The Medical Practice 48 Wimpole Street LLP

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 17 April 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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The provider The Medical Practice at 48 Wimpole Street has one location registered as The Medical Practice at 48 Wimpole Street located in London and provides family medical services including paediatrics, gynaecology, sports medicine and travel vaccinations. The provider also carries out occupational health assessments and corporate pre-employment health checks.

This 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.

One of the partners 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.

Twenty seven patients provided feedback about the service. All the comments we received were positive about the service, for example describing the doctors as caring, sympathetic and professional

Summary of findings

Our key findings were:

- The GPs were aware of current evidence based guidance and had the skills and knowledge to deliver effective care and treatment.
- The provider had systems in place to protect people from avoidable harm and abuse.
- The provider had effective systems in place to record, monitor, analyse or share learning from significant events.
- The service had arrangements in place to respond to medical emergencies.
- There were arrangements in place for the management of medicines.
- There was a clear vision to provide a personalised, high quality service.
- The patient feedback we received in the course of the inspection indicated that patients were satisfied with the service they received.
- Information about how to complain was available. The provider had not received any complaints about the service in the last year.

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.

- The service had systems, processes and practices in place to safeguard people from abuse.
- The service had an effective system in place for reporting and recording significant events or other incidents.
- The service was clean and monitored infection prevention and control. There were cleaning schedules in place.
- The service had arrangements in place to respond to medical emergencies.
- There were appropriate arrangements in place for the management of medicines.

Are services effective?

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

- The GPs assessed needs and delivered care in line with current evidence based guidance.
- The GPs had the skills, knowledge and experience to deliver effective care and treatment.
- The GPs provided evidence that they maintained their skills and were externally appraised and underwent revalidation in line with requirements.

Are services caring?

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

- CQC comment cards indicated patients were treated with compassion, dignity and respect.
- The staff were polite, helpful and aware of the need to maintain patient privacy and confidentiality.
- The practice involved patients in decisions about their care and provided clear information including about the likely costs, prior to the start of treatment.

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 for example, arranging appointments on request and at a time convenient to the patient.
- Information about how to complain was available. The provider had not received any complaints about the doctor’s consultation service in the past year.
- The practice was accessible and could arrange translation services when required.

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.
- There was a focus on continuous improvement.

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Detailed findings

Background to this inspection

The service includes the full range of non-emergency medical services and is appointment based but can be flexible to registered patients and offer short notice appointments. The Medical Practice at 48 Wimpole Street also provides occupational health assessments and corporate pre-employment health checks.

The service offers appointments with the GP with referral to specialist services as required. The practice is open on a Monday to Friday from 9am to 5.30pm.

The practice treats adults and children. Patients can book appointments by telephone, email or in person. It has a registered patient list receiving primary care as required and also provides services on an ad hoc basis, for example to tourists. The practice estimates that it currently has around 2000 registered patients actively using its services.

Patient facilities are provided on the first and second floors and the practice has a lift and entrance ramp facilitating physical access. The staff team include two GP partners - one full time, one part time, with two vocationally trained associates who work a total of four sessions a week on site. There is also one full time practice manager, one full time administrator and one full time practice healthcare assistant. The landlord provides a range of property services such as building risk assessments and health and safety checks.

We carried out this inspection on 17 April 2018. The inspection team comprised of a CQC inspector 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 two GP partners, the practice manager, administration staff and the healthcare assistant.
- Reviewed comment cards where patients had shared their views and experiences of the service in the days running up to the inspection.
- Reviewed documentary evidence relating to the service and inspected the facilities, equipment and security arrangements.
- We reviewed a number of patient records alongside the GP. We needed to do this to understand how the service assessed and documented patients' needs, consent and any treatment required.

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 providing safe services in accordance with the relevant regulations.

Safety systems and processes

The service 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 service had well defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse:

- We looked at personnel records and found appropriate information including, proof of identification, qualifications, registration with the appropriate professional body. We also saw evidence of appropriate indemnity insurance and 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).
- Information informing patients about the use of chaperones was on display in the practice. Practice policy was to use the HCAs as a chaperone whenever possible. The administrators were DBS checked and had received training on the chaperoning role and could fulfil the role in the event that a HCA was unavailable.
- One of the GPs was the designated safeguarding lead for the practice. The service had safeguarding policies, protocols and contact details for the local statutory safeguarding team. Staff had ready access to information outlining who to contact 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 all the GPs were trained to safeguarding children level 3 and updated their training as required. The practice had never raised a safeguarding alert but the safeguarding lead in the practice had worked to make safeguarding a visible issue in the practice, for example providing updates at practice meetings.
- The service maintained appropriate standards of cleanliness and hygiene. The landlords were responsible for cleaning the premises and we saw cleaning schedules and monitoring systems were in place. There were infection prevention and control protocols which were implemented and reviewed. They also carried out an annual infection control audit. Staff had received up to date training on these. The provider disposed of clinical waste appropriately.
- The premises were suitable for the service provided. The practice was located over two floors which were accessible by a lift.
- The landlord had a range of health and safety and environmental policies in place. The service displayed a health and safety poster with contact details of health and safety representatives that staff could contact if they had any concerns. Health and safety risk assessments for the premises had been carried out including a legionella risk assessment. Fire safety equipment was regularly tested and the provider carried out fire drills periodically.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

Risks to patients

The service had arrangements in place to respond to emergencies and major incidents:

- All staff received annual basic life support training.
- There was a defibrillator and emergency oxygen with adult and child masks, available on the premises which the GPs had access to.
- The GP was aware of the presenting symptoms of acutely unwell patients including sepsis.
- The practice kept a small stock of emergency medicines to treat patients in an emergency for example patients experiencing symptoms of anaphylaxis.

Information to deliver safe care and treatment

On booking an appointment and at each consultation the GP had access to the patient's previous records. Patients making an appointment for the first time were asked to complete a new patient registration form with their contact details, date of birth medical and family history and any

Are services safe?

current treatment or health conditions and details of their NHS GP (if they had one). The GP sought patients' consent to share information about care and treatment provided by them with their NHS GP. Registered patients were also asked to bring any prescribed medicines with them to their first consultation to enable the doctor to carry out a thorough clinical assessment.

Safe and appropriate use of medicines

The provider had arrangements for managing medicines (including obtaining, prescribing, recording, handling, storing and security).

- The practice had protocols for prescribing and repeat prescribing.
- The GP routinely reviewed updates to national guidelines and medicines safety alerts to ensure safe prescribing.
- The fridge temperature was monitored on a daily basis, and we saw evidence that the cold chain was maintained.
- The doctor told us they would not prescribe a medicine if this was contraindicated or otherwise inappropriate in their clinical judgement. The provider did not prescribe any unlicensed medication.

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 assigned to a designated member of the clinical team to oversee implementation as necessary.

The provider had computerised patient's records and there were systems in place to protect against accidental loss or corruption.

Lessons learned and improvements made

There were systems in place for identifying, investigating and learning from safety incidents. The practice had a clear definition of a 'serious incident' 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 practice manager or of incidents and complete an incident form. Action and learning arising from incidents was also reviewed at practice meetings to which all staff were invited.

The provider was aware of and complied with the requirements of the Duty of Candour. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records in patient's notes of verbal interactions as well as written correspondence.

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 GPs we interviewed provided evidence that they assessed needs and delivered care in line with relevant and current evidence based guidance and standards. Updates to guidelines were assessed for relevance, discussed and shared across the clinical team.

The practice offered a range of in-house diagnostic tests and also used diagnostic services run by other independent providers in the same area of London offering patients same-day testing and results for many tests.

The practice had developed links with a wide 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 an audit of Vitamin D status in patients in relation to new guidelines issued by NICE regarding treatment and preventing deficiency in adults. This was a two-cycle audit, that is, where the audit has been repeated to ensure that positive results are sustained. The audit results showed that the practice was monitoring patients and following up tests in line with current guidelines.

The practice benchmarked its clinical activity, for example against published NHS data and targets.

Effective staffing

The GPs had the skills, knowledge and experience to deliver effective care and treatment.

The GPs were professionally registered and we saw evidence of their revalidation. All staff were up to date with their safeguarding, basic life support, fire safety awareness and infection control training. They told us they had opportunities to keep up to date in their specialism. and could provide evidence of this.

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.
- The GP 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, when necessary, about their treatment with their NHS GP where applicable.

Supporting patients to live healthier lives

The GPs told us they would provide information and advice about healthy living, on an ad-hoc basis to patients, for example in relation to smoking and diet.

The practice provided a written report to patients following screening checks. Where abnormalities or risk factors were identified that might require additional support or intervention, changes to people's care or treatment were discussed and followed up.

Consent to care and treatment

The GP sought patients' consent to care and treatment in line with legislation and guidance. They understood the relevant consent and decision-making requirements of legislation and guidance relating to adults and children and including the Mental Capacity Act 2005. The GP sought written consent from patients in relation to certain procedures and to share information with their NHS GP when necessary.

All new patients were asked to provide identification at initial appointments. They also checked the adults accompanying the child had legal authority.

Are services caring?

Our findings

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

Kindness, respect and compassion

The GP told us they prided themselves on providing a caring service. The practice's mission statement was to provide the highest standard of medical health care using evidence based medical standards whilst maintaining a holistic and caring approach to every individual.

We received twenty seven CQC comment cards from patients which were wholly positive about the service. Patients commented that the service was excellent and described the GP as very caring, sympathetic and professional. Some patients also commented on the value of care they had received from the GP as always being positive and honest. They further, described the environment as being calming.

Involvement in decisions about care and treatment

The service ensured that patients were provided with information, including costs, to make decisions about their treatment. We received seven CQC comment cards which included comments that all aspects of the service were excellent.

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

- Patients who did not speak English or have someone suitable to interpret could request an interpreter or translation service.
- Information leaflets were available explaining the services available.
- The practice provided written reports following health checks.
- The practice supported patients with the referral process. The GP met with patients to confirm referral preferences (for example suitable dates and times) and the GP actively tracked the referral process to ensure that appointments had been made.

Privacy and Dignity

Screens were provided in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments. The provider displayed information informing patients that chaperones were available. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The waiting room was located away from the reception. The GP was aware of the importance of protecting patient confidentiality and had undertaken training on information governance.

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. It took account of patient needs and preferences. The practice understood the needs of its population and tailored services in response to those needs. For example, the practice provided an emergency contact number for patients to contact the GP outside of the working day, for urgent concerns. Further, they had complimentary therapists affiliated to the practice including, psychotherapists, an acupuncturist and a nutritionist.

The practice made reasonable adjustments to ensure that patients with disabilities could access the service. For example, they would see patients who used wheel chairs in a consulting room on the first floor.

Timely access to the service

Appointments could be made over the telephone, face to face, email or on a 'walk-in' basis. The practice was open from Monday to Friday from 9am to 5.30pm with a 24 hour emergency call out GP service available seven days a week.

Patients were able to pre-book appointments with same and next day appointments usually available as preferred. Waiting times, delays and cancellations were minimal and managed appropriately.

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 from reception, in the practice leaflet and via the website.

The complaint policy and procedures were in line with recognised guidance. The practice had received one complaint in the last three years. This had been handled in accordance with the complaints policy.

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 two GP partners who had capacity and skills to deliver high quality, sustainable care.

They had identified clear priorities for maintaining the reputation, quality and future of the service. They understood the challenges facing the sector and the service and had developed a strategy to address these.

Vision and strategy

The provider had a clear vision about the scope of the service and the needs of patients who used the service. The aims and objectives were set out in the mission statement for the service. They aimed to provide the highest standard of medical health care using evidence based medical standards whilst maintaining a holistic and caring approach to every individual. They had an awareness of health values and ensured training, policies and procedures were in place. There was a realistic strategy and supporting business plans to achieve identified priorities.

Culture

There was a positive and professional working culture at the practice. The support staff in the practice stated they felt respected, supported and valued. They told us they were able to raise any concerns and were encouraged to do so with the GPs.. 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 arrangement

There were clear responsibilities, roles and systems of accountability to support good governance and management. The structures, policies, processes and systems were clearly set out, accessible and the GP had systems in place to assure these were operating as intended.

The GPs were appraised by an external appraiser on an annual basis .

Managing risks, issues and performance

There were clear and effective processes for managing risks. There was an process to identify, understand, monitor and address current and future risks including risks to patient safety.

A range of daily, weekly and monthly checks were in place to monitor the environment and the health and safety of the service.

The GP had oversight and a documented process in place for relevant safety alerts, audit results and complaints. Incidents were logged in patient's records. There was clear evidence of action to change practice to improve quality.

The practice had a business continuity plan including contact details for key contractors and utilities should there be a major environmental issue.

Appropriate and accurate information

The provider had systems in place to ensure patient records were stored securely and treated confidentially. The patient records included an accurate and complete record of the consultation and the provider told us they would return all medical records to patients in the event of them ceasing to trade.

Engagement with patients, the public, staff and external partners

The provider told us they encouraged and valued feedback from patients, the public and staff. They carried out an annual patient survey and the most recent one demonstrated that patients were happy with the service and the environment.

Continuous improvement and innovation

The GPs had a focus on continuous learning and improvement. They were members of the Independent Doctor's Federation and attended regular learning and clinical update sessions.