

# Dr James Simon William Bartlett

# The Private GP Clinic

## Inspection report

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Date of inspection visit: 8 March 2018  
Date of publication: 11/05/2018

### Overall summary

We carried out an announced comprehensive inspection on 8 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 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.

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 service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines. The Private GP Clinic is registered as an independent doctors consulting service to provide consultations, diagnosis and treatment in primary care. These services are provided by medical practitioners and registered nurses who are employed by the practice.

The practice also offers physiotherapy, counselling and nutritional advice, provided by self-employed practitioners who are not employed by the provider. These treatments are exempt by law from CQC regulation. Therefore, we were only able to inspect the treatment provided under the supervision of a medical practitioner and not the other therapy services.

The lead medical practitioner 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.

# Summary of findings

We asked for patients to complete CQC comment cards prior to the inspection. All of the 42 patient comment cards we received were positive about the service experienced. Of those, 14 specifically mentioned the treatment provided by the doctor and 12, the polite and helpful attitude of staff in reception. We also spoke with five patients at the time of the inspection. All five said they were happy with their care and would recommend the provider to friends and family.

## Our key findings were:

- There was an open and transparent approach to safety with a systematic approach for reporting and recording significant events.
  - Staff we spoke with demonstrated an understanding of their responsibilities regarding safeguarding. All clinical and non-clinical staff were trained to an appropriate level in safeguarding children and vulnerable adults.
  - There was equipment and emergency medicines on the premises to deal with medical emergencies.
  - Patients' notes were comprehensive. The provider ordered timely and appropriate investigations which they followed up. Referral letters were detailed. Advice to patients was clear.
  - Some reviews of the quality of care were carried out. Infection prevention and control was audited, and there had been an audit of consent to childhood immunisations. However, the programme of clinical audits was not comprehensive.
  - Staff told us the provider was approachable and always took the time to listen to members of staff.
  - There was a policy for dealing with complaints and verbal complaints were dealt with effectively. No written complaints had been received.
  - There was an overarching governance structure. Risks were well managed and policies were up to date.
- There were areas where the provider could make improvements and should:
- Review the practice's clinical audits and ensure that a comprehensive programme of clinical audits is implemented to drive improvements in patient outcomes.

# 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.

- There was an open and transparent approach to safety with a systematic approach for reporting and recording significant events.
- Staff understood their responsibilities regarding safeguarding. All staff were trained to an appropriate level in safeguarding.
- There was equipment and emergency medicines on the premises to deal with medical emergencies.
- The practice carried out appropriate background checks prior to employing staff.

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### **Are services effective?**

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

- The practice followed current, evidence-based guidelines when assessing care and treatment.
- Patients' notes were comprehensive. The provider ordered timely and appropriate investigations which they followed up. Referral letters were detailed. Advice to patients was clear.
- The practice had systems to ensure that patients' NHS GPs were informed of their care and treatment (where patients had consented) and to ensure that NHS and private services were integrated.
- Staff received an effective induction and annual appraisals.
- Some reviews of the quality of care were carried out. However, the programme of clinical audits was not comprehensive.
- The provider demonstrated a good understanding of consent.

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### **Are services caring?**

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

- Comment cards showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Patients we spoke with during our inspection confirmed these views.
- Patients also told us that they felt involved in their care and that they were listened to by staff at the practice.
- Information for patients about the services was available and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

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### **Are services responsive to people's needs?**

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

- The provider had extended opening hours, including evenings and Saturday mornings. Patients said they found it easy to make an appointment.
- The provider had good facilities and was well equipped to treat patients and meet their needs.
- The provider had a policy for dealing with complaints, and dealt effectively with suggestions and comments from patients and staff.

# Summary of findings

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## **Are services well-led?**

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

- The provider had a clear vision and strategy to deliver high quality, holistic care.
  - There was a clear leadership structure and staff felt supported by the provider.
  - There were policies to govern activity, and system for their regular review.
  - Some reviews of the quality of care were carried out. However, the programme of clinical audits was not comprehensive.
  - There were regular practice meetings and staff received annual performance reviews.
  - The provider encouraged a culture of openness and honesty.
  - The provider had defined and embedded systems to minimise risks to patient safety.
  - The provider had a comprehensive business continuity plan.
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# The Private GP Clinic

## Detailed findings

### Background to this inspection

The registered provider is Dr James Simon William Bartlett.

This is a private practice owned by Dr Bartlett. Dr Bartlett is registered and licensed to practise by the General Medical Council. The provider employs two part-time locum GPs (both female) and three part-time practice nurses (all female). They also employ a practice manager, reception and administration support staff. The service is provided from a converted single storey farm building, and is situated in a rural location close to the village of Hildenborough.

Dr Bartlett provides private primary medical services including consultation, diagnosis and treatment. About 2,000 patients attended the practice in 2017.

Services are provided from:

The Dartmoor Suite,  
Great Hollenden Business Centre,  
Mill Lane,  
Underriver,  
TN15 0SQ

The provider is open on Monday from 8.30am to 7.30pm, on Tuesday, Wednesday and Thursday from 8.30am to 6.30pm, on Friday from 8.30am to 5pm, and on Saturdays from 9.00am to 1.00pm.

We inspected The Private GP Clinic on 8 March 2018. The inspection team comprised a lead inspector, a second inspector and a GP specialist advisor.

We reviewed information from the provider including evidence of staffing levels and training, audit, policies and the statement of purpose. We interviewed staff, reviewed documents, talked with the provider, examined the facilities and the building. We spoke with the lead GP, one of the locum GPs, a practice nurse, the practice manager and three members of administrative staff. We spoke with five patients. We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards.

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

### Safety systems and processes

There were systems, processes and practices to help minimise risks to patient safety.

- Staff we spoke with understood their responsibilities regarding safeguarding. The doctors were trained to level three in safeguarding children and vulnerable adults. Nurses were trained to level 2, and reception staff were trained to level one. The provider saw children. Staff told us that children had to be accompanied by an adult and that, before children could be registered, adults were asked to sign a declaration to say that they were the child's legal guardian.
- There were notices that advised patients that chaperones were available. There were always sufficient staff on duty so that a chaperone could be provided if requested. Staff who acted as chaperones had received relevant training.
- The premises were clean and tidy. There were cleaning schedules and systems for monitoring their effectiveness. Nursing staff had a schedule for the cleaning of clinical equipment. Staff had carried out an audit of infection control at the practice. We saw that issues identified through the audit were addressed. For example, laminated hand washing technique display posters had been placed near to every hand wash basin in the practice.
- We reviewed four personnel files of staff who had been employed since the registration of the service. The provider had carried out appropriate recruitment checks prior to the employment of staff. For example, the files contained evidence that references had been taken up prior to employment, evidence of identity checks in the form of photographic identification documents and evidence of professional registration where appropriate. All staff 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 doctors and nurses were recorded on the appropriate professional registers and had undertaken professional revalidation and annual appraisals as required.

There were systems to monitor safety of the premises. For example:

- There were regular tests of the fire alarm systems, fire escapes were clearly marked and extinguishers were checked annually. Staff carried out fire evacuation drills.
- The provider had carried out an assessment of the risk of Legionella (Legionella is a term for a particular pathogen which can contaminate water systems in buildings) in April 2017. Staff carried out the recommended actions, such as monthly water temperature monitoring and flushing of water outlets.

### Risks to patients

The provider had arrangements to respond to emergencies and major incidents.

- All staff had received annual basic life support training. There was medical oxygen and a defibrillator on the premises. There were emergency medicines available and staff knew where they were located.
- All the medicines we checked were in date and stored appropriately.
- The provider had a comprehensive business continuity plan for major incidents such as power failure or building damage. There were informal arrangements with neighbouring NHS practices to allow the practice to continue providing services if their building was not accessible.
- The provider ensured that all healthcare professionals had appropriate professional indemnity policies covering their clinical activities.
- Electrical and clinical equipment had been checked and calibrated to ensure it was safe to use and was in good working order.

### Information to deliver safe care and treatment

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the patient record system.

- Where patients had been referred for tests such as scans or blood tests, there were systems to help ensure that results were received and checked against the patients' record.
- The provider told us that they encouraged patients who attended the practice to be registered with an NHS GP. They told us that they kept patients' NHS GPs informed about their treatment if they had the patient's permission to do so.

# Are services safe?

## Safe and appropriate use of medicines

- The provider had a prescribing policy and good practice prescribing guidance including a detailed protocol for the management of repeat prescriptions.
- The provider told us that they followed NHS guidance when prescribing medicines to patients at the practice.
- We saw that the provider carried out medication reviews for patients with long term conditions such as diabetes.
- Nurses gave medicines, such as travel vaccinations and other immunisations, using patient group directives (PGDs). We saw that PGDs contained all required information and had been signed by the lead GP, a dispensing pharmacist and all nursing staff at the practice.
- The practice had systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines.

## Track record on safety

Significant events were managed effectively.

- There were records of significant events which showed that action had been taken to minimise the risk of recurrence. Staff understood the definition of a significant event and told us that they would email the practice manager with relevant details if they identified a significant event.

- We saw minutes of staff meetings that showed that significant events had been discussed.
- The practice manager received medicines alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). These were reviewed by the GP and actioned appropriately.

## Lessons learned and improvements made

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, improvements were made where possible and the service gave affected people reasonable support, truthful information and a verbal or written apology. For example, following an incident when a patient's blood test had been lost by the laboratory used by the practice, new systems had been introduced. These included a daily log of all samples which staff checked to ensure that all results were received back from the laboratory. The patient was informed of the incident, received an apology and was kept informed about the improvements the practice had made.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

- 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. This included their clinical needs and their mental and physical wellbeing.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Monitoring care and treatment

There was some evidence of quality improvement activity.

- We saw one full clinical audit of consent for childhood immunisations, which showed an improvement in the recording of written consent from 84% in 2016 to 100% in 2017. The provider had not carried out any other full clinical audits.
- The provider had completed a number of quality reviews. For example, we saw a review of numbers of patients receiving yellow fever immunisation, and a review of patients who had failed to attend their appointments.
- The provider told us that they shared their knowledge and discussed patients' treatment at monthly clinical meetings. We saw minutes of meetings that confirmed this.
- Patients' notes were comprehensive. The provider ordered timely and appropriate investigations. These were followed up. Advice to patients was clear. The reasons for the various decisions, such as treatment provided, were well recorded.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The provider completed an annual appraisal and revalidation of their professional registration, providing evidence of continuing professional development.

- There was evidence of induction training for staff who ran the administration and reception. There was an employee handbook and staff had access to the various practice policies. Staff had annual appraisals. The staff we spoke with said that they were well supported by the provider. The provider was approachable and they said they were able to discuss any problems.

### Coordinating patient care and information sharing

Staff worked together and with other health and social care professionals to deliver effective care and treatment. The provider shared relevant information with other services, for example when referring patients.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- Referral letters were timely and detailed. The provider shared details of treatments with the patient's NHS GP, where they had the patient's consent.
- The provider had systems to follow up all referrals into NHS services to ensure that the referral had been accepted. The provider encouraged patients to contact their NHS GP to ensure that referrals were supported in the NHS.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice offered health checks to patients of all ages and gave comprehensive health and wellbeing advice.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice offered initiatives to improve patients' health, for example, stop smoking advice.

### Consent to care and treatment

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

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



# Are services effective?

(for example, treatment is effective)

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately. All patients having travel vaccinations or immunisations provided written consent, which was recorded in the patient's notes. Patients gave verbal consent for other treatments.
- The provider demonstrated a good understanding of consent including consent relating to children.

# Are services caring?

## Our findings

### Kindness, respect and compassion

- During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Of those, 15 specifically stated that they felt the practice was caring, and 21 included positive comments about the medical and nursing staff.
- We spoke with five patients during the course of our inspection. They told us that they were treated with respect and were very happy with the care provided.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Interpretation services were available for patients who did not have English as a first language.
- There was evidence in the patients' record of involvement in decisions about their care. This was supported by comments made on the CQC comment cards and by patients we spoke with on the day of the inspection.

There was a tariff of charges available to patients. Various annual membership options were available to patients and these were clearly explained. Staff advised new patients of the cost of treatment at the time of booking their first appointment.

The practice proactively identified patients who were carers at the time of registration, and supported them to access services which may be useful.

### Privacy and Dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists were buffered by music being played so that they could not be overheard by patients in the waiting room.
- When staff needed to telephone patients, they ensured that calls were made from a separate office and not from the reception area.
- There were screens in the consultation rooms for patients to change behind prior to examinations or treatment.
- There was a clear desk policy in place and patients' records were stored securely to maintain confidentiality.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, telephone appointments, advanced booking of appointments, advice services for travel health and home visits for those unable to attend the practice.
- The facilities and premises were appropriate for the services delivered and were accessible to all patients. All consulting and treatment rooms were on the ground floor and doorways were wide enough to allow wheelchair access.
- There was a large patient car park located across the road from the clinic. There were spaces for two cars to park adjacent to the door of the practice. These spaces were reserved for disabled badge holders.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice had a hearing loop for use by patients who experienced difficulty hearing.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. For example, the practice worked with the local hospice and patients' NHS GPs.
- Average patient appointment times were between 20 and 30 minutes.

### Timely access to the service

The provider was open on Monday from 8.30am to 7.30pm, on Tuesday, Wednesday and Thursday from 8.30am to 6.30pm, on Friday from 8.30am to 5pm, and on Saturday from 9.00am to 1.00pm.

- Patients could telephone the practice to make appointments, and home visits were available on request.
- Patients we spoke with on the day of the inspection told us that they could always make an appointment the same day or the following day. This was supported by comments made on the CQC comment cards.

### Listening and learning from concerns and complaints

- The provider had a complaints procedure which was available to patients. It was displayed in the waiting room and on the practice website.
- The practice manager was the designated complaints manager.
- There had been no written complaints in the 12 months prior to or inspection.
- The provider recorded verbal complaints. For example, a patient had made a comment about feeling cold; this was treated as a significant event, investigated and the patient received an apology.
- The practice responded to issues raised by staff. For example a daily handover had been introduced following suggestions from administrative staff to improve efficiency and ensure all test results and messages were received and responded to.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability

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

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

### Vision and strategy

- The vision and aims were set out in the practice's statement of purpose.
- The practice had a realistic strategy and supporting business plans to achieve priorities.
- The provider had a vision of providing high quality, holistic, primary medical care complementary to the care available to patients on the NHS.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

### Culture

The practice had a culture of high-quality holistic care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

### Governance arrangements

There was an overarching governance structure.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There were practice meetings at which minutes were recorded. These were circulated to all staff. There were also regular meetings of clinical staff.
- There were practice policies covering a wide range of issues, such as lone working, patient confidentiality and fire safety. All policies were dated and there was a schedule for the regular review of practice policies.
- We saw evidence that lessons were learned following a significant event. Staff we spoke with were aware what might constitute an event and how to report it.

### Managing risks, issues and performance

There were risk assessments to monitor safety and to mitigate risks. For example:

- There were regular tests of the fire alarm systems. Fire extinguishers were checked and serviced annually. Staff told us that they held fire drills.
- Electrical and medical equipment was regularly checked, cleaned and serviced.
- There were guidelines for prescribing medicines.
- Pre-employment checks were carried out and staff performance was monitored through a system of appraisals.
- Environmental risk assessments were carried out. For example, an assessment of the risks of Legionella.
- Clinical audit was limited but had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.

### Appropriate and accurate information

- Patients' NHS GPs were informed of treatment, save where the patient had not consented to this.
- Referral letters were timely and detailed. There was a system to ensure results were dealt with appropriately. The practice ensured that copies of referral letters and other relevant correspondence were sent to patients' NHS GPs where the patient had given consent for this.

### Engagement with patients, the public, staff and external partners

The provider encouraged and valued feedback from patients and staff.

- There were high levels of staff satisfaction.

# Are services well-led?

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

- The provider completed an annual patient satisfaction survey. A suggestion box was available in the waiting area. The practice was considering establishing a patient participation group.
- There were 42 CQC patient comment cards. All the cards were positive.

## **Continuous improvement and innovation**

- Clinical staff, including nurses, were encouraged to maintain strong links with colleagues in the NHS; all clinicians continued to work part-time in NHS roles as well as working at the practice. This allowed them to share best practice and improve services.
- The practice manager was a coach for other practice managers at the Kent, Sussex and Surrey Deanery for general practice education.