

GP Consulting Frant Road Clinic

Inspection report

Frant Road Clinic
65 Frant Road
Tunbridge Wells
Kent

TN2 5LH

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Overall summary

We carried out an announced comprehensive inspection on 12 March 2019 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this practice 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.

Frant Road Clinic provides private GP services including consultations, treatment, referrals to specialist services and general health checks.

This practice is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, at Frant Road Clinic services are provided to patients under arrangements made by their employer or a government department or insurance company with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at Frant Road Clinic, we were only able to inspect the services which are not arranged for patients under any of the terms above.

There are two GPs at Frant Road Clinic, one of them is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the practice. Like registered providers, they are

Summary of findings

'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 practice is run.

Our key findings were:

- There was an open and transparent approach to safety and for reporting and recording significant events. The practice complied with the Duty of Candour Regulation.
- Doctors understood their responsibilities regarding safeguarding of adults and children.
- Risks to patients were assessed and well managed. There were risk assessments of premises which included a risk of Legionella and the findings were acted on.
- The practice had appropriate facilities and was equipped to treat patients and meet their needs.
- Doctors assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. They said it was easy to make appointments.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The doctors had a clear vision and ethos with the health, safety and wellbeing of patients at its centre.

Rosie Benneyworth, BM BS BMedSci MRCGP

Chief Inspector of PMS and Integrated Care

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 practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive to people's needs?

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

Are services well-led?

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

Frant Road Clinic

Detailed findings

Background to this inspection

The registered provider is GP Consulting a partnership.

This is a private practice, called Frant Road Clinic, run by two doctors, who are registered and licensed to practise by the General Medical Council. There are no other staff employed either clinical or non-clinical. The practice is provided in a substantial detached converted dwelling which also houses a specialist eye treatment clinic. It is situated close to the centre of Tunbridge Wells. There is patient's parking available. The Frant Road Clinic provides general health consultations, a range of vaccination services, medicines dispensing, and other medical services. Approximately 600 patients a year attend the surgery.

Services are provided from:

Frant Road Clinic

65 Frant Road

Tunbridge Wells

Kent

TN2 5LH

The practice is open Monday to Friday 9am to 5pm. The doctors undertake occasional home visits.

We inspected Frant Road Clinic on 12 March 2019. The inspection team comprised a CQC inspector and GP specialist advisor.

Before visiting, we reviewed information sent to us by the practice.

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

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

- There were appropriate safety policies, which were regularly reviewed. The doctors both worked for the NHS as well as privately. They received safety information through their NHS work and we saw that they reviewed this to see if it affected their practice and what actions needed to be taken. There were systems to safeguard children and vulnerable adults from abuse. We saw examples where the doctors had considered whether a safeguarding referral was appropriate. Their decisions and the rationale behind them was recorded.
- There were systems to assure the doctors that an adult accompanying a child had parental authority.
- The practice worked with other agencies to support patients and protect them from neglect and abuse
- Both the doctors had Disclosure and Barring Service (DBS) checks. (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).
- Both doctors had undertaken up-to-date safeguarding (level 3) and safety training appropriate to their role. They knew how to identify and report concerns.
- The practice shared the building with another provider, Frant Road Clinic Ltd, also registered with the Care Quality Commission. The practice had one room on the first floor. It had access to a ground floor treatment room for patients who were not able to manage the stairs. The provider, Frant Road Clinic Ltd, had conducted safety risk assessments in respect of the building, building services and associated matters.
- The parts of the building used by the practice were clean and well maintained. The practice generally relied on the provider Frant Road Clinic Ltd for building safety, security and maintenance issues. However, the practice also checked that, in those where it affected the practice, the necessary actions, and records of the actions, were maintained by Frant Road Clinic Ltd. There was an effective system to manage infection prevention and control. The risks of Legionella in the building had been reviewed in February 2019 and the advice acted upon.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- On occasion the doctors used a nurse from the provider, Frant Road Clinic Ltd who acted as chaperone. We saw that the nurse was trained for the role and had received a DBS check.

Risks to patients

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

- There were arrangements for staffing so that a doctor was always available during opening times.
- The doctors 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.
- The practice held appropriate emergency medicines, there were risk assessments to determine the range of medicines held, and a system to monitor stock levels and expiry dates.
- There were appropriate indemnity arrangements to cover all potential liabilities. Both doctors were practising within the NHS and, in addition, held indemnities appropriate to their private practice.

Information to deliver safe care and treatment

The practice 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 practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The practice had a system to retain medical records in line with Department for Health and Social Care guidance in the event that they cease trading.
- The doctors made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Are services safe?

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- The doctors prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There were processes for checking medicines and the practice kept accurate records of medicines.

Track record on safety

The practice had a good safety record.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice. We looked at two events. In one case a patient had fainted and the other was a prescribing error. In both cases the practice had changed processes. There was now a process to check whether patients were prone to fainting. The result of the second incident was an additional check, before prescribing certain medicines, against the British National Formulary.
- The practice was aware of the requirements of the Duty of Candour. There had been no incidents that met the requirements. However, the practice encouraged a culture of openness and honesty. The practice had systems for knowing about notifiable safety incidents.
- The practice had acted on and learned from external safety events and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The doctors kept up to date with current evidence based practice. One doctor worked in a GP practice and the other worked as a GP in the local Accident and Emergency Unit. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- The practice 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.
- We saw no evidence of discrimination when making care and treatment decisions.
- The doctors assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The practice was actively involved in quality improvement activity.

- The practice used information about care and treatment to make improvements. For example, we saw that the doctors had reviewed their anti-biotic prescribing. They had discussed the results and reviewed information available from local medicines optimisation teams, to which they had access from their NHS work. As a result of their findings they had introduced a targeted toolkit to aid decision making in anti-biotic prescribing. There was a second review planned to assess how the use of the toolkit had changed their practice.

Effective staffing

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

- All staff were appropriately qualified. The doctors were registered with the General Medical Council (GMC) and were up to date with revalidation.
- We saw evidence that the doctors' training in respect of immunisation and treatment of patients with long term conditions was up to date.

Coordinating patient care and information sharing

The practice worked with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, we saw that referrals to other specialists were done effectively, usually on the same day.
- Before providing treatment, doctors at the practice 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 more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who have been referred to other services

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, the doctors gave patients advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, patients

Are services effective?

(for example, treatment is effective)

were referred to their NHS GPs or other providers for interventions such as weight management clinics. Where patients' needs could not be met by the practice, they were directed to an appropriate service.

Consent to care and treatment

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

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

Are services caring?

Our findings

Kindness, respect and compassion

The doctors treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way they were treated.
- The doctors understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Patients received timely support and information.

Involvement in decisions about care and treatment

The doctors 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, though we were

told that they were very rarely needed. The practice could print off information leaflets in different formats, such as easy read, and different languages to help patients be involved in decisions about their care.

- Patients told us through comment cards, that they felt listened to and supported by the doctors and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- The doctors communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The practice respected patients' privacy and dignity.

- The doctors recognised the importance of people's dignity and respect.
- The comments cards made clear that patients felt their confidentiality and dignity was very much respected by the doctors

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice understood the needs of their patients and improved services in response to those needs. The practice had made home visiting available where it was needed.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The consulting room was on the first floor. The practice had negotiated the use of a ground floor consulting room for patients who had difficulty, for example whilst recovering from an operation, in managing the stairs.

Timely access to the practice

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

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

- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, in one case the patient attended in the morning, was referred to and saw a consultant in the afternoon, and saw the doctor again in the evening to develop and discuss the ensuing care plan.

Listening and learning from concerns and complaints

The practice 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 and complainants were treated compassionately.
- The practice informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The practice had complaints policy and procedure. The practice learned lessons from individual concerns and complaints. It learned from complaints. For example, a patient had attended for particular medical assessment without having had an eye test. A recent eye test was a prerequisite for the assessment. The patient complained because the assessment could not be completed. The practice refunded the cost. The doctors discussed the complaint and instituted a new process. Now in such case, a letter, setting out the requirements, is sent to the patient before the appointment.

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;

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

- The doctors were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- There were effective processes to develop the practice including planning for the future of the practice.

Vision and strategy

The practice 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 practice had a realistic strategy and supporting plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with external providers. For example, the practice had cultivated close ties and working relationships with the local health economy, both private and NHS.
- The practice monitored progress against delivery of the strategy.

Culture

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

- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, where there had been a prescribing error the practice contacted the patient immediately. They apologised and corrected the error. The practice was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The doctors maintained their professional development. This included an annual appraisal and meeting the requirements of professional revalidation.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of the practice promoted co-ordinated person-centred care.
- The doctors were clear on their own roles and accountabilities
- The practice had established proper policies, procedures and activities to ensure safety both of patients and within the building.

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 practice had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. There was management of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to improve quality.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and sustainability were discussed by the doctors in relevant meetings.
- The practice used performance information and that information was accurate and useful. It was appropriate to the scale of the practice's operation.
- The practice submitted data or notifications to external organisations as required.
- 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.

Engagement with patients, the public, staff and external partners

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

- Patients' and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice had conducted a patients'

Are services well-led?

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

survey. They had used the structure of the Care Quality Commission comment cards as the basis for the survey. The survey had run for about two weeks. They had recently started a more long-term survey. The doctors had discussed the findings but the surveys had not identified any areas for improvement as yet.

- The practice was transparent, collaborative and open with other providers in the local health economy about their capacity and range of interventions.

Continuous improvement and innovation

There was evidence of learning and continuous improvement.

- There was a focus on continuous learning and improvement. One of the doctors was GP in a practice

nearby. They had brought their knowledge of management of a larger practice to this practice, for example, in their management of safety alerts. The other doctor worked as a GP in the local Accident and Emergency Unit. We were told that this work, “streaming” patients either to A&E or to other interventions, helped to keep that doctor up to date with best practice. For example, in identifying and managing patients with severe infections, such as sepsis.

- One of the doctors was a GP appraiser, as such they were required to remain up to date on clinical practice for example, by completing at least six hours of learning annually specifically about GP appraisal.