

Dr A I McKenzie

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## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection at Dr A I McKenzie on 7 December 2017. During the inspection it was found that the service was not providing safe, effective or well led care in accordance with the regulations (Health and Social Care Act, 2008). The full comprehensive report on the December 2017 inspection can be found by selecting the 'all reports' link for Dr A I McKenzie on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 11 June 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 7 December 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

### 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.

# 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?

- A patient information sheet had been designed to ensure that patients were given appropriate information about the medicines that were provided for weight loss. This sheet included advice for patients to have regular breaks from treatment in line with the manufacturers advice.
- Vaccines were being stored following the Public Health England protocol for ordering, storage and handling of medication.
- We saw evidence to support that the possible risk of the spread of infection and associated diseases in the practice had been assessed through the services of an Infection Prevention and Control nurse.
- A new policy had been developed and there had been a review of the security and the process for obtaining Controlled Drugs which identified the activities undertaken in the clinic alongside the security and process for obtaining Controlled Drugs.

### Are services effective?

- The provider had reviewed their systems and processes to ensure the qualitative improvement of an effective service. For example we were told that arrangements were in place to receive and comply with patient safety alerts, recalls and rapid response reports issued through the Medicines and Healthcare products Regulatory Authority (MHRA) and through the Central Alerting System (CAS).
- Basic Life Support and Safeguarding Level 3 training had been undertaken by the lead GP in April 2018.

### Are services caring?

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

### Are services well-led?

- A legionella risk assessment had been carried out on 14 March 2018.
- The premises had undertaken a full electrical wire check on 31 January 2018 and was meeting the requirements of the Electrical at Work Regulations (1989).
- A risk assessment had been carried out in June 2018 for the management of medical emergencies.

# Dr A I McKenzie

## Detailed findings

### Background to this inspection

Dr McKenzie provides a single-handed Private Medical Consultation Service. The establishment is registered for diagnostic and screening, treatment of disease, disorder or injury and services in slimming clinics. The practice is based in the Broomhill area of Sheffield, close to transport links. The surgery is based on the ground floor and consists of a waiting and reception room, and Dr McKenzie's room. Dr McKenzie is supported by a receptionist. The practice is open on:- Mondays to Friday 8.30am to 5pm. The practice was not required to offer an out-of-hours service. The registered provider told us 75% of their work related to occupational health assessments, with the rest spread across:

- Private GP work – Dr McKenzie stated that the service had approximately 50 regular local patients. In addition, they saw people who travelled around the world and wanted a single consultation.
- Administering vaccinations for meningitis and chickenpox virus.

- Providing a slimming clinic - Dr McKenzie saw approximately 30 patients each month.

- The provider did not treat babies under 12 months or pregnant women.

This service 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 exemptions from regulation by CQC that 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. Services that are provided to patients under arrangements made by their employer, a government department and an insurance company with whom the service user holds a contract (other than a standard health insurance policy) are exempt by law from CQC regulation. Therefore we are only able to inspect the services which are not arranged for patients by their employers, a government department or an insurance company with whom the patient holds a policy (other than a standard health insurance policy).

# Are services safe?

## Our findings

**At our previous inspection on 7 December 2017, we found that this service was not providing safe care in accordance with the relevant regulations and a requirement notice was issued.**

**This was because: the provider had not given patients appropriate information about the medicines that were provided for weight loss; vaccines were not stored following the Public Health England protocol for the ordering, storage and handling of medication; the possible risk of the spread of infection and associated diseases in the practice had not been considered or reviewed; policy on the management of Controlled Drugs needed a review to ensure it did not accurately reflected activities undertaken within the clinic; the security and the process for obtaining Controlled Drugs were not in line with legislation needed a review; and the supply of unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available needed a review.**

**These arrangements had improved when we undertook a follow up inspection on 11 June 2018 and we found that this service was providing safe care in accordance with the relevant regulations.**

**This was because: a patient information sheet had been designed to ensure that patients were given appropriate information about the medicines that were provided for weight loss. This sheet included advice for patients to have regular breaks from treatment in line with the manufacturers advice; vaccines were being stored following the Public Health England protocol for ordering, storage and**

**handling of medication; we saw evidence to support that the possible risk of the spread of infection and associated diseases in the practice had been assessed through the services of an Infection Prevention and Control nurse; a new policy had been developed and there had been a review of the security and the process for obtaining Controlled Drugs which identified the activities undertaken in the clinic alongside the security and process for obtaining Controlled Drugs.**

### Overview of safety systems and process

A patient information sheet had been designed to ensure that patients were given appropriate information about the medicines that were provided for weight loss. This sheet included advice for patients to have regular breaks from treatment in line with the manufacturers advice.

### Monitoring risks to patients

Vaccines were being stored following the Public Health England protocol for ordering, storage and handling of medication.

We saw evidence to support that the possible risk of the spread of infection and associated diseases in the practice had been assessed through the services of an Infection Prevention and Control nurse

A new policy had been developed and there had been a review of the security and the process for obtaining Controlled Drugs which identified the activities undertaken in the clinic alongside the security and process for obtaining Controlled Drugs.

We saw evidence that fire risk assessments had been planned but not yet carried out although we have had assurance from the practice since the inspection that this work has been scheduled.

# Are services effective?

(for example, treatment is effective)

## Our findings

**At our previous inspection on 7 December 2017, we found that this service was not providing effective care in accordance with the relevant regulations.**

**This was because: the provider did not have systems and processes in place to ensure the qualitative improvement of an effective service and training attendance needed a required review to ensure current guidance was followed.**

**These arrangements had improved when we undertook a follow up inspection on 11 June 2018 and we found that this service was providing effective care in accordance with the relevant regulations.**

**This was because: the provider had reviewed their systems and processes to ensure the qualitative improvement of an effective service. For example we were told that arrangements were in place to receive and comply with patient safety alerts, recalls and rapid response reports issued through the Medicines**

**and Healthcare products Regulatory Authority (MHRA) and through the Central Alerting System (CAS). Basic Life Support and Safeguarding Level 3 training had been undertaken by the lead GP in April 2018.**

### **Effective needs assessment**

The provider had reviewed their systems and processes to ensure the qualitative improvement of an effective service. For example we were told that arrangements were in place to receive and comply with patient safety alerts, recalls and rapid response reports issued through the Medicines and Healthcare products Regulatory Authority (MHRA) and through the Central Alerting System (CAS). In addition, a Patient Information Sheet had been implemented to ensure that patients were given appropriate information about the medicines that were provided for weight loss. This sheet included advice for patients to have regular breaks from treatment in line with the manufacturers advice.

Basic Life Support and Safeguarding Level 3 training had been undertaken by the lead GP in April 2018.

# Are services caring?

## Our findings

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

# Are services well-led?

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

## Our findings

**At our previous inspection on 7 December 2017, we found that this service was not providing well led care in accordance with the relevant regulations and a requirement notice was issued.**

**This was because: the provider did not have a legionella risk assessment in place; the premises last electrical wiring check was undertaken in 1999 and this did not meet the requirements of the electrical at Work Regulations (1989); the provider did not have arrangement in place to receive and comply with patient safety alerts, recalls and rapid response reports issued through the Medicines and Healthcare products Regulatory Authority (MHRA) and through the Central Alerting System (CAS); the provider did not have an appropriate risk assessment for the management of medical emergencies; the process for checking patients identities when they present at the service needed a review.**

**These arrangements had improved when we undertook a follow up inspection on 11 June 2018 and we found that this service was providing well led care in accordance with the relevant regulations.**

**This was because: a legionella risk assessment had been carried out on 14 March 2018; the premises had**

**undertaken a full electrical wire check on 31 January 2018 and was meeting the requirements of the Electrical at Work Regulations (1989); a risk assessment had been carried out in June 2018 for the management of medical emergencies; we were told that arrangements were in place to receive and comply with patient safety alerts, recalls and rapid response reports issued through the Medicines and Healthcare products Regulatory Authority (MHRA) and through the Central Alerting System (CAS).**

### **Governance arrangements**

A legionella risk assessment had been carried out on 14 March 2018.

The premises had undertaken a full electrical wire check on 31 January 2018 and was meeting the requirements of the Electrical at Work Regulations (1989)

A risk assessment had been carried out in June 2018 for the management of medical emergencies;

We were told that arrangements were in place to receive and comply with patient safety alerts, recalls and rapid response reports issued through the Medicines and Healthcare products Regulatory Authority (MHRA) and through the Central Alerting System (CAS).