

# Sloane Medical Practice

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall.** (Previous inspection August 2018 – Unrated)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Sloane Medical Practice. CQC inspected the service on 13 August 2018 and asked the provider to make improvements regarding breaches of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment. We checked these areas as part of this comprehensive inspection and found this had been resolved.

Sloane Medical Practice is an independent health service based in the Royal Borough of Kensington and Chelsea that provides patient consultations, treatment and referrals for adults and children. 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 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. Some services provided at Sloane Medical Practice to patients under arrangements made by their employer, and a nutrition and dietary based slimming programme are exempt by law from CQC regulation and therefore did not fall into the scope of our inspection.

Dr Sabrina Pao is the registered manager and one of the two GP business partners. 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.

Feedback gathered from patients through CQC patient comment cards showed patients found the service accessible and were satisfied with their care and treated with dignity and respect.

## Our key findings were :

- Patients were safeguarded from abuse and appropriate safety arrangements were in place. However, systems to ensure recording of safety alert follow up and verification of patient identity needed to be reviewed and improved.
- Systems were in place to protect people from avoidable harm.
- 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.
- The service had arrangements in place to respond to medical emergencies.
- The service implemented clinical governance systems and had put processes in place to ensure the quality of GPs and non-clinical service provision.
- Staff we interviewed were aware of current evidence-based guidance. Staff were qualified and had the skills and experience to deliver effective care and treatment.
- The service's patient survey information and patient feedback we received indicated that patients were very satisfied with the service they received.
- Information about services and how to complain was available, lessons were learned, and improvements made in response to complaints and patient survey results.
- There was a clear leadership structure and staff felt supported by management and worked well together as a team.
- There was a clear vision to provide a personalised, high quality service.

The areas where the provider **should** make improvements are:

- Review and improve systems to verify patient's identity, including to assure that an adult accompanying a child had parental authority are effective and embedded.
- Review and improve the system of recording safety alert follow ups.

**Dr Rosie Benneworth BM BS BMedSci MRCGP** Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC Lead inspector. The team included a CQC Doctor specialist adviser and a CQC Service Manager specialist adviser.

## Background to Sloane Medical Practice

Sloane Medical Practice operates under the provider Sloane Medical Practice Limited which was formed in 2009 to deliver easily accessible clinical care to adults and children from a private GP. The Sloane Medical Practice Limited provider website is [www.sloanemedicalpractice.com](http://www.sloanemedicalpractice.com).

The provider is registered with the Care Quality Commission to carry on the regulated activities of treatment of disease, disorder or injury, and diagnostic and screening procedures.

The location site address that we visited as part of this inspection is Sloane Medical Practice, 82 Sloane Street, Kensington, London SW1X 9PA. The services' opening hours are 9am to 6pm Monday to Friday.

The staff team are two full time lead GPs who are the business partners (one male and one female), two further GPs (one female working part time and the other male working two sessions per week) and three reception and administration staff. The service treats between 200 and 500 patients per month.

Prior to the inspection we reviewed information requested from the provider about the service they were providing. During the inspection we interviewed GPs including a partner GP, and non-clinical staff members. We analysed documentation, undertook observations and reviewed patients completed CQC comment cards.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## We rated safe as Good because:

Patients were safeguarded from abuse and there were processes and systems in place to keep patients safe. Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was evidence of shared learning across organisation and through dissemination of safety alerts and guidelines. The provider had systems in place to support compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

At our previous inspection 13 August 2018, the providers Infection Prevention and Control (IPC) Audit did not sufficiently identify risks or resolve identified risks and there were gaps in staff fire safety training. At this inspection 20 September 2019, there was an effective IPC audit with evidence actions had been followed up and staff had been appropriately trained in fire safety.

We also found the provider should improve systems to ensure appropriate documentation of safety alert actions that had been taken, and to verify patient's identity including parental or guardian authority for children.

## Safety systems and processes

### The service generally had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse but systems to verify patient's identity, including to assure that an adult accompanying a child had parental authority were not sufficiently effective. There were two patient registration forms in use, one for patients over 18 years of age and another for those under 18 years of age. Both forms had a prompt for an identification check but neither made the ID check obligatory or clarified what type kind of ID would be sufficient. This meant patient's ID checks were inconsistent. After our inspection the provider sent us

evidence it was reviewing systems to verify patients in all circumstances, particularly for children and was making a retrospective ID check to verify parental authority for adults accompanying children.

- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). It was the services policy to request a Disclosure and Barring Services (DBS) check for all staff.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The service conducted safety risk assessments including Legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings) and to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.

## Are services safe?

- Staff 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.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- There were appropriate indemnity arrangements in place including medical indemnity insurance.

### Information to deliver safe care and treatment

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

### Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks.
- The service carried out medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Medicines that entail a risk of addiction such as diazepam, tramadol, dihydrocodeine were prescribed and monitored appropriately.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there

was a clear rationale for this that protected patient safety; for example, when treating a urinary tract infection when a patient has not responded to first line treatment under best practice guidelines.

### Track record on safety and incidents

#### The service had a good safety record.

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

### Lessons learned and improvements made

#### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned, and shared lessons identified themes and took action to improve safety. For example, after a patients' test result was delayed, the service investigated and reviewed its arrangements for test results analysis.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team and could evidence appropriate follow up for a specific alert but kept no log of alerts. For example, staff showed us a list of patients where a search had been carried out following a safety alert on a specific medicine called Rivaroxaban, and relevant entries

## Are services safe?

had been made on individual patients notes prescribed this medicine that showed appropriate follow up. We asked to see evidence of follow up for two further medicines safety alerts for Carbimazole and Sodium valproate medicines, but staff told us they had not kept a record because no patients were affected. We searched the

system that confirmed there were no patients prescribed Carbimazole and Sodium valproate and told staff they should record evidence relevant action had been taken in response to all safety alerts relevant to their service provision, including where no patients are affected.

# Are services effective?

## We rated effective as Good because:

Competence and knowledge was recognised as being integral to ensuring high quality care was delivered by the service. The service carried out assessments and treatment in line with relevant and current evidence-based guidance and standards. There was a program of quality improvement and audits were used to drive service improvement. The service operated an effective and timely referral process. Staff understood and implemented relevant consent and decision-making requirements of legislation and guidance.

### Effective needs assessment, care and treatment

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines for Urinary Tract Infection (UTI) management, and Hypertension management according to British and Irish Hypertension Society (BIHS) guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients; for example, those with long term conditions such as diabetes and asthma, and acute patients that need monitoring such as patients treated for infection.
- Staff assessed and managed patients' pain where appropriate, such as using appropriate pain assessment measurement tool.

### Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements through the use of completed audits. Clinical audit had a positive impact on quality of

care and outcomes for patients. For example, an audit on appropriate prescribing and monitoring of controlled drugs (CDs). In the first audit cycle, 55% of 16 CDs prescriptions had a documented reason for prescribing. Staff met to discuss best practice and in the second audit cycle where 94% (15 out of 16 CDs prescriptions) CDs prescriptions had a documented reason for prescribing and we noted the remaining patients' notes included a clear and appropriate reason for prescribing the CD.

- The service had also monitored inadequate smears rates through repeated audits to assure themselves of sample takers sustained competence alongside relevant training.

### Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant medical professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

### Coordinating patient care and information sharing

**Staff worked, and worked well 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. This included when patients moved between services, when they were referred, or after they were discharged from hospital.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines

## Are services effective?

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 on each occasion they used the service.
- 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.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services such as frail patients at the end of life co-ordinating care with the patients GP.

### **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, staff gave people 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, health and lifestyle advice for people with long term conditions.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

### **Consent to care and treatment**

### **The service obtained consent to care and treatment in line with legislation and guidance .**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.



# Are services caring?

## **We rated caring as Good because:**

During our inspection we observed that members of staff were courteous and helpful. Staff we spoke with demonstrated a patient centred approach to their work. In addition, completed CQC comment cards were very positive and indicated that patients were treated with kindness and respect. Results of the services customer satisfaction survey highlighted positive satisfaction rates with regards to the service provided. Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of general care but not specifically the clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.

- The service gave patients timely support and information.

## **Involvement in decisions about care and treatment**

### **Staff 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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand and had a hearing loop for deaf or hard of hearing patients.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect. Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

## We rated responsive as Good because:

The premises were suitable for the service provided and telephone translation services were available. Patients had a choice of time and day when booking their appointment. Results of the services latest customer satisfaction survey indicated patient satisfaction levels were high. The service had a complaints policy in place and information about how to make a complaint was available for patients. We saw that complaints were appropriately investigated and responded to in a timely manner.

## Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, the service provided thirty minute appointments as standard and longer as needed as patients requested so their needs could be expressed and understood.
- 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.

## Timely access to the service

**Patients were able to access care and treatment from the service 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 such as to patients own GP where agreed by the patient and appropriate.

## Listening and learning from concerns and complaints

**The service 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. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, the service notified and apologised to the patient after their care was delayed due to circumstances beyond the services control and investigated the incident for learning and prompt resolution. No harm came to the patient and the service offered the patient a refund.

# Are services well-led?

## We rated well-led as Good because:

The leaders had the capacity and skills to deliver high quality, sustainable care and were aware of and receptive to making necessary improvements. The provider had a clear vision to deliver high quality care and promote good outcomes for patients. Processes for managing risks, issues and performance were effective. There was a positive and professional working culture at the service. Staff stated they felt respected, supported and valued and the service took on board the views of patients and staff and used feedback to improve the quality of services.

### Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### Vision and strategy

#### The service 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 service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

### Culture

#### The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated such as when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity and staff felt they were treated equally.
- There were positive relationships between staff and teams.

### 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 partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

#### There were clear and effective processes for managing risks, issues and performance.

## Are services well-led?

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight 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 change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

### Appropriate and accurate information

#### The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service 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, staff, and external partners

#### The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners such as other local private health services it worked in close collaboration with and acted on those views to shape services and culture. For example, listening to and acting feedback from its patient surveys and in response providing new storage and disposal facilities in bathrooms for urine sample containers, and feminine hygiene products.
- Staff could describe to us the systems in place to give feedback such as staff meetings and one to one meetings. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. For example, the service had considered staff suggestions on improving telephone and clinical systems and incorporated this feedback when improving both these systems.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

#### There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work such as clinical audit and patient and staff engagement that informed improvements to the service.