Privategp.com Ltd (Private General Practice Services)

Inspection report

Beech House No. 3 Knighton Grange Road
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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	Requires Improvement
Are services safe?	Inspected but not rated

Overall summary

We carried out an announced focused inspection at PrivateGP.com on 26 October 2022 to review compliance with two warning notices issued following our previous inspection on 22 June 2022.

In June 2022, the service was rated as requires improvement overall with a rating of inadequate for the safe key question, and requires improvement for providing effective and well-led services. It was rated as good for being caring and responsive. This inspection on 26 October 2022 was undertaken to review compliance with the two warning notices which had to be met by 31 August 2022, however this inspection was not rated. The ratings from June 2022 still apply and the service therefore remains in special measures. This will be reviewed via a further comprehensive inspection to take place early in 2023.

The full reports for previous inspections can be found by selecting the 'all reports' link for PrivateGP.com Ltd on our website at www.cqc.org.uk

PrivateGP.com Ltd provides an alternative means for patients to receive medical consultation, examination, diagnosis and treatment by general practitioners and clinical specialists.

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. Therefore, at PrivateGP.com Ltd, we were only able to inspect the services which fall under the scope of CQC registration and the regulated activities.

The lead GP, who is also the Chief Executive Officer (CEO) and Medical Director, is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Our key findings were:

- The service was compliant with the warning notices which had been issued at our previous inspection in June 2022.
- Processes for adult and child safeguarding had been greatly improved.
- The procedure for recording, investigating and learning from significant events had been established. Staff understood how to report concerns and they told us how they felt the process had a positive impact on learning and continual improvement.
- The management and oversight of safety alerts was effective.
- The quality of record-keeping had improved and was supported by an ongoing audit programme.

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

- Implement a process to identify siblings of those children where safeguarding concerns are identified and add these individuals to the service's safeguarding register (if they are also service users).
- Update patient records to include key information from incoming correspondence.
- Ensure safety netting is more clearly documented in patient records.
- Review the approach to clinical coding.

We have not rated this service at this inspection and the ratings remains unchanged until we have completed a further inspection incorporating all relevant key questions.

Overall summary

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team on 18 October was led by a CQC inspector, supported by a GP specialist adviser.

Background to Privategp.com Ltd (Private General Practice Services)

PrivateGP.com Ltd is registered with the CQC to provide services from Beech House, 3 Knighton Grange Road, Stoneygate, Leicester. LE2 2LF. The service has a website at www.privategp.com

PrivateGP.com Ltd provides an alternative means for patients to receive medical consultation, examination, diagnosis and treatment by general practitioners and medical and clinical specialists. It is an independent provider which offers private GP consultations and a wide range of specialist services including functional medicine, sexual health, immunisations and vaccinations, bioidentical hormone replacement therapy, nutritional medicine including intravenous vitamin therapy, mental health services, occupational health assessments, and aesthetic procedures.

The service is delivered from a private residence. There is a reception and administrative office on the ground floor, with consulting rooms on the first floor. There is limited parking on site but street parking is available on the road outside the practice.

The service is registered to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury, and services in slimming clinics.

The service is available to any person and does not require a clinical referral. Whilst most patients will be from the Leicestershire area, the service sees people from other parts of the country.

The service is led by a GP, who is the medical director and the Chief Executive Officer. A GP undertakes occupational health assessments for the service, although these do not take place on site. A general adult psychiatrist provides some limited input for patients offsite on a contractual basis. Every day management is provided by a part-time operations manager, with a support team of three administrative/reception staff.

The opening hours are 8.30am – 5pm from Monday to Thursday, and 8.30am – 4.30pm on a Friday. Patients can access face-to-face, telephone and online consultations.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to reduce the amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting evidence from the provider to be submitted electronically.
- A shorter site visit which included a review of patients' notes.

To get to the heart of patients' experiences of care and treatment, we 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?

Inspected but not rated

Are services safe?

Safety systems and processes

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

- At our previous inspection in June 2022, we issued the provider with a warning notice with regards to safeguarding service users from abuse and improper treatment. This was due to concerns which were identified at the inspection, including:
  - an absence of safeguarding registers.
  - alerts were not being used on the practice computer system to identify patients where a safeguarding concern had been identified.
  - reviews of patients identified as a safeguarding concern were not being effectively undertaken.
  - there was minimal evidence that safeguarding concerns were being shared with appropriate agencies to ensure a holistic approach in keeping people safe.

We set a compliance date of 31 August 2022, for the provider to address our concerns.

When we returned to the service to review compliance with the warning notice on 26 October 2022, we found that significant improvements had been made:

- The service had established adult and child safeguarding registers. These included banding patients into three tiers, indicating the risk level of the concerns. A flowchart had been devised to aid staff how to act on safeguarding concerns and identify the procedure to add patients to the safeguarding register.
- Those patients who were identified as a safeguarding concern had alerts placed upon their electronic notes, so this information was clearly highlighted when accessing their record. We saw that those patients on the register, and those patients with alerts on their record, matched.
- We saw that patients on the safeguarding register were reviewed at governance meetings to ensure that team members were updated on relevant information and share any new information that may have arisen.
- We observed that effective liaison was in place with appropriate agencies to share any safeguarding concerns. For example, we saw that the patient's NHS GP practice would be contacted, and any concerns would be shared, and this would be documented in the patient's record. This was also the case for other agencies, for example, mental health and secondary care services depending on the individual patient's presentation and medical history.
- There were comprehensive policies available for child and adult safeguarding which were accessible to staff, and they outlined clearly who to go to for further guidance. We saw these were regularly reviewed and updated. There was an information sheet available to staff which clearly identified how to seek advice or report concerns to external agencies.
- However, we noted one area for improvement. This was to include siblings (if receiving care from the service) on the child safeguarding register and to highlight their records with an alert. This was to recognise the potential safeguarding risk to any child within the same family environment.

Safe care and treatment

At our previous inspection in June 2022, we issued the provider with a warning notice with regards to safe care and treatment. This was due to concerns which were identified at the inspection, including:

- poor standards of record-keeping and ineffective utilisation use of the clinical system to support good record keeping.
- the actioning of incoming correspondence was not always managed effectively to ensure patient safety.
- the dispensing logbook did not always contain full details of patient identification which may be problematic in the event of a medicines recall.
- the oversight of contracted professionals lacked assurance.

Inspected but not rated

Are services safe?

- safety alerts were not being managed effectively.
- the process for managing significant events required strengthening to deliver effective learning outcomes, and to develop an open culture to encourage reporting.

At our inspection in October 2022, we found that the service had undertaken work to address most of these issues.

Safe and appropriate use of medicines

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

- We previously identified some concerns relating to entries recorded in the practice dispensing logbook. At our inspection in October 2022, we observed that the amount of prescribing had reduced but when this happened, we observed that two signatures were being recorded for all medicines dispensed as a safety check. Additionally, we saw that patient names or patient IDs were consistently being recorded in the dispensing book.
- At the inspection in October 2022, we found that processes for the oversight of prescribers working for the service on a contracted basis had been developed and any issues identified were subsequently followed up. This was achieved via an audit process undertaken by the medical director and was underpinned by a written procedure.

Risks to patients

Information to deliver safe care and treatment

Staff mostly had the information they needed to deliver safe care and treatment to patients.

- Individual care records were mostly written and managed in a way that kept patients safe. We observed that the quality of record keeping had significantly improved since our previous inspections. The care records we saw showed that information needed to deliver safe care and treatment was mostly available to relevant staff in an accessible way. Improvements included:
  - The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We saw that communications with NHS GPs had become embedded since our previous inspections when this had been highlighted as a concern.
  - We saw that patients would be referred to their NHS GP where appropriate to consider a conventional care pathway prior to embarking on the service's more specialist functional medicine approach. We saw examples of patients being signposted to more suitable sources of treatment where appropriate.
  - Clinical entries on records were now clearly identified as being added by the appropriate clinician. At our previous inspection, we observed that entries sometimes appeared to have been added by a non-clinician.
  - Before providing treatment, the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
  - 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.
  - Care and treatment for patients in vulnerable circumstances was coordinated with other services. We saw evidence that shared care agreements were in place when appropriate.
- However, we identified some areas that required further attention:
  - We saw that correspondence received from other agencies, or information provided by the patient (for example, hospital letters they had received directly) had been scanned and uploaded onto the patient's record. However,

relevant information was not always added into the summary record to provide more recent details of the patient's health – for example, test results including blood pressure, and medicines that had been prescribed elsewhere. Having this information clearly recorded would help prevent duplication and save time during consultations, as well as aiding clinical decision-making.

- We observed two examples where documentation to support safety netting advice required additional detail.
- Further work was needed on clinical coding.

Track record on safety and incidents

Lessons learned and improvements made

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

- There was a system for recording and acting on significant events, and this was supported with a written policy, flowchart and reporting form. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- Systems for reviewing and investigating when things went wrong had been strengthened since our previous inspection. We observed a log contained details of all incidents that were raised; this included a RAG (red, amber, green rating) to determine the level of risk. The service learned and shared lessons and took action to improve safety in the service. For example, we saw that following an incident in which no results were received following a radiology referral, the service introduced a failsafe system to ensure all referrals were logged and then followed up if no results were received within a specified timescale. We saw that incidents were a standard agenda item at governance meetings within the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- At our previous inspection in June 2022, we raised concerns about how safety alerts, including those issued by the Medicines and Healthcare products Regulatory Agency (MHRA), were dealt with. At the inspection in October 2022, we observed that an effective system had been implemented to address this. All alerts received were reviewed and those which were relevant to the service were placed on an alerts log. This included details of the alert and the actions taken as a result – for example, we saw that a medicine alert indicated a recall of specified batches, and we saw that the service had checked their own stocks to make sure their own supply was safe to use. We also saw evidence that alerts had been added to the governance meeting agenda to raise awareness with the team, and there was an effective mechanism in place to disseminate alerts to all members of the team including sessional staff.