

Tickle Medical Services Limited

Dr Elaine Tickle

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 15 February 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.

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.

Dr Elaine Tickle offers primary care appointments with a GP with onward referral to diagnostic and specialist services as appropriate. The practice treats both adults and children.

The principal GP is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- Systems were in place to protect people from avoidable harm and abuse.
- When mistakes occurred lessons were learned and action was taken to minimise the potential for reoccurrence. Staff understood their responsibilities under the duty of candour.
- Staff were aware of current evidence based guidance.
- Staff were qualified and had the skills, experience and knowledge to deliver effective care and treatment.
- Patient feedback indicated that patients were very satisfied with the service.

Summary of findings

- Information about services and how to complain was available.
- There was clear leadership and staff felt supported. The practice team worked well together.
- There was a clear vision to provide a high quality, personalised service.
- The practice had systems in place to monitor and improve the quality of service provision.

We identified one regulation that was not being met and the provider must:

- Ensure care and treatment is provided in a safe way to patients.

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

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

- Review the security of any portable laptops used to access clinical record systems remotely to ensure that patient confidentiality is appropriately protected.
- Review its procedures to check the identity of children and accompanying adults attending the practice.
- Review its quality improvement programme and, for example, embed clinical audit more systematically in its monitoring of performance.

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.

This was because patients were, on occasion, prescribed medicines outside of the practice's own prescribing policy and national guidelines without evidence of an adequate risk assessment. The practice had systems in place to assess and manage other risks including safeguarding patients from the risk of abuse; learning from incidents and it had arranged a supply of emergency oxygen in readiness for medical emergencies.

Are services effective?

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

The principal GP was up to date with current guidelines and considered these when delivering patient care. The practice had systems in place to ensure that it had the skills, knowledge and ongoing professional development to deliver a clinically effective service. The principal GP audited the quality of their medical record keeping and carried out other clinical quality improvement work including occasional clinical audit.

Are services caring?

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

The practice treated patients courteously and with respect. The practice involved patients fully in decisions about their care and provided all information, including costs prior to the start of treatment. Screens were provided in consulting rooms to maintain patients' privacy and dignity. Patients gave very positive feedback about the service and the staff.

Are services responsive to people's needs?

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

The service was responsive to patient needs. Patients were able to access appointments the same or next day as preferred with rapid access to test results. The practice consultation rooms were situated down a staircase, but where possible the practice made provision for patients with disabilities to be seen on the ground floor. The service had a complaints policy in place and information about how to make a complaint was available for patients.

Are services well-led?

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

There was a clear leadership structure, vision and strategy for the service. The service had a comprehensive range of policies and procedures in place to identify and manage risks and to support good governance. The practice supported staff members to develop in their role and there was a focus on service development and improvement.

Dr Elaine Tickle

Detailed findings

Background to this inspection

Dr Elaine Tickle is an individual provider offering primary care appointments with onward referral to diagnostic and specialist services as appropriate. The practice treats both adults and children. Dr Tickle is a qualified GP. The practice is introducing nurse appointments from March 2018.

The practice is open from Monday to Friday with consultations normally available from 9am until 4pm or 5pm from Monday to Thursday and until 2pm on Friday. There is some flexibility about appointment times and later appointments can be arranged. Patients are also given mobile contact details for the principal GP and information about a 24 hour visiting doctor service in London which they can use if they wish to consult an independent doctor out of hours.

The practice has a registered patient list with around 1600 patients, around 200 of whom frequently use the service. The principal GP told us they spend most of their clinical time with families, older people with longer term conditions and occasionally providing sexual health services and travel vaccinations. The practice also carries out health screening for employees of corporate clients; medico-legal case work and some occupational health services which fall outside the scope of this inspection.

The practice is located in a converted older property. The practice consultation rooms and office areas occupy the lower ground floor which is accessible by stairs. There is a shared waiting area on the ground floor. The landlord provides a range of property services, for example cleaning and maintenance.

We carried out this inspection of Dr Elaine Tickle's practice on 15 February 2018. The inspection team comprised two CQC inspectors and a GP specialist advisor. Before visiting, we reviewed a range of information we hold about the service and asked the practice to send us some information about the service which we also reviewed.

During our visit we:

- Spoke with the staff who were present, including the principal GP, the practice manager and a medical administrator.
- Reviewed documentary evidence relating to the service and inspected the facilities, equipment and security arrangements.
- We reviewed a number of patient records alongside the principal GP. We needed to do this to understand how the service assessed and documented patients' needs, consent and any treatment required.
- Spoke with five patients by 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 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 services in accordance with the relevant regulations.

Safety systems and processes

The practice had considered relevant health and safety and fire safety legislation and had access to relevant risk assessments covering the premises in addition to practice policies and protocols which were regularly reviewed. Any changes in safety procedures were communicated to staff and patients if relevant. The practice had defined systems, processes and practices in place to keep people safe and safeguarded from abuse:

- The practice had recruitment procedures to ensure that staff were suitable for the role and to protect the public. We looked at the recruitment files for two members of staff. Appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body. The provider's policy was to request Disclosure and Barring Service checks for all staff working in the practice. (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 principal GP had evidence of appropriate indemnity insurance and immunisation status.
- The principal GP was the designated safeguarding lead for the practice. The practice had safeguarding policies, protocols and contact details for the local statutory safeguarding team. The policy included directions to contact the relevant safeguarding team in relation to the patient's area of residence. Staff had access to information outlining how to contact statutory agencies for further guidance if they had concerns about a patient's welfare. Staff understood their responsibilities and had received safeguarding training relevant to their role, for example the principal GP was trained to safeguarding children level three and updated their training as required. The practice had not had reason to raise a safeguarding alert but provided an example of how they had followed up one case where they had

concerns about the safety of a young adult patient. The principal GP was aware of patients who might be vulnerable due to their circumstances, for example patients with dementia.

- The practice displayed posters informing patients they could request a chaperone. Practice policy was to use the practice manager (who was a trained paramedic) or a member of the administrative team who had been trained on chaperoning by the principal GP.
- The premises were clean and tidy on the day of the inspection. The practice had been in ongoing discussion with the landlord to agree appropriate cleaning schedules and actively monitored environmental cleanliness. The practice rooms were additionally 'deep cleaned' annually. The practice had designated the principal GP and the practice manager as the operational leads for infection control. The practice had infection prevention and control policies and protocols in place and the mandatory staff training programme included infection prevention and control. There were regular infection control audits including hand washing. Clinical waste was separated, stored and disposed of appropriately. The practice kept waste disposal destruction notices on file.
- The premises were suitable for the service provided. The practice was located in an older building, over two floors. There was an unstaffed waiting room which was signposted (and shared with other services) on the ground floor. Patient treatment facilities were located on the lower ground floor which was accessible by stairs. The principal GP was able to use a consulting room on the ground floor if patient attended who was unable to use the stairs.
- The practice had comprehensive health and safety policies in place. Staff had access to the practice policies through the shared computer system. Some health and safety risk assessments for the premises, equipment and materials had been carried out or organised by the landlord. Where these were not in place, the practice had engaged suitably qualified persons to carry out appropriate risk assessments covering its rooms. Fire safety equipment was regularly tested and the practice carried out fire drills periodically. The landlord shared risk assessments and any resulting actions with the practice management.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. The practice had recently recruited a practice nurse. (The nurse had not yet started to provide clinical sessions at the time of the inspection.) The practice planned ahead to ensure cover was in place for example, in advance of the principal GP taking leave.

Risks to patients

The practice was improving the arrangements in place to respond to emergencies and major incidents:

- The practice did not have emergency oxygen or a defibrillator on the premises at the time of the inspection. However it was already in the process of obtaining a regular supply of emergency oxygen following an incident involving a patient who attended the service with hypoxia (oxygen deprivation). The practice had managed this incident by arranging the patient's immediate transfer to hospital and on review had decided that it should stock emergency oxygen. The practice provided evidence that emergency oxygen, tubing and masks were in place after the inspection and staff were trained on how to operate this.
- The practice had risk assessed the need for a defibrillator and had concluded it was not necessary to have one on the premises given the proximity of this type of emergency equipment in neighbouring clinical services.
- All staff received annual basic life support training.
- The practice kept a small stock of emergency medicines to treat patients in an emergency; for example, patients experiencing symptoms of anaphylaxis.
- The medicines were in date and were regularly checked.

Information to deliver safe care and treatment

The practice kept electronic patient records of appointments and consultations. Patients making an appointment for the first time were asked to complete a new patient registration form with their contact details, date of birth, details of their NHS GP, medical and family history and any current treatment or health conditions. They were also required to bring photographic proof of their identity. The practice did not specifically ask for verification that younger children were attending with a parent or adult with parental authority.

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

The practice sought patients' consent to share information about treatment or referrals with their NHS GP. For example, all of the patients who had attended the practice the previous week for medical examinations had consented for this information to be shared. In one recent case, the principal GP had de-registered a patient on safety grounds because the patient would not consent to their NHS GP being informed about a clinically indicated prescription for a high risk medicine.

Safe and appropriate use of medicines

The provider had effective arrangements for obtaining, recording, handling, storing and the security of medicines. However we had concerns about some prescribing practices.

- The practice had protocols for prescribing and repeat prescribing.
- The principal GP routinely prescribed medicines for long term conditions for six month periods along with a further six month authorisation for a repeat. This was cost-effective for patients but meant that they could go for a year without a review. In most cases, the medicines prescribed in this way were low risk, however we saw one example where a patient had been provided with a year long prescription for a benzodiazepine. This is a type of medicine which has the potential to lead to dependence. This was not in line with the practice's own policy or national guidelines on the safe prescribing of controlled medicines. There was no documented risk assessment showing why this was appropriate in this case.
- The practice did not operate a call or recall system for patients with longer term conditions to review their medicines and did not have other systems in place to regularly review and monitor patients prescribed longer term prescriptions.
- The practice was increasingly carrying out audits to ensure it was managing medicines in line with its policy and protocols. For example, the practice had audited its antibiotic prescribing in 2017 and as a result had increased the proportion of samples sent for microbiological testing.

Are services safe?

- The principal GP routinely reviewed updates to national guidelines and medicines safety alerts.
- The fridge temperature was monitored on a daily basis, and we saw evidence that the cold chain was maintained. The practice had experienced an incident when a batch of vaccines had been inappropriately stored and had to be destroyed and had improved its stock receipt and monitoring systems as a result.

Track record on safety

The service maintained a log of serious incidents, accidents and complaints. The practice had not experienced any serious incidents involving significant harm to patients or staff. National safety alerts were logged, assessed for relevance and any actions tracked and signed off when completed.

Lessons learned and improvements made

There were systems in place for identifying, investigating and learning from safety incidents. The practice defined a 'serious incident' as any incident with the potential to disrupt the smooth running of the service or affect a patient's care which staff were required to report. It had also encouraged staff to report less serious incidents which might lead to improvement. Staff told us they would inform the registered manager or medical director of incidents and complete an incident form.

The principal GP and the manager we interviewed understood the duty of candour and the responsibility to be open with patients when things went wrong. Practice policy was to ensure that any affected patients were given reasonable support, a truthful explanation and an apology.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The principal GP provided evidence that they considered relevant and current evidence based guidance and standards when assessing patient needs and delivering patient care. They received updates to national guidelines and reviewed these as they arose.

The practice offered an in-house phlebotomy and used diagnostic services run by other independent providers in the same area of London. The practice was able to offer patients fast access to common investigations and tests and the administrative staff assisted patients when booking referral appointments at a convenient time. The practice had developed links with a range of specialists to facilitate appropriate referrals.

Monitoring care and treatment

The service had some systems in place to monitor the quality of care and treatment. For example, the practice undertook regular audits of the quality of medical record keeping. The practice did not have a well-developed clinical audit programme but it had recently audited the management of antibiotic prescribing. The practice was not generally benchmarking its clinical activity or reviewing patient outcomes, for example against published NHS norms and targets.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for newly appointed staff. This included mandatory training covering safeguarding, infection prevention and control, fire safety, health and safety and information governance.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff. The principal GP maintained a folder of educational sessions as part of their appraisal process.
- The learning needs of staff were identified through a system of appraisals and more informal discussion between staff members and their manager.

- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support and one-to-one meetings as required.
- All non-clinical staff had received an appraisal within the last 12 months with their manager.
- Staff received regular update training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The principal GP had relatively few day to day opportunities to reflect on their work alongside clinical colleagues and other GPs. The GP had taken opportunities to attend professional and educational meetings as part of their professional development over the previous year.

Coordinating patient care and information sharing

The service shared information to plan and co-ordinate patient care effectively.

- From the sample of documented examples we reviewed we found that the service shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other relevant health care professionals such as hospital consultants to assess and plan ongoing care and treatment.
- Information was shared between services with patients' consent. Patients were actively encouraged to allow the practice to share information about their treatment with their NHS GP.

Supporting patients to live healthier lives

- The practice had a focus on preventative health and offered a range of preventative health and screening services.
- The usual length of appointment was 25 minutes for standard consultations and we were told this allowed for time to discuss healthy living and to address any other questions patients might have about their wider health and circumstances.
- The practice offered a comprehensive range of travel services and was registered to provide the yellow fever vaccination.

Are services effective?

(for example, treatment is effective)

- The practice provided advice on sexual health and contraception. It did not fit contraceptive implants or IUDs.
- The principal GP sometimes took cervical smears. The practice tracked each test to ensure that all results were received and any abnormal results were appropriately followed up.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. The clinical staff understood the relevant consent and decision making requirements of legislation and guidance relating to adults and children and including the Mental Capacity Act 2005. However, the practice did not formally verify that children were registered by an adult with parental authority or their legal guardian.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff we spoke with told us patients were treated with dignity, respect and compassion at all times. No CQC patient comment cards were completed in advance of the inspection, however we did speak with five patients on the day of the inspection by telephone. All the patients that we spoke with were very positive about the standard of care they received. Patients said the practice offered an excellent service and staff were professional, efficient, helpful, caring and treated them with dignity and respect.

The administrative staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Chaperones were available on request and this was clearly signposted on the door of the consultation room.

Staff informed us that they send out an annual patient satisfaction survey and had improved services in response. For example the practice was about to introduce nurse consultations.

Involvement in decisions about care and treatment

The service ensured that patients were provided with all the relevant information they needed to make decisions

about their treatment including information in advance about the costs. Patients that we spoke with confirmed that they were fully involved in decisions and felt confident to discuss why certain treatments and care were appropriate over others.

The practice provided facilities to help involve patients in decisions about their care:

- Staff told us that all patients who had attended the practice in recent years had spoken English fluently. The practice had access to translation services should patients need this for an additional fee.
- Information leaflets were available explaining the services available.
- The practice supported patients with the referral process for example, assisting in appointment booking with preferred specialists.

Privacy and Dignity

The practice respected and promoted patients' privacy and dignity. Staff recognised the importance of patient confidentiality and the practice complied with the Data Protection Act 1998. We observed the treatment room to be spacious, clean and a privacy screen was provided. The treatment room door was kept closed to ensure conversations taking place remained private. Patients told us that their privacy was respected.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences. The practice understood the needs of its population and tailored services in response to those needs. Patients undergoing treatment could contact a doctor for advice. The provider made it clear to the patient what services were offered and the limitations of the service.

Appointments could be booked over the telephone, face to face and online. Most patients attended the practice for consultations, however telephone consultations and home visits were also offered.

The practice consulted patients about significant changes for example via electronic surveys. The practice had decided to introduce a locum nurse, offer earlier appointments, and start up a membership scheme following patient feedback. The service had recently decided to move premises, and before deciding on a geographical location it consulted with patients asking which area they would prefer. As a result, the practice was relocating close to its current location.

The service had started using online social networking tools to promote healthy living and related advice. The principal GP was writing and posting regular blogs on healthcare topics. The service had recently signed up to an independent healthcare review website. All posted patient reviews are independently verified and linked to the service website.

The practice's rooms were located on the lower ground floor which were accessible by stairs. The practice was able to use a ground floor room if patients had mobility difficulties. The principal GP made home visits by arrangement. There were accessible rooms for baby changing and breast feeding if required by patients.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. The service informed us that patients would be offered same day or next day appointments and this was confirmed by patients that we spoke with.

Patients had timely access to initial assessment, test results, diagnosis and treatment. Waiting times, delays and cancellations were minimal and managed appropriately. Patients with the most urgent needs had their care and treatment prioritised.

The service's core practice hours were:

Monday 9am - 4pm

Tuesday 9am - 5pm

Wednesday 9am - 4pm

Thursday 9am - 5pm

Friday 9am - 2pm

The practice was flexible about arranging earlier or later consultations on request. Patients were given mobile contact details for the principal GP and information about a 24 hour visiting doctor service in London if they wished to consult an independent doctor out of hours.

Listening and learning from concerns and complaints

There were no recorded complaints against the service. There was a lead member of staff for managing complaints.

The service had a complaints policy in place which was in line with recognised guidance. Information about how to make a complaint was readily available for patients. The complaints information detailed the process for complaints handling and how patients could escalate their concerns if they were not satisfied with the practice's investigation and outcome.

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 providing well-led services in accordance with the relevant regulations.

Leadership capacity and capability

The practice was led by the founding GP who was the designated clinical lead for the service and the sole GP at the practice. The practice had recently appointed a new practice manager and restructured the staff team. The leaders had the capacity and skills to deliver high quality, sustainable care. The practice had identified clear priorities for maintaining the quality and future of the service. We were consistently told by staff and patients that the principal GP and practice manager were visible and approachable.

Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality care. There was a realistic strategy and supporting business plans to achieve identified priorities which were regularly reviewed. The administrative team said they were involved in and informed about planned changes and were aware of the strategy and their own role in achieving this.

Culture

There was an open working culture at the practice. Staff said they were supported and valued. They told us they were able to raise any concerns and were encouraged to do so. They had confidence that these would be addressed. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour with patients.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance. Practice policies and procedures were documented, accessible and the principal GP had systems in place to assure these were operating as intended.

There were processes for providing all staff with necessary training and development. This included regular appraisal and career development discussion. All staff received regular annual appraisals with the practice manager or the principal GP. The principal GP had an external clinical

appraisal annually as required and maintained their professional development and skills. Day to day opportunities to share and reflect on clinical practice were more limited in the current practice environment.

Managing risks, issues and performance

There were clear and effective processes for managing most risks. The practice manager had oversight of relevant safety alerts, incidents, audit results and complaints. There was clear evidence of action to change practice to improve quality when issues had been identified. For example, the practice had arranged for the practice's rooms to be cleaned to a higher specification than that provided under the terms of the lease.

The practice had trained staff for major incidents and had access to the business continuity plan including contact details for the landlord and key contractors and utilities should there be a major environmental issue.

However, we were not assured that the practice always balanced risk appropriately with responsiveness to patients' wishes. For example, we found that the principal GP was sometimes prescribing medicines (for example medicines with the potential for dependency) contrary to its own policy and national guidelines and without an adequate assessment of the risks and benefits documented in the patient record. The practice did not have systems in place to review patients prescribed longer term medicines.

Appropriate and accurate information

The practice acted on appropriate and accurate information. There were arrangements in line with data security standards for the accessibility, integrity and confidentiality of patient identifiable data and other key records in the practice. However we were not fully assured that the principal GP's portable laptop (which was password controlled) was appropriately encrypted in relation to remote access of the electronic records system.

Clinical governance meetings drew on the latest information on safeguarding, significant events and complaints. Outcomes and learning from these meetings were cascaded to staff. The practice had recently invested in a new electronic patient information system with the capability to provide improved management reporting.

Are services well-led?

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

The practice carried out some clinical quality improvement work including regular audits of record keeping. There was evidence of limited clinical audit driving improvement. The practice had not identified additional ways of measuring clinical performance and outcomes.

Engagement with patients, the public, staff and external partners

The practice involved patients, staff and external partners to support the service. For example, the practice had recently consulted patients on a proposed premises move and carried out an annual online patient survey. Staff said they were encouraged to share and discuss ideas for further improvement.

Continuous improvement and innovation

There was a focus on improvement and service development within the practice. For example the practice had recently consulted with patients to gauge the demand for a membership scheme. The scheme involved patients signing up to an annual subscription for a set range of services and discounted fees. Other examples included:

- The planned move to new premises shared with other clinical services and facilities.
- The recruitment of a practice nurse.

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

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

Care and treatment was not always provided in a safe way for patients. In particular, the provider was not always complying with the proper and safe prescribing of medicines.

Regulation 12(g)