

The Berkshire Medical Practice Ltd

The Berkshire Medical Practice

Inspection report

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Date of inspection visit: 23 January 2019

Date of publication: 07/03/2019

Overall summary

We carried out an announced comprehensive inspection of The Berkshire Medical Practice on 23 January 2019 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 not 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 service registered with the Care Quality Commission (CQC) in February 2018 and has not been inspected previously.

The Berkshire Medical Practice is a private GP service located in Maidenhead, Berkshire. They offer a variety of services including GP appointments, long term conditions management and monitoring, travel vaccinations, health checks/health screening and maternity care.

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 which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Berkshire Medical Practice provides a range of non-surgical cosmetic interventions, for example

Summary of findings

anti-wrinkle treatments and Botox injections which are not within CQC scope of registration. In addition, they offer joint injections which is also not within CQC scope of registration. Therefore, we did not inspect or report on these services.

There are three GPs who founded the service and are jointly responsible for the day-to-day running and organisation of the service. All three GPs are the CQC registered managers. 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.

As part of our inspection we asked for CQC comments cards to be completed by patients prior to our inspection. We received six cards which were all positive about the standard of care they received. There were no patients available to speak with during the inspection day.

Our key findings were:

- There were systems and processes in place to manage risk, although not all risks had been appropriately identified in relation to infection control.
- When incidents did occur, the service learned from them and improved their processes.
- The service ensured that care and treatment was delivered according to evidence based research or guidelines.

- There was no established system to review the training needs of the GPs in relation to essential training, such as infection control, health and safety or fire safety.
- Quality improvement activity was not established or embedded into routine service reviews. We saw evidence of a clinical audit after the inspection which demonstrated actions to improve quality.
- Patients comment cards told us patients felt they were treated with dignity and respect.
- Patient feedback had been received by the service but not all had been logged or recorded.
- The culture of the service encouraged candour, openness and honesty.
- There were some governance concerns over identifying and responding to risk.
- There were established policies and protocols for a number of areas, including provisional issues.

We identified regulations that were not being met and the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

You can see full details of the regulations not being met at the end of this report.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

The Berkshire Medical Practice

Detailed findings

Background to this inspection

The Berkshire Medical Practice is located in a purpose-built building in Maidenhead, Berkshire. It shares the building with an NHS GP service and has its own waiting room and clinical room. Services are provided by The Berkshire Medical Practice Ltd.

The service is registered with the CQC to provide the regulated activities Diagnostic and screening procedures and Treatment of disease, disorder or injury.

All services and regulated activities are carried out from:

Symons Medical Centre Building

1st Floor Suite

25 All Saints Avenue

Maidenhead

SL6 6EL

Patients can access services by calling the telephone number between 8am and 2pm Monday to Friday or by contacting a dedicated mobile telephone number at other times. Patients can also access service information and make appointments through the website: www.theberkshiromedicalpractice.com

The service has core opening hours of 7am to 7pm and patients can book appointments at other times by prior

arrangement. The service is not required to provide out of hours services and patients are advised to contact their NHS GP out of hours provider if required. However, the service states they will arrange out of core hours appointments by request, including evenings up to 11pm and weekends.

The inspection on 23 January 2018 was led by a CQC lead inspector and included a GP specialist adviser.

We informed Healthwatch and the local clinical commissioning group that we were inspecting the service and we did not receive any information of concern from them.

During this inspection we interviewed two of the three GPs, reviewed service documents and patient records and received written feedback from patients.

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?

Our findings

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

Safety systems and processes

The service 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. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and clearly demonstrated who to go to for further guidance.
- The service had systems in place to assure that an adult accompanying a child had parental authority. We were shown an example where the service had rescheduled an appointment to ensure the appropriate and responsible person was present with the patient.
- The service worked with other agencies to support patients and protect them from neglect and abuse. The GPs took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had not been required to carry out any staff checks as they had not recruited any staff to the service. We saw all three GPs had an appropriate Disclosure and Barring Service (DBS) check. (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). We also reviewed the GPs revalidation and appraisal documents and found these to be up to date and meeting the requirements of their regulatory body.
- The GPs had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The GPs acted as chaperones, if required. All the GPs were male and did not have access to a female chaperone. This was explained to patients at the point of first contact with the service. The service policy outlined the service response to a request for a female chaperone or female GP. They would refer the patient to another provider who could offer the service required.

The chaperone arrangements were available on the service website and there was a notice in the waiting room informing patients they could request a chaperone.

- The service maintained appropriate standards of cleanliness and hygiene. There was a system to manage infection prevention and control. The service policy for infection control included the lead GP responsible. However, none of the GPs could provide us with evidence they had up to date infection control training.
- An infection control audit had been carried out in October 2018. The audit did not have an action plan to outline the actions to be taken for the areas that were partially compliant with the standards. For example, the furniture in the waiting room and clinical room were made of fabric and not wipeable. There was no plan to routinely get these steam cleaned to reduce infection risk. The service told us they would review this after the inspection.
- The service had not carried out their own Control of Substances Hazardous to Health (COSHH) risk assessments. They had an agreement to share the cleaning contractors with the NHS GP practice in the same building and were aware they had a COSHH folder and risk assessments. They told us they would undertake their own COSHH risk assessments after the inspection.
- The service had a certificate confirming their legionella status in November 2018. No risks were identified and the taps were used daily which reduced the requirement for flushing.
- 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 service had an agreement with the NHS GP service in the same building to discard their healthcare waste through the same contractor. They were invoiced separately for this.

Risks to patients

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

- The service had been operating since March 2018 and had registered with the CQC in February 2018. During

Are services safe?

this time the service had seen approximately 153 patients. Most of these were one-off consultations. The GPs undertook a rota system to cover the service which allowed them to also maintain their NHS GP work.

- The GPs understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- The service had an arrangement with the NHS GP practice to use their defibrillator in an emergency. The defibrillator was located on another floor of the building and the GPs had access to an emergency alarm. The GPs had made arrangements for two of them to attend the service when undertaking consultations out of core hours and when the rest of the building was empty.
- There were suitable emergency medicines in place to cover different types of emergency situations. All the medicines were regularly checked and within their expiry date.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

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 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, emergency medicines and equipment minimised risks.

- The service printed private prescriptions on headed notepaper and did not stock blank prescriptions for use.
- The service had not carried out any medicines audits to review prescribing, including supporting good antimicrobial stewardship. This was reviewed after the inspection and we received an acute infections audit after the inspection day.
- The GPs prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. This helped the service to understand risks and gave a clear, accurate and current picture to inform them of any 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. The GP involved in the incident was responsible for recording the incident. One of the GPs was the lead and had oversight of all incidents reported.
- 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 in the service. For example, the service had reviewed the telephone system following an incident when the network used was not operational.
- There had been four significant events recorded since the service registered with the CQC. All had been reviewed and shared at the next meeting. The meetings were held bi-monthly. We were told all events were also discussed informally at the time they became aware of them.
- The provider was aware of the requirements of the Duty of Candour and had a service policy in place. There had been no incidents requiring a duty of candour response since the service had registered with the CQC. The provider encouraged a culture of openness and honesty and had systems in place for knowing about notifiable safety incidents.

Are services safe?

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. For example, the GPs were aware of a recent incident involving a travel vaccination (external to the service and outside of the NHS).
- The service had an effective mechanism in place to disseminate alerts to all of the GPs which ensured they were aware of the latest information. There was a folder containing all relevant alerts which had been signed by each of the GPs. The signatories were not dated, to advise when the alert had been reviewed and when actions had been taken. The GPs told us they would add dates to future alerts.
- We saw evidence of three cycles of patient searches for one alert relating to a medicine used for epilepsy.
- There was one recent alert that was not included in the file, which, once highlighted to the GPs, they acted upon on the inspection day. The GPs told us the alert had not been included in the received email of recent alerts sent by the Medicines and Healthcare Regulatory Agency (MHRA). One of the GPs told us they would raise this with the MHRA and inform the NHS clinical commissioning group in case any other services were unaware of the alert.

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 provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs 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.
- 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.
- The service had arrangements to deal with repeat patients, where necessary. There was a policy for repeat prescribing and the majority of patients had been one-off consultations.

Monitoring care and treatment

The service had commenced implementing quality improvement activity.

- There had been a recent audit of consent for patients receiving some non-regulated activities. (This area was out of scope of registration for CQC regulated activities so we were unable to review or report on this particular audit).
- On the day of the inspection, there had been no other clinical audits or reviews of the care and treatments offered by the service.
- After the inspection the provider undertook and sent us an audit of acute infections. The audit identified 13 patients who had been seen for an acute infection, 10 of whom had been prescribed antibiotics. Of these, 80% had received the appropriate first or second line antibiotic for their diagnosis. Of the remaining 20%, 10% had received an appropriate alternative to first and

second line antibiotics and this was clearly documented in the patient record. The other 10% had received a reserved antibiotic but the rationale for this was not in the patient notes.

- The GPs had discussed this (informally) and there was an action plan to resolve concerns and improve quality. For example, GPs would be reminded to continue working to available guidance (national and local) and to ensure a rationale for prescribing was contained in the patient notes.

Effective staffing

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

- All the GPs were appropriately qualified, were registered with the General Medical Council (GMC) and were up to date with revalidation.
- Two of the GPs had received further training to offer a specific private travel vaccination. They were registered with the appropriate body and could demonstrate how they stayed up to date.
- The GPs did not keep a record of their essential training, such as fire safety, health and safety or infection control. We were unable to establish when the GPs had last received an update as this was not included in their revalidation or appraisal records.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. GPs referred to, and communicated effectively with, other services when appropriate. For example, patients were mostly referred to other independent services. However, if a patient required an NHS referral, the GP would contact the NHS GP service to communicate this with their NHS GP and advise a patient appointment was required. (The service was unable to make NHS referrals as they did not have access to the electronic referral pathway used by NHS GPs).
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

Are services effective?

(for example, treatment is effective)

- 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.
- Patient information was shared appropriately, when required (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- There were clear arrangements in place for following up on people who have been referred to other services. The service had not yet needed to utilise this process.

Supporting patients to live healthier lives

GPs told us they were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, GPs gave people advice so they could self-care.
- We were told where risk factors were identified the service would highlight these to the patients normal care provider for additional support (where appropriate).
- 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.

- GPs understood the requirements of legislation and guidance when considering consent and decision making.
- GPs supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately, although the consent audit we were shown was for parts of the service that was out of scope of CQC registration (such as cryotherapy and Botox injections).
- We saw evidence of consent recorded for childhood and travel vaccinations and smear testing.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people
- The GPs were aware of patients' personal, cultural, social and religious needs. There were suitable policies, such as an equality and diversity policy, which outlined 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. There was a translation facility on the service website and the GPs could assess any language or accessibility requirements during the initial contact with patients. All the service 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.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The patient waiting room and service consultation room was separate from the NHS GP practice which allowed a private area for patients to wait and have their appointment.

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

- The provider assessed the needs of their patients at the point of first contact to understand and organise appropriate changes in service provision. For example, there was no wheelchair access to the service and the provider told us they could utilise one of the NHS GP practice consultation rooms on the ground floor if this was required.
- The facilities and premises were appropriate for the services delivered.

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. The service operated to patient preferred timescales which minimised any delays or waiting times.
- Patients requested an appointment by telephoning the service on a dedicated number. On occasions this

number was answered by the reception or administration staff of the NHS GP practice. On these occasions the patients details were taken and one of the service GPs contacted them back.

- Patients had a choice of a 20 or 30 minute appointment to discuss their healthcare needs.
- Referrals and transfers to other services were undertaken in a timely way. The GP who saw the patient would type the referral letter, send it and add to the patient record. A copy was also given to the patient. All referrals were made to independent health care providers as NHS referrals require an electronic referral which is not accessible outside NHS services.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had suitable policies in place to respond to them appropriately to improve the quality of care.

- There had been no complaints made to the service since they had registered with the CQC in February 2018.
- Information about how to make a complaint or raise concerns was available. We were told the service would treat patients who made complaints compassionately.
- The service policy outlined how they would inform patients of any further action available to them should they not be satisfied with the service response to their complaint.

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 not providing well-led care in accordance with the relevant regulations.

The service must review governance processes to accurately identify and action all risks to the service.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

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.

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 monitored progress against delivery of the strategy.

Culture

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

- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- GPs had all had an appraisal in the last 12 months and two GPs had undertaken additional training to ensure they could deliver travel vaccinations safely and effectively.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. However, there were some areas of governance that required a review.

- GPs were clear on their roles and accountabilities. However, they were unable to show us a log of training to reassure themselves they were all up to date with essential training, such as infection control and fire safety.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- 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.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance, although not all risks had been identified for consideration by the service.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. We noted the infection control audit had not considered all risks as appropriate to the service and there was no action plan to confirm what actions were required. There was also no risk assessment undertaken for the control of substances hazardous to health (COSHH).
- Clinical audit had yet to be fully established in the service to determine the impact on quality of care and outcomes for patients. We were shown an audit of acute infections after the inspection which demonstrated action to improve quality.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Are services well-led?

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

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The service was registered with the Information Commissioner's Office.
- 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 arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The public's, patients' and external partners' views and concerns were encouraged and listened to. The service showed us seven positive reviews on the internet search engine and told us they had received a number of positive verbal compliments from patients, but had not made a record of these.

- The service had a plan for patient survey to be undertaken in March 2019 to correspond with 12 months from their first patient contact.
- The service was transparent, collaborative and open with stakeholders about performance, where necessary.

Continuous improvement and innovation

There was evidence of systems and processes for establishing a learning environment incorporating continuous improvement and innovation.

- The service was still relatively new with approximately 153 patient contacts in the preceding 12 months. Of these, 67 patients had been seen for GP services, travel vaccinations or other vaccinations. The service could monitor these small numbers informally and adapt to patient needs as required.
- There was a focus on supplying high quality patient care. There were a variety of services available through The Berkshire Medical Practice, of which GP services and vaccinations was only one element. We saw the service was continuing to review other service areas to consider meeting local demand and need.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met</p> <p>There were no systems or processes that enabled the registered persons to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Infection control monitoring processes were not effective in identifying risk and there was no action plan for outcomes that had been highlighted for action.• Control of Substances Hazardous to Health (COSHH) had not been risk assessed.• There was no established programme of quality improvement activity and there had been no monitoring of prescribing to ensure safety or effectiveness.• There was no system in place to assess or monitor training requirements for staff, such as fire safety, infection control or health and safety.• Governance arrangements for monitoring patient safety and medicines alerts had not been effective as an alert was missed.• Patient feedback had not been recorded or documented.