

Private GP Wimbledon Ltd

Private GP Wimbledon

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 25 January 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.

Prior to our inspection patients were asked to complete comment cards telling us about their experiences of using the service. Sixteen people provided wholly positive feedback about the service.

Our key findings were:

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.
- Patient feedback for the services offered was consistently positive.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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 was an effective system for reporting and recording significant events and sharing lessons to make sure action would be taken to improve safety.
- There were systems in place so that when things went wrong, patients could be informed as soon as practicable, receive reasonable support, truthful information, and a written apology, including any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

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

- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.

Are services caring?

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

- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw systems, processes and practices allowing for patients to be treated with kindness and respect, and that maintained patient and information confidentiality.
- Feedback we received from patients was wholly positive about the service.

Are services responsive to people's needs?

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

- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain and provide feedback was available and there was evidence systems were in place to respond appropriately and in a timely way to patient complaints and feedback.
- Treatment costs were clearly laid out and explained in detail before treatment commenced.

Summary of findings

Are services well-led?

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

- The service had a clear vision to deliver high quality care for patients.
 - There was a clear leadership structure and staff felt supported.
 - The service had policies and procedures to govern activity and held regular governance meetings.
 - An overarching governance framework supported the delivery of high quality care. This included arrangements to monitor and improve quality and identify risk.
 - Staff had received inductions, performance reviews and up to date training.
 - The provider was aware of and had systems in place to meet the requirements of the duty of candour.
 - There was a culture of openness and honesty. The service had systems to alert them to notifiable safety incidents and to share the information with staff and ensure appropriate action was taken.
 - The service had systems and processes in place to collect and analyse feedback from staff and patients.
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Private GP Wimbledon

Detailed findings

Background to this inspection

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.

Our inspection was led by a CQC inspector with a GP specialist advisor and a practice manager specialist adviser.

Private GP Wimbledon Ltd provides private general practice services from two clinic locations in Wimbledon, managed and administered from its registered location address: Suite 14, 95 Miles Road, Mitcham, CR4 3FH. We visited the provider administrative site and both of the clinic locations as part of our inspection.

The Wimbledon town centre clinic is located at 39 Hartfield Road, Wimbledon, SW19 3SG, co-located within a private medical clinic. Private GP Wimbledon patients have use of a shared patient reception and waiting area and are seen in the GP consultation room allocated to the service. The premises are accessible, located on the ground floor and with accessible patient facilities.

The Wimbledon village clinic is located at Ridgway Mews, 18A Ridgway, Wimbledon Village, SW19 4QN, co-located within a physiotherapy centre. Private GP Wimbledon patients have use of a shared patient reception and waiting area and are seen in the GP consultation room allocated to the service. The premises are accessible, located on the ground floor and with accessible patient facilities.

Services are available to any fee paying patient. Services can be accessed through an individual, joint or family membership plan or on a pay per use basis.

Services are available by appointment only between 8am and 7pm Monday to Friday and from 10am to 1pm on a Saturday. Between 7pm and 10pm Monday to Friday and when the service is not open on the weekend, patients telephoning the service are diverted to the services on call GP. At all other times, callers are directed to a specialist out of hours provider.

The service is led by two male GP Partners with one female salaried GP. The clinical team is supported by a service manager and two administrative staff. Those staff who are required to register with a professional body were registered with a licence to practice.

The registered manager for the service is one of the GP partners. A registered manager is a person who is registered with the Care Quality Commission (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.

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

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. During our visit we:

- Spoke with a range of clinical and non-clinical staff including GP partners, the service manager and administrative staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.

Detailed findings

- Inspected the premises and equipment used by the service.
- Reviewed CQC comment cards completed by service users.

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 patients safe and safeguarded from abuse.

- The service conducted safety risk assessments and had a suite of safety policies which were regularly reviewed and communicated to staff.
- The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance and how to report safeguarding concerns to relevant external agencies.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. 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).
- All staff received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns.
- There were service level agreements in place with other employers at the sites used by the service to provide some limited roles, for example some reception duties and chaperone duties. Where the service deemed the requirements of the role required them, the service ensured that appropriate training and DBS checks had taken place.
- There was an effective system to manage infection prevention and control.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support annually.
- Emergency equipment and medicines available were in line with recognised guidelines. Staff checked medicines and equipment to make sure these were available, within their expiry date, and in working order and kept records of these checks.
- Staff knew how to recognise those in need of urgent medical attention and clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

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, including the patients NHS GP, to enable them to deliver safe care and treatment.
- Referral and information sharing letters included all of the necessary information.
- The service had a system for requesting and checking patient identity, including checks at the registration stage, at appointment booking and before consultation or treatment. The service also had processes for checking the identification of an adult accompanying a child patient and that they had authority to do so.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- Staff prescribed, administered and gave advice to patients on medicines in line with legal requirements and current national guidance.
- The service audited the prescribing of medicines to ensure they were being used safely and followed up on appropriately, in line with guidelines set out by the local NHS Clinical Commissioning group.

Are services safe?

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity to understand risks and where identified make necessary safety improvements.

Lessons learned and improvements made

The service had systems and processes in place to learn and make improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. 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 in the service. For example, a patient booked an appointment to have a Hepatitis B vaccination but the clinical system had Meningitis B vaccine booked and ordered. The patient had the correct vaccine administered; however the near miss was reported, investigated and learning points discussed with staff including refresher training for call handling staff and reminders for clinicians on the importance of checking with the patient the reason for their attendance.
- There was a system for receiving and acting on safety alerts. The service learned from external safety events as well as patient and medicine safety alerts.

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 had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- 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 had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The service conducted audits to ensure prescribing and follow up treatment arrangements were in line with national guidelines and guidelines set out by the local NHS Clinical Commissioning group. For example:
- The service audited those patients prescribed a common medicine to manage an underactive thyroid, which requires a minimum of yearly blood tests to check thyroid function and ensure the dose prescribed is appropriate. The service recognised that the condition is often diagnosed, treated and managed by the patients' NHS GP, but that the service also had a number of patients whose condition was not managed through the NHS or who didn't have an NHS GP. In the first audit cycle the service identified 15 patients who were prescribed Levothyroxine by the service. Of these patients, only 20% (3 patients) had the recommended yearly thyroid function test recorded in their notes. The service contacted the patients to encourage an appointment for the test, find out the results if the test had been performed elsewhere and discussed the findings and action plan in clinical meetings. The second audit cycle showed that of 18 patients prescribed the medicine, 94% (17) had the test recorded in their notes. These findings were discussed in clinical

meetings and the prescribing protocol updated to include that no medicine would be supplied without evidence of the thyroid function test being performed, or in the case of emergency, a small amount being prescribed until the test could be performed. This was extended to ensure other medicines requiring regular monitoring were prescribed effectively. The service also reviewed communications lines with local NHS GP practices to strengthen information sharing.

Effective staffing

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

- The service 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.
- The service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation. All staff had received an appraisal within the last 12 months.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient. There were clear protocols for onward referral of patients to specialists and other services based on current guidelines, including the patients' NHS GP and where cancer was suspected. The service monitored urgent referrals to make sure they were dealt with promptly.

Where patients consent was provided, all necessary information needed to deliver their ongoing care was appropriately shared in a timely way and patients received copies of referral letters.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The service identified patients who may be in need of extra support and directed them to relevant services.

Are services effective?

(for example, treatment is effective)

- Staff encouraged and supported patients to be involved in monitoring and managing their health.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions by providing information about treatment options and the risks and benefits of these as well as costs and making patients aware of the financial interests the GP partners had in the service.
- Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

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.

- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- All of the 16 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. This is in line with other feedback received by the service.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.

- Staff communicated with patients in a way that they could understand, for example, staff knew how to access communication aids and easy read materials where necessary.
- The service's website provided patients with information about the range of treatments available including costs.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The layout of reception and waiting areas provided privacy when reception staff were dealing with patients.
- The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.
- Patients' electronic care records were securely stored and accessed electronically.
- The service carried out a patient survey in January 2018 and sent out around 150 patient surveys. All of the 41 patients responding to felt they were treated with dignity and respect by staff and doctors.

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. It took account of patient needs and preferences.

- The service understood the needs of its patients and tailored services in response to those needs. For example offering early morning and late evening appointments outside of normal working hours and Saturday appointments.
- Services were improved where possible in response to unmet needs. For example, the service became an accredited yellow fever vaccination centre following patients' comments about having to attend a different service to receive the yellow fever travel vaccination separately to other travel vaccinations available at the service.
- The facilities and premises were appropriate for the services delivered.
- Patients who requested an urgent appointment were seen the same day.
- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.

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 was open 8am to 7pm Monday to Friday and from 10am to 1pm on a Saturday. Opening hours were displayed in the premises and on the service website.
- Between 7pm and 10pm Monday to Friday, patients contacting the service were diverted to the on call GP partner. After 10pm and when the service was not open at weekends, patients were diverted to a specialist out of hours care provider.

- Patients had timely access to appointments.
- The service kept waiting times and cancellations to a minimum.
- Results from the service's own patient survey data showed that patients' satisfaction with how they could access care and treatment was high.

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.

- The registered manager was responsible for dealing with complaints and the service had a complaints policy providing guidance to staff on how to handle a complaint.
- There was information available in the clinic locations and on the service website for patients to provide feedback and make complaints.
- Information was available about organisations patients could contact if they were not satisfied with the way the service dealt with their concerns.

The service had received six complaints in the last 12 months. We reviewed the systems and processes the service had in place to handle complaints and feedback and found complaints were handled appropriately, in a timely manner and with transparency.

There were systems and processes in place to investigate complaints and feedback, identify trends, discuss outcomes with staff and implement learning to improve the service. For example, themes from complaints included administrative errors, patients not being able to get an appointment at the location and time they wanted and delays in receiving information back from external referrals. The service reviewed these trends and increased the number of appointments available to patients, provided additional staff training and had approached the external services patients were referred to improve communication flow.

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.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Staff told us leaders were visible and approachable.

Vision and strategy

The service had a clear vision and strategy to deliver high-quality care and promote good outcomes for patients.

- There was a clear vision and set of values with a strategy and supporting business plans to achieve priorities.
- The service reviewed and developed its vision, values and strategy with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service planned its services to meet the needs of service users.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- The service focused on the needs of patients.
- There were systems and processes in place for the service to act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated 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 we spoke with told us they were able to 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. All staff had received an appraisal or performance review in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The service demonstrated a commitment to equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff, the service manager, clinicians and business leaders.

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.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Service 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.

- There was an effective process to identify, understand, monitor and address risks including risks to patient safety.
- Service leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care. There was clear evidence of action to change practice to improve quality.
- The service 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 sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Are services well-led?

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

- The service used their computer system to monitor and improve the quality of care.
- The service submitted information or notifications to external organisations as required, including patient referrals.
- Arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems were in line with data security standards.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support high-quality sustainable services.

- Patients' and staff views and concerns were encouraged, heard and acted on to shape services.
- The service held annual patient satisfaction surveys and feedback was consistently positive.
- The service were developing a member patient participation group to encourage regular feedback and engagement on a range of issues and service developments.