My Specialist GP

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Requires Improvement
Are services effective?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall. (Previous inspection March 2022)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services well-led? – Good

We carried out an announced focused inspection on 31 May 2023, for My Specialist GP to follow up on breaches of regulations. The key questions we inspected were, are services safe; are services effective; and are services well-led?

We inspected the service on 30 March 2022 and asked the service to make improvements regarding safety and good governance:

- We issued a Requirement Notice to the My Specialist GP for failing to comply with Regulation 12, (1), Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this follow up inspection in May 2023, we found the service had made some improvements, but we identified new concerns which demonstrated a continued breach of this regulation.
- We issued a Requirement Notice to the My Specialist GP for failing to comply with Regulation 17, Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this follow up inspection in May 2023, we found the service was compliant with this regulation

My Specialist GP offers private GP services including consultations, tests, swabs and vaccinations. The service supports patients in the following specialist areas: men's health, women's health, paediatrics, ultrasound scanning, joints and injuries, sexual health, minor surgery including cyst, wart and lipoma removal, mental health, cardiology, skin problems, ophthalmology and nutrition. The service also offers other non-regulated aesthetic treatments.

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. My Specialist GP provides a range of non-surgical cosmetic interventions, therefore, we did not inspect or report on these services.

My Specialist GP is registered with the CQC to provide the following regulated activities: Treatment of disease, disorder or injury, Diagnostic and screening procedures, Surgical procedures, Family planning and Maternity and midwifery services. The managing 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:

- Staff had completed appropriate training in line with the provider's own policy.
- An induction process was in place for all new clinical and non-clinical staff.

Overall summary

- Staff had the skills, knowledge, experience, and training to provide an effective service. However, the service did not have safeguards and a system in place to ensure care and treatment was safe to continue when the patient did not consent for their information to be shared with their NHS GP.
- There was effective and open communication and information sharing amongst the staff team.
- There were regular team meetings and staff felt motivated to contribute to driving improvement within the service.
- Clinicians were qualified and experienced in the areas of care they provided.
- There were appropriate arrangements to manage medical emergencies and suitable emergency medicines and equipment in place.
- Policies provided up to date, relevant and sufficient information, to provide effective guidance to staff.

The areas where the provider must make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients (refer to requirement notice at the end of the report for more detail).

In addition to the above, the areas where the provider should:

- Implement an effective system for monitoring and recording the fridge temperature in line with own policy.
- Implement an effective system to ensure that governance and quality assurance processes were effective and individual GP's work is monitored and audited through a review of their consultations.

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 was led by a CQC lead inspector who was joined by a second CQC inspector and a GP specialist advisor.

Background to My Specialist GP

My Specialist GP was first registered with CQC in 2019 and is registered to treat patients of all ages. The service provides maternity and midwifery services, family planning, treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures regulated activities which include doctor led consultations for a range of primary medical care needs. This includes men's and women's heath, sexual health, joints and injuries, mental health and minor surgery. The service also offers tests and swabs, vaccinations and, several specialist services including cardiology, ophthalmology and nutritional advice. Activities outside the CQC scope of registration include skin peels and fat freezing.

My Specialist GP's address, and that of the provider, Private Specialist GPS Ltd, is The Marlow Clinic, Crown House, Crown Road, Marlow, Buckinghamshire, SL7 2HL. The clinic is located in the centre of Marlow and can be accessed via public transport, on foot or by car. The clinic has parking spaces for patients and there are several public car parks nearby.

The opening times are:

Monday, Wednesday and Thursday: 9am to 5pm

Tuesday and Friday: 9am to 6pm

Saturday: 9am to 5pm

Sunday: Closed

How we inspected this service

Throughout the COVID-19 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 spend a minimum amount of time on site. This was with consent from the service and in line with all data protection and information governance requirements.

We carried out this inspection on 31 May 2023. Before carrying out an onsite inspection, we looked at a range of information that we hold about the service. Before and during our visit, we interviewed staff, reviewed documents, and made observations relating to the service and the location it was delivered from.

Due to the current pandemic, we were unable to obtain comments from service users via our normal process where we ask the service to place comment cards in the service location.

During our inspection we:

- Spoke with the registered manager
- Spoke with staff
- Reviewed service's documents and policies
- Completed an onsite visit

To get to the heart of service users' experiences of care and treatment, we asked the following questions:

- Is it safe?
- Is it effective?
- Is it well-led?

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

During the last inspection in March 22, we rated the safe domain as Requires Improvement because:

The service did not have effective systems to monitor and manage risks to patient safety and to keep confidential patient information secure.

The service did not hold complete records of staff immunisations in line with national guidance.

At this focused follow up inspection in May 2023, we found the service had made improvements in the areas identified at the last inspection, but we continued to rate safe as requires improvement because:

- There provider had not risk assessed the treatments they offered and not considered medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP.
- The provider did not ensure that spirometry equipment was safe to use in accordance with national guidance.
- The service had liquid nitrogen on site that was not stored in line with national guidance.
- There was no system in place to assure that an adult accompanying a child had parental responsibility.

Safety systems and processes

The service did not always have systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- During the last inspection in March 2022, we found that clinicians did not have access to a service specific camera and instead used their personal devices. At this focused follow up inspection, we saw that a service specific phone now remains at the service with the dermatascope attached to it.
- At the last inspection, we found that the provider did not have an effective system to ensure staff immunisation was in line with national guidance. During this inspection, we saw evidence that all staff had appropriate immunisations to protect staff and patients from a risk of harm.
- During the last inspection, we saw evidence that the infection control inspection checklist was completed by a member of staff who was not trained to a clinical standard in infection prevention and control. During this inspection in May 2023, we saw the infection prevention and control audit was in place which was completed by the clinical director.
- At the last inspection, we found that the service has no paediatric pulse oximeter on site. A clinician stored it in their personal equipment, but that was not always one on site, and there was no documented risk assessment. There was also no alarm in the minor surgery to alert staff of any medical emergency. During this inspection, we saw evidence of a paediatric pulse oximeter and an alarm system being purchased to manage medical emergencies.
- During this inspection we found, the service did not have a robust system in place to assure that an adult accompanying a child had parental responsibility.
- The provider carried out environmental risk assessments. However, we found liquid nitrogen stored on site that did not meet the storage guidelines in accordance with the national guidance. (Liquid nitrogen is a cryogenic liquid and is the liquefied form of nitrogen gas at atmospheric pressure and sub-zero temperature, which is used to treat some skin lesions by freezing them). Additionally, there was no risk assessment in place, and the provider did not display the necessary hazard warning signs on the door (yellow triangle with exclamation symbol and text: ‘Liquid nitrogen’). The provider addressed these concerns immediately.

Requires Improvement

Are services safe?

- The staff responsible for the spirometry tests (spirometers are equipment used to diagnose and monitor specific respiratory conditions) had the required competency and skill. However, the provider could not demonstrate that the spirometry equipment was cleaned and validated according to the manufacturer's instructions. Following the inspection, the provider addressed this concern immediately.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable)
- All staff received up to date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and received a DBS check.
- The service had systems to identify and manage health and safety risks within the premises. For example, the Legionella risk assessment had been carried out in March 2023. (Legionella is a particular bacterium that can contaminate water systems in buildings).
- Portable appliance testing was completed in June 2022.

Risks to patients

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

- During the last inspection, we found that the service did not have a paediatric pulse oximeter on site. During this inspection, we found a paediatric oximeter was now available for medical emergencies.
- During the last inspection, we found there was no alarm in the minor surgery to deal with medical emergencies. At this inspection, we saw the alarm was installed in the minor surgery room and tested weekly.
- We saw evidence of an effective induction system for both clinical and non-clinical staff tailored to their role. We spoke to a member of staff, who told us they had shadowed the clinical lead before working without supervision. However, there was no formal evidence of records of this supervision.
- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections.
- There were appropriate indemnity arrangements in place in regard to the care provided by clinical staff.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

During the inspection, we reviewed the clinical records of 21 patients who had received treatment at the clinic.

- Individual care records were written and managed in a way that kept patients safe. The clinical records were accurate, and we saw evidence of patients being informed about the potential risks of treatment. However, there was insufficient information recorded and a lack of process for assessing care when information was not shared with NHS GPs.
- Patients were asked to consent to share the details of their consultation and any medicines prescribed with the registered NHS GP. Where the patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance. However, the provider did not have an effective process in place for sharing information with a patient's NHS GP and did not risk assess the treatments they offered, specifically while prescribing medication which may pose a risk to patients, (medicines liable to abuse or misuse, and those subject to safety alerts).
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading.
- Clinicians made appropriate and timely referrals in line with protocols and up-to-date evidence-based guidance.

Requires Improvement

Are services safe?

Safe and appropriate use of medicines

The service had systems for appropriate and safe handling of medicines. However, they were not always effective.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines, and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out an antibiotic audit to ensure prescribing was in line with best practice guidelines for safe prescribing. However, there was minimal clinical audit of high-risk prescribing.
- The service prescribed Schedule 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They also prescribed schedule 4 or 5 controlled drugs. They did not store any controlled drug onsite.
- The clinic provided Bioidentical Hormone Replacement Therapy, and some of the medicines prescribed were unlicensed. Treating patients with unlicensed medicines is a higher risk because unlicensed medicines may not have been assessed for safety, quality, and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) or the British Menopause Society. The GP specialist advisor saw evidence that the clinicians explained the efficacy and safety of unregulated compounded Bioidentical Hormone Replacement Therapy and shared leaflets that detailed the risk of unlicensed medication.
- During our inspection, we found on two occasions the vaccine fridge temperature had gone slightly outside of the recommended ranges (between 2 and 8 degrees Celsius). However, we saw the practice staff did not follow their cold chain process, and the clinical director was not informed of this incident. We saw another example of where the fridge door was left open for some time, and on this occasion, the staff followed their process and took appropriate action to address the risk, and ensured medicines were safe to use.

Track record on safety and incidents

The service had a good safety record.

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

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, there was a breach in patient data when a blood result for a patient was shared with another patient at the clinic. The affected patients were informed and the service apologised. Action was taken to mitigate the risk of this happening in the future.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Good

Are services effective?

We rated effective as Good because:

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 guidelines 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 mental and physical well-being.
- Clinicians had enough information to make or confirm a diagnosis.
- The provider ensured a non-discriminatory approach when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements through the use of completed audits. The clinical audit had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The service completed a 3-cycle antibiotic audit and a 2-cycle novel oral anticoagulants audit (NOAC). The antibiotic audit made recommendations to consider alternative medications for patients with lower respiratory tract infections.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed clinical and non-clinical staff.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of the staff. Up-to-date records of skills, qualifications and training were maintained. We saw evidence that staff were encouraged and given opportunities to develop.
- We saw evidence of appraisals and revalidations for clinical staff and non-clinical staff. Staff appraisals identified further areas for development or training, and staff were provided with protected time for training. However, there was no documented evidence of the formal supervision to a new member of staff.
- Staff whose role included reviews of patients with long term conditions could demonstrate how they stayed up to date. However, we found the GP consultations were not always monitored and audited through reviews of clinical records or supervision.

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-centered care. Staff referred to other services when appropriate. However, information sharing with NHS GPs was not done routinely.

Good

Are services effective?

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results, and their medical history. There was a patient questionnaire that all new patients were required to complete before they saw a clinician. Staff told us they would ask returning service users if they had any new health issues since their last visit.
- 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 did not assess which treatments were appropriate to offer when patients refused to share information with their GP. However, where the patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, the staff gave people advice so they could self-care. There were useful podcasts on the provider's website on the various treatments offered at the clinic and how they could support improving patient health and well-being.
- Risk factors were identified and highlighted to patients. For example, we saw evidence of potential side effects and risks associated with treatment being clearly documented on patient records.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a specific decision.
- The service monitored the process for seeking consent appropriately. We saw an evidence of a detailed consent form for minor surgery.

Good

Are services well-led?

We rated well-led as Good because:

Following the inspection in March 2022, we rated well-led as Requires Improvement because:

- The service had governance systems, but these were not always effective. For example, staff records on immunisation against communicable diseases were not kept in line with current guidance.
- There was no business contingency plan to ensure continuity of service in the event of an incident or emergency.
- There were not always formal and documented risk assessments in relation to decisions made at the service.

At this focused follow up inspection in May 2023, we found the service had made the required improvements in all the areas identified at the last inspection.

Leadership capacity and capability

Leaders have 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.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Staff we spoke with consistently told us that the organisation was a good place to work, and they were supported by leaders and managers.
- Staff were confident if they raised concerns they would be acted upon.
- There was not always sufficient oversight of systems and processes to provide clinical quality assurance. For example, there was no clinical audit programme for clinicians at the service. However, the provider acknowledged the feedback and suggested that they would look at implementing this straight away.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, and values jointly with staff.
- Staff were aware of and understood the vision, values, and strategy and their role in achieving them. The provider had plans to open a new dispensary on site, and they were working with the Dispensing Doctors Association (DDA) to develop processes and systems to enable this.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported, and valued. They were proud to work for the service.
- Leaders and managers acted on behaviour and performance consistent 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.

Good

Are services well-led?

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received annual appraisals. Clinical and non-clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity and all staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There was clear responsibilities, roles and systems of accountability to support good governance and management.

- The service had made improvements in response findings from our previous inspection. For example, at the last inspection, we found the hand hygiene audit and infection prevention and control (IPC) inspection was completed by administrative staff who did not have clinical training in the area. During this inspection, we saw evidence of a hand hygiene audit and IPC audit completed by the clinical lead in April 2023, with no concerns identified.
- The staff we spoke with confirmed they were clear on their roles and accountabilities.
- Leaders had established policies and procedures to ensure safety and assured themselves that they were operating as intended. However, the service did not have an effective system in place to risk assess the treatments they offered.

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 current and future risks. During the last inspection, we saw no evidence of a business continuity plan (BCP) in place. During this inspection, we saw the clinic now had a BCP. In addition, we saw copies of the external premises risk assessment and adverse weather risk assessment. All of these detailed the potential risks and actions to mitigate them.
- At the last inspection, the service did not hold immunisation records of all staff, and these were not recorded in line with current guidance. Hence, the service could not demonstrate they were able to protect staff and vulnerable patients, and other service users from the associated risk of harm. During this inspection, we saw evidence of staff immunisation in line with current guidance[DK1] .
- The service had processes to manage current and future performance. The service held copies of the annual appraisal and revalidation for all clinical staff. However, the provider could not demonstrate there was an audit of their consultations and prescribing decisions.
- There were clinical meetings every two weeks to share learning, incidents and best practice.
- Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. The service carried out 3 cycle antibiotic audit to ensure antibiotic prescribing was in line with best practice guidelines for safe prescribing.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Good

Are services well-led?

- Quality and operational information were used to ensure and improve performance. Performance information was combined with the views of patients. The service used various methods to capture patient feedback, and evidence was available which showed people commented positively about the service they received.
- Quality and sustainability were discussed in doctor's and all staff meeting, and staff had sufficient access to information.
- There were robust arrangements in line with data security standards for the availability, integrity, and confidentiality of patient-identifiable data, records, and data management systems.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and received views and concerns from the public, patients, staff, and external partners and acted on them to shape services and culture. The service had an active patient participation group (PPG) in place to recommend and provide feedback on how the service could be improved.
- The clinic worked with the local community and offered free mental health sessions to the senior school children in the area. For example, 3 children had been offered private sessions with the mental health clinician at the clinic. We saw evidence of feedback received from a patient who valued and appreciated the initiative and its impact.
- Staff could describe to us the systems in place to give feedback.
- The service was transparent, collaborative, and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives and processes.
- There were systems to support improvement and innovation work. The service recently employed a clinician trained in Functional Medication (which is a holistic approach as an effective form of healthcare) and was planning to add this to the range of services offered.

This section is primarily information for the provider

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: -The provider did not risk assess the impact of not always liaising with patients NHS GPs to share the information relating to their diagnosis, treatment and prescribing of medication. -The provider did not store liquid nitrogen on site in line with national guidance. -The provider did not have a process in place to ensure the spirometry equipment was validated and maintained according to the manufacturer's instruction. -The provider did not have an effective system in place to verify the parental authority of adults accompanying children.