The Brook Surgery Ltd

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Inspection report

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Ratings

Overall summary

We carried out an announced comprehensive inspection on 16 May 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.

Summary of findings

The Brook Surgery is an independent health doctor service based in North London.

Our key findings were:

- There were systems in place for acting on significant events and complaints.
- There were systems in place to assess, monitor and manage risks to the premises and patient safety.
- There were arrangements in place to protect children and vulnerable adults from abuse.
- Staff had received essential training and adequate recruitment and monitoring information was held for all staff.
- Care and treatment was provided in accordance with current guidelines.
- Patient feedback indicated that staff were caring and appointments were easily accessible.
- There was a clear vision and strategy and an open and supportive culture.

There were areas of practice where the provider should make an improvement. The provider should:

- Review standard operating procedures and polices and ensure they reflect current practice in the dispensary.
- Review the arrangments of the monitoring of prescription pads

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.

- There were systems in place to safeguard patients.
- There were risk assessments to monitor safety of the premises.

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

- Care and treatment was delivered in line with national guidance.
- Staff had the skills and knowledge required to carry out their roles.

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

- Patients were treated with respect and compassion.
- Patients were involved in their care and treatment.

Are services responsive to people's needs?
We found that this service was providing responsive care in accordance with the relevant regulations.

- Access to the service was available seven days a week.
- Patient feedback was very positive of the standard of care and treatment received.

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

- There was a comprehensive governance system in place.
- There was a clear leadership structure in place.

The Brook Surgery Ltd

Detailed findings

Background to this inspection

The Brook Surgery is an independent health service based in central London. The service offers home visits, healthcare management, child vaccinations, travel vaccine clinic, flu vaccine clinic, well woman clinic, cryotherapy, healthcare screening and a private dispensary.

The service is registered with the CQC to provide the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery; and treatment of disease, disorder and injury.

The Brook Surgery is open from Monday to Friday from 8am to 7pm and Saturday from 9.30am to 12.30pm.

The service has two registered managers, both of which are doctors at the practice. A registered manager is a person who is registered with the CQC 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.

We carried out this inspection as a part of our comprehensive inspection programme of independent health providers. Our inspection team was led by a CQC lead inspector, who was supported by a Medicines Inspector, GP specialist advisor and a practice nurse specialist advisor.

The inspection was carried out on 16 May 2018. During the visit we:

- Spoke with a range of clinical and non-clinical staff.
- Reviewed a sample of patient care and treatment records.
- Reviewed comment cards in which patients shared their views and experiences of the service.
- We asked for CQC comment cards to be completed by patients prior to the inspection. We received 48 comment cards which were all positive about the standard of care received. Staff were described as kind, considerate and helpful.

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?

Are services safe?

Our findings

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

Safety systems and processes

- The service had systems to keep patients safe.
- The service had appropriate systems to safeguard children and vulnerable adults from abuse. The safeguarding policy outlined the process for reporting a safeguarding concern and had contact details for reporting and concerns. We saw that all staff had received safeguarding training appropriate to their role, and knew how to recognise and report potential safeguarding concerns.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis.
- The service had undertaken enhanced Disclosure and Barring Service (DBS) checks for clinicians and standard checks non-clinical staff. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The service had a chaperone policy; we saw signs posted in the clinic alerting patients that chaperones were available. Non-clinical members of staff had received training to act as chaperones and we saw evidence that DBS checks were in place.
- We saw evidence that the GPs undertook professional revalidation every five years in order to maintain their registration with the General Medical Council (GMC).
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- There was an effective system to manage infection prevention and control. We saw evidence of daily and weekly cleaning schedules.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

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 and training programme for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention, and we saw evidence that the emergency equipment was checked regularly.
- All staff completed basic life support training annually.
- There were arrangements in place to check the identity of patients. This included a check on parental responsibility for children.
- We saw evidence that there were appropriate professional indemnity arrangements in place for clinical staff.
- Staff told us that they understood the fire evacuation procedures and that fire alarm tests and fire drills were carried out.

Information to deliver safe care and treatment

- Staff had the information they needed to deliver safe care and treatment to patients.
- The practice used a computer based record system.
- Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included investigation and test results.

Safe and appropriate use of medicines

The practice was able to offer dispensing services to those patients on the practice list. There was a named GP responsible for the dispensary and records showed that staff involved in the dispensing process were appropriately qualified to NVQ level 2. We saw further learning and development was being undertaken by the dispenser in NVQ level 3 under the supervision of a GP at the practice.

At this inspection, a member of our medicines team looked at policies, storage, records, training and systems for medicines management at the practice. We found that there were systems and processes in place to manage medicines safely however, we identified that written protocols needed to be updated.

Although there was a medicine policy,this was not practice specific. However, staff we spoke with demonstrated they

had the skills and knowledge to dispense medicines safely. Dispensary staff showed us standard procedures which covered only some aspects of the dispensing process (these are written instructions about how to safely dispense medicines). For example, there were no written instructions on how to dispense controlled drugs (medicines that require extra checks and special storage because of their potential misuse). However, staff we spoke to too demonstrated they =understood the legal requirements for dispensing controlled drugs despite this not being covered in the standard operating procedures.

Systems were in place to ensure all prescriptions were checked by the prescribing GP before the medicines were handed out to patients. Dispensary staff identified when a medicine review was due and told us that they would alert the relevant GP to authorise the medicine before a prescription could be issued. This process ensured patients only received medicines that remained necessary for their conditions. The dispensary staff were able to offer medicines in a monitored dosage system for patients who needed this type of support to take their medicines and we saw that there were processes for packing and checking these. Staff knew how to identify medicines that were not suitable for these packs and offered alternative adjustments to dispensing where possible.

The practice held stocks of controlled drugs which were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Out of date controlled drugs were stored in the controlled drugs cabinet, these were clearly labelled expired and kept separately from in date controlled drugs. Although they were safely stored, there were no arrangements in place for the destruction of these. The practice told us they would arrange to have these disposed of after the inspection. Although the service manager and lead GP were aware, not all staff were aware of how to raise concerns with the controlled drugs accountable officer in their area. Blank prescription pads used for controlled drugs were securely stored however there were no systems in place to monitor their use.

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again. Systems were in place to deal with any medicines alerts or recalls, and there were records kept of any actions taken.

Records showed fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature and staff were aware of the procedure to follow in the event of a fridge failure. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

Track record on safety

There were systems in place for reporting incidents. The practice had a number of procedures to ensure that patients remained safe. The practice had recorded three significant events within the last 12 months. We reviewed all three significant events and found that events were recorded, investigated and learning was shared with staff at the practice. For example, we reviewed a significant event regarding a misdiagnosis of an uncommon injury. We found that the service identified learning from the event and took action to prevent a similar occurrence. The service arranged for a specialist consultant to provide a teaching session for all GPs at the service.

There was a policy for handling alerts from organisations such as Medicines and Healthcare products Regulatory Agency (MHRA). Alerts were received by the dispensary manager and cascaded to appropriate members of staff. Alerts were discussed in staff meetings on a weekly basis. We saw evidence that the service had taken action reviewed the three most recent alerts in line with practice policy.

Lessons learned and improvements made

The service had a system to enable learning when things went wrong.

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 policy stated that:

- The service would give affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records 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 care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The service told us that they 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.

- Updated NICE guidelines were communicated to all staff. We saw evidence of clinical consultation reviews where treatment was checked to ensure it was in line with the latest guidance.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The service reviewed the effectiveness and appropriateness of the care provided.

The service completed quality improvement activities such as clinical audits and we saw evidence that results and learning from audits were shared with all staff. We saw first cycle clinical audits cytology and anti-microbial stewardship. We saw evidence that clinical notes were reviewed on an on-going basis. Notes were reviewed for legibility, presenting complaint, duration of symptoms, past medical history, prescribing, physical examination and diagnosis or management plan. The most recent audit, which is completed every six months, showed that out of 60 records checked, there were no errors and all information was complete in the patient record. In addition, the service had a daily quality check in place for medical notes, at the end of each day staff review the appointments for the day and check for completeness of notes for the patients that attended.

Effective staffing

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

- Clinicians had sufficient time to carry out their roles effectively.
- We saw up to date records of skills, qualifications and training for staff, and we were told that staff were encouraged and given opportunities to develop.
- The service provided staff with support through an induction and training programme tailored to their role, regular staff meetings, and annual appraisals where performance objectives were identified and any training needs or issues were discussed.
- We saw evidence that GPs consultation notes were reviewed on a regular basis to monitor their record keeping and the treatment provided.
- There were policies in place for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

Staff worked together and with other professionals to deliver effective care and treatment.

- The service's patient registration form requested consent to share information with the patient's NHS GP. We saw evidence that if consent was provided, the service would provide patients' NHS GPs with a written update of the patients treatment.
- Where patients required a referral this was generally arranged directly through a private provider unless it was deemed beneficial for the patient to contact their NHS GP for a referral. Test results were usually received back within 24 hours.
- GPs were expected to review test results received within one working day. Referrals to secondary care could be made on the same day as a GP consultation.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance. Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. All clinical staff had received training on the Mental Capacity Act 2005.

Treatment costs were on display in the waiting area and explained in detail before treatment commenced.

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 service treated patients with kindness, respect and compassion.

- We saw that staff understood patients' personal, cultural and social needs.
- Medical administration staff told us that if patients wanted to discuss sensitive issues or appeared distressed they would take them to a private area away from other patients to discuss their needs.
- All of the 48 patient CQC comment cards we received were positive about the service experienced. Patients described the staff as considerate and helpful.
- Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- The service offered interpretation services by using multilingual staff, for example two members of staff are fluent in French. We were told that online translation would be used to communicate with patients whose first language was not English.
- Comprehensive information leaflets were available to patients.
- Patients in the CQC comment cards stated that they were listened to and that GPs asked if they had any concerns or questions.

Privacy and Dignity

Staff recognised the importance of patients' privacy and dignity.

- The service complied with the Data Protection Act 1998 and was registered with the Information Commissioner's Office.
- Patient information and records were held securely and were not visible to other patients in the reception area.
- We saw that when the consultation room door was closed during appointments and that conversations taking place in the consultation room could not be overheard.
- We saw that a privacy screen was provided in the consultation room for patients if needed to maintain dignity.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- The facilities and premises were appropriate for the services delivered.
- The service had leaflets available for patients.
- When the service is closed, out of hours cover is provided by the GPs at the service on evenings, weekends and bank holidays.

Timely access to the service

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

- The service is open from Monday to Friday from 8am to 7pm and Saturday from 9.30am to 12.30pm. The service is open every day throughout the year apart.
- The appointment system was easy to use; patients could book online or by telephone and were able to ask to see a named GP.
- In the CQC comment cards patients stated it was easy to book an appointment and they only had to wait a short time.

Listening and learning from concerns and complaints

The service had a complaints policy in place.

- We saw a sign in the reception area which detailed how patients could make a complaint.
- Complaints were reviewed and dealt with by the lead GP and service manager. Learning was shared with staff at practice meetings.
- Two complaints were received in the last year. We reviewed these and found that they were handled appropriately and in a timely way.

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 care in accordance with the relevant regulations.

Leadership capacity and capability

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

- There was a clear leadership structure in place.
- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- 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.

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

Culture

Staff stated they felt respected, supported and valued.

- Staff told us that they felt able to raise concerns and were confident that these would be addressed.
- Openness, honesty and transparency were demonstrated when responding to incidents and

complaints. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- There were processes for providing all staff with the development they needed; this included annual appraisals and regular meetings during which any concerns could be raised. Clinicians were supported to meet the requirements of professional revalidation where necessary.
- The service had a dignity and respect policy and staff told us that they felt they were treated fairly.

Governance arrangements

The service had a governance framework in place, which supported the delivery of quality care.

- Staff understood their roles and responsibilities, including in respect of safeguarding and infection control.
- Service specific policies and processes had been developed and were accessible to staff on the intranet, including in relation to safeguarding, complaints, significant events, infection control, needle stick injuries, disciplinary procedures, chaperoning and consent. However, we did identify that the standard operating procedures and medicines policy did not reflect working practice.

Managing risks, issues and performance

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

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through clinical audits which involved reviewing prescribing and record keeping, and the regular reviews of the other GPs consultation notes.
- Clinical staff received medicines safety alerts from the Medicines and Healthcare Products Regulatory Agency and leadership had oversight of serious incidents and complaints.
- Clinical audits had a positive impact on patients, in that there was evidence of actions taken to improve quality as a result of audits.
- The service had business continuity procedures in place and had advised staff of the processes in the event of any major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service adhered to data security standards to ensure the availability, integrity and confidentiality of patient identifiable data and records.
- The service submitted data or notifications to external organisations as required.

Engagement with patients, the public, and staff

Are services well-led?

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

- The clinic encouraged feedback from patients and had a system to gather patient feedback on an on-going basis. The provider had carried out a patient satisfaction survey and had analysed the results.
- The clinic engaged with staff through appraisal and informal discussion. Staff told us the provider was receptive to their feedback.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation. There was a strong culture of learning and multi-disciplinary team working. For example, the service worked closely with a network of specialist consultants to provide specialist lectures and teaching sessions for clinical staff. We saw evidence that a teaching session was arranged with a specialist consultant to provide GPs with more knowledge of uncommon injuries following a significant event.