us how they were impressed with the speed of response when they contacted the service.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- The service made improvements through the use of audits. Although quality checks and reviews had been undocumented, the provider had completed two audits following our inspection to ensure prescribing was appropriate. We were told that further structured and documented audits would take place to further check and improve quality.

Effective staffing

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

- The provider and three long term GP locums were the only staff members. No other staff were employed.
- All GPs had appropriate medical indemnity and had received appropriate training, for example in basic life support, Mental Capacity Act and safeguarding.
- All GPs were registered with the General Medical Council (GMC) and were up to date with their re-validation.
- GPs attended regular updates and conferences to ensure they were knowledgeable on new initiatives and treatments and maintained best practice.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care.
- Before providing treatment, the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to additional sources of treatment when appropriate.
- Details of the patient's NHS GP was obtained when they consulted with the service. Consent was sought to share information about treatments and contact was established with the patients regular GP if any medical history needed clarifying. A letter was sent to the GP following treatment being given (if the patient consented) to ensure a complete medical history could be maintained.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing. For example, medicines liable to be abused or misused, and those for the treatment of long-term conditions such as asthma.

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 and maintain a healthy lifestyle.

Are services effective?

- Risk factors were identified, highlighted to patients and where appropriate forwarded to their NHS GP for additional support. We looked at a number of patient records and saw that some patients had been referred for support with smoking cessation.
- Where patients needs could not be met by the service, GPs redirected them to the appropriate service for their needs. For example, in cases where the patient needed a certain type of medicine or long-term condition review they would be referred to their own GP.
- The provider supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Consent was documented in the registration form and in the ongoing patient care record.
- GPs had all received training in the Mental Capacity Act 2005 and understood the legislation around Gillick competency and Fraser guidelines. (this relates to caselaw as to whether doctors should be able to give contraceptive advice or treatment to under 16-year olds without parental consent. They have been more widely used to help assess whether a child is competent to make their own decisions about their medical treatment.)

Consent to care and treatment

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

- The provider understood the requirements of legislation and guidance when considering consent and decision making.

Are services caring?

We rated caring as Good because:

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect and maintained client and information confidentiality. This was supported by client feedback.
- GPs dealt with patients with kindness and respect and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people
- GPs understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- Patients we spoke with told us the GPs were caring and professional and always took time to listen and explain diagnosis and treatments.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Patients we spoke with told us they felt listened to and supported by GPs and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family and carers were appropriately involved.
- GPs communicated with people in a way that they could understand, for example, a portable hearing loop was available for use.
- Patients praised the provider for the detailed explanation of treatment and also for the emotional and clinical support provided. We were told that regular contact was maintained between the GPs and patient, follow up calls and home visits were seen as an important part of the service.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The provider recognised the importance of people's dignity and respect.

Are services responsive to people's needs?

We rated responsive as Good because:

- The service was responsive to patients' needs and preferences.
- Patients could access the service in a timely manner.
- We found that this service was providing responsive care in accordance with the relevant regulations.
- The provider understood its client profile and had used this to meet their needs.
- Patients said they found it easy to make an appointment.
- The clinic was well equipped to treat clients and meet their needs.

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.

- Consultations took place at the patient's home address. Patients we spoke with told us that this was one of the main reasons they took advantage of the service as it was convenient and available at all times.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, patients with learning disabilities.

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 and delays were minimal and managed appropriately. Patients we spoke with told us that the response times were very fast, and they never had trouble accessing a GP.
- Patients with the most urgent needs had their care and treatment prioritised. GPs told us that anyone displaying symptoms that gave them concern were referred to the emergency services, for example and ambulance would be called.
- Referrals and transfers to other services were undertaken in a timely way. For example, patients were referred back to their own GP for any conditions that could not be treated in the short term by the provider.

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.

- Information about how to make a complaint or raise concerns was available. GPs told us they would treat patients who made complaints compassionately.
- The service would inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint. This information was made available on the service's website and in the patient information leaflet.
- The service had a complaint policy and procedures in place. The service had systems to learn lessons from individual concerns, complaints. No complaints or concerns had been made since the service began 13 years ago.

Are services well-led?

We rated well-led as Good because:

- There were systems in place to ensure good governance.
- The provider had the capacity and skills to deliver high-quality, sustainable care.
- The provider was aware of and complied with the requirements of the duty of candour.
- The provider encouraged a culture of openness and honesty.
- There were clear and effective processes for managing risk, issues and performance, these were currently being more formally documented.
- The service acted on appropriate and accurate information.

Leadership capacity and capability

The service had capacity and skills to deliver high-quality, sustainable care.

- The Provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider was visible and approachable and worked closely with the three locum GPs to make sure they prioritised compassionate and inclusive care.
- The provider had effective processes to develop capacity and skills, including planning for the future of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service monitored progress against delivery of the strategy.

Culture

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

- The service focused on the needs of patients.
- GPs actively promoted equality and diversity and had received up to date training.

- Patients' feedback demonstrated the provider ensured a culture that was caring and supportive.
- The provider did not employ any staff other than three regular locum GPs who covered the service as required.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were positive relationships between the lead GP and the three locums, who all had worked with each other for many years.

Governance arrangements

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

- The provider had established policies, procedures and activities to ensure safety which were clearly documented and displayed for patients to see. They assured themselves that they were operating as intended.
- The service was delivered by a sole provider, they had a good understanding of the required accountability and governance processes to ensure safe care and treatment.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance could be demonstrated through the monitoring of the small number of consultations which took place. The provider was working to formalise and document these processes in a more structured manner.
- Clinical audit was being developed to ensure the quality of care and outcomes for clients.
- There was clear evidence of action to change services to improve quality. For example, through patient feedback. For example, the provision of email contact details as an additional means of communication.
- The provider had plans in place for major incidents and a documented business continuity plan was available.

Appropriate and accurate information

Are services well-led?

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. The provider was in the process of formally documenting meetings between the GPs.
- The service used performance information which was reported and monitored. When auditing prescribing the provider compared data against national standards.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required. The lead GP was knowledgeable regarding what issues were required to be notified to the CQC.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems including the general data protection regulations (GDPR).

Engagement with patients, the public, staff and external partners

The service involved patients and external partners to support high-quality sustainable services.

- The service was transparent, collaborative and open about performance.
- We were told by the GPs we spoke with that regular telephone conferences took place (often on a daily basis) to discuss patient cases and treatments. We were told it was intended to document these meetings to make them more formal and provide an opportunity to review discussions should the need arise.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The lead GP and the three locum GPs had undergone re-validation via the General Medical Council (GMC) and we saw evidence of training and attendance at relevant events and conferences to maintain current best practice and innovation.
- There were systems to support improvement and innovation work, for example the lead GP told us that they were evaluating the introduction of a 4G laptop, in order that electronic patient information was available when they saw patients at their homes.