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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Overall summary

This service is rated as Requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at My Specialist GP between 29 and 30 March 2022. The inspection was carried out to check whether the service was meeting the legal requirements and regulations associated with the the Health and Social Care Act 2008. This was the first inspection of the service since it registered with the Care Quality Commission (CQC).

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, for example acne scarring treatment, skin peels, micro needling and fat freezing which are not within CQC scope of registration. 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:

- The premises were clean, well-organised and well-maintained.
- All staff were up to date with mandatory training.
- The service had systems for monitoring, detecting and preventing the risk of infection.
- The service held emergency medicines in line with national guidance and equipment to deal with a medical emergency. However, the service did not have a paediatric pulse oximeter on site.

Overall summary

- The provider carried out staff recruitment checks in accordance with regulations. However, they did not hold complete records of immunisations in line with current national guidance.
- Clinical records were clearly written and accurate, and, appropriate advice and guidance was given to patients. However, we did not see evidence of discussions with patients about the potential risks of treatment in the records.
- The service had a clinical system to store patients' medical records securely and maintain privacy of confidential information. However, clinicians were required to take photographs using their own personal devices.
- The service employed clinicians with special interests which allowed them to offer a range of services and treatments and, reduced the number of referrals for patients.
- The service had a programme of clinical audits which had a positive impact on the quality of care and outcomes for patients.
- The service asked for details of patients' NHS GP, but did not always update them about the care and treatment provided.
- Best practice guidance was followed when providing treatment to patients'.
- The service monitored patient feedback and adapted services to meet the needs of the patient group.
- The service had a clear set of values which were patient-centred.
- Staff were kind, caring and compassionate when treating patients'.

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

(Please see the specific details on action required at the end of this report).

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

- Review the governance arrangements for monitoring infection prevention and control processes.

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a second CQC inspector and a specialist GP 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 several regulated activities which include doctor led consultations for a range of primary medical care needs including men's and womens'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, acne scarring treatment, fat freezing and micro needling.

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: 9am to 7pm

Tuesday, Wednesday, Thursday and Friday: 9am to 5pm

Saturday: 9am to 1pm

Sunday: Closed

The service is run from premises over two floors which are leased by the provider and the main access from street-level is via a ramp. The ground floor includes a suite of two consultation rooms, one of which is accessible by wheelchair. A minor surgery room, two administrative offices and, a disabled toilet. The second floor is accessed via stairs and two more clinical rooms where regulated activities are provided. This floor has two unisex toilets.

The staff team is comprised of the managing director, four doctors who provide services on a sessional basis, a part-time specialist prescribing nurse and, a clinic manager. The team are supported by a full-time medical secretary and four receptionists working either full-time or part-time hours. The service also has a financial administrator.

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.

The 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 provider and in line with all data protection and information governance requirements.

This included:

- Speaking with staff in person, on the telephone and using video conferencing facilities.
- Requesting documentary evidence from the provider.
- A site visit.

Due to the current pandemic, we were unable to obtain comments from patients via our normal process where we ask the provider to place comment cards in the service location. However, we were shown examples of patient feedback which the provider monitors on an ongoing basis and spoke to a member of the patient participation group. We did not speak to patients on the day of the site visit.

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.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

Safety systems and processes

The service had some 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. They outlined clearly who to go to for further guidance. 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 whilst using the service. However, during the inspection we asked how the service took and managed photographs of patients when they needed to. We were told clinicians do not have access to a service specific camera and instead use their own personal devices. The service policy was for the photograph to be deleted after it had been used but we were not provided evidence of how the service assured themselves that photographs had been deleted. It was confirmed that no photographs of intimate body parts or areas were taken.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had a safeguarding adults and children policy which specified the level which staff should be trained to. All staff had received training at a level appropriate to their role.
- Staff we spoke with were able to tell us who the safeguarding lead within the service was and how they would raise a concern. We were shown the process to raise a safeguarding concern and how the provider would share the information with the appropriate local authority safeguarding teams.
- No safeguarding referrals had been made in the last 12 months. However, we were given examples of when the service had identified vulnerable adults and children and, the actions they had taken to protect them.
- The service had systems in place to ensure that an adult accompanying a child had parental authority.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate.
- We reviewed processes for the monitoring of staff immunisations and Hepatitis B was recorded for all staff except two. We saw a risk assessment for those staff which clearly stated they would not handle specimens or samples. However the provider was not following current national guidance and did not hold immunisation records for tetanus, diphtheria and polio for two members of clinical staff and for one, a written statement by the staff member, confirming they had been immunised was held but no evidence supported it.
- The provider ensured staff had a current registration with their profession body where required and checked for conditions or limitations related to their registration.
- All staff had Disclosure and Barring Service (DBS) checks to a level appropriate for their role. (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).
- Staff who acted as chaperones were trained for the role and had received a DBS check. The provider's chaperone policy clearly explained the process staff should follow when chaperoning.
- There were mainly effective systems to manage infection prevention and control. However, the hand hygiene audit and, infection control inspection checklist were completed by a member of staff who had not been trained to a clinical standard in infection prevention and control. We saw evidence of cleaning schedules and monitoring during the inspection.
- There was a system to manage health and safety risks within the premises. We requested a copy of the most recent legionella risk assessment which was within date and had a number of recommendations requiring remedial action. We saw evidence to confirm that all required actions had been completed.

Requires Improvement

Are services safe?

- The provider had commissioned an external company to conduct a fire risk assessment (FRA) on the premises on 26 May 2021. We were shown evidence that all remedial actions had been completed. Fire alarm checks were conducted weekly and a fire drill had been completed in February 2022.
- The provider ensured that facilities were safe and had premises risk assessments in place. The provider leased the premises but did not have a copy of the electrical installation condition report. We were told it had been requested from the landlord but had not been provided. To mitigate the risk, the provider had booked their own assessment but this was taking place after the inspection so we were not able to view the report.
- The provider ensured that equipment was maintained according to manufacturers' instructions. We inspected the servicing and maintenance records for the air conditioning system, medical fridges, the electrocardiogram (ECG) machine and all had been serviced.
- Portable appliance testing had been completed in June 2021.
- There were systems for safely managing healthcare waste including sharps bins. We saw bins used to dispose of sharps items were signed, dated and labelled and were not over-filled. Outside the premises, clinical and domestic waste storage bins were stored securely and locked to prevent any risk of harm to the public.
- There were clear and visible risk assessments available to staff to support them when using hazardous substances. This was in line with legislation relating to the control of substances hazardous to health (COSHH).

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs.
- There was an effective induction system for staff tailored to their role. We reviewed the induction process and policy and, spoke with staff, who told us they had shadowed the clinical lead before working without supervision. They also told us they felt confident they could ask for further guidance and would be supported with further training if required.
- 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, for example sepsis. We were shown guidance given to receptionists to identify high risk symptoms which were not suitable for an appointment and required emergency treatment at an Accident and Emergency (A&E) department or via an ambulance.
- We reviewed the equipment available to deal with medical emergencies. There was a defibrillator and oxygen on the premises which were subject to regular checks. However, the provider did not always have a paediatric pulse oximeter on site. One clinician told us they had one in their personal equipment, but they did not work at the service every day. The provider had not assessed the risks associated with managing a paediatric medical emergency without the availability of a pulse oximeter. Following the inspection, the provider told us they had purchased a paediatric pulse oximeter for the premises but did not provide evidence to support this.
- There was no alarm in the minor surgery room to alert staff to a medical emergency. The provider told us this had been risk assessed and staff did not often undertake minor surgery alone and if they did, there were enough staff working close by who would hear a request for help in an emergency. Following the inspection, the provider told us they had purchased an alarm system for the minor surgery room and carried out a risk assessment. However, they did not provide evidence of these actions.
- All staff had completed basic life support training.
- There were appropriate indemnity arrangements in place for clinical staff.
- There were suitable medicines to deal with medical emergencies which were stored appropriately and checked regularly. These included for example, adrenaline to treat anaphylaxis and Glyceryl Trinitrate (GTN) spray to treat chest pain which may be a possible symptom of a cardiac condition.

Information to deliver safe care and treatment

Requires Improvement

Are services safe?

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

- During the inspection we reviewed clinical records relating to 18 patients who had received treatment within the service.
- 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 records were clearly written, showed evidence of treatment planning and, the provider told us that the risks and complications of any treatment were explained to patients, however, this was not always documented in the record.
- Clinical records were stored securely on a clinical system which allowed the service to share information with staff. However, we did not see evidence that letters had been sent to a patients' NHS GP following treatment. For example, we saw records where prescribing of medicine and diagnosis of conditions were made to patients and communication with the NHS GP would have been helpful for them and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- Staff were trained as general practitioners but had also completed specialist training in areas such as travel medicine, sport and exercise medicine and, mental health.
- Staff followed best practice guidance from the National Institute of Clinical Excellence (NICE).
- 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 cease trading.

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 which minimised risks to patients.
- The service prescribed Schedule 2 and 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.
- Staff prescribed, administered or supplied medicines to patients' and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- Where the service prescribed unlicensed medicines, the risks, benefits and possible side effects were explained to patients' and, patient information leaflets were given to help patients' understand the treatment. We saw evidence this happened in two of the four clinical records where our GP specialist advisor deemed it would have been appropriate.
- Some of the medicines this service prescribes are unlicensed, including Bioidentical Hormone Replacement Therapy. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, 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. NICE Guidance NG23 states that clinicians must explain to women that the efficacy and safety of unregulated compounded bioidentical hormones are unknown. We were given examples of the patient information leaflets which explained the risks of unlicensed medicines.
- The service checked the identity of patients when they registered and if there were concerns about whether the adult accompanying a child had parental responsibility, the provider told us that further enquiries would be made. We were given an example of how a child was brought to an appointment for childhood immunisations by their grandparent and the clinician called the parent to confirm they agreed to the treatment.
- Processes were in place for ordering, replenishing and monitoring medicines and staff kept accurate records of medicines.

Requires Improvement

Are services safe?

- Medicines requiring refrigeration were stored in a refrigerator which was monitored to ensure it maintained the correct temperature range for safe storage. We checked the monitoring records during our inspection and all temperatures recorded were within the range for safe storage.

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments in relation to safety issues and to support the management of health and safety within the premises.
- The service monitored and reviewed activity. This helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements. The provider told us they had identified a patient who had forged a prescription for a controlled drug and, had attended several pharmacies to get this dispensed. The patient was advised by the service they should see only one general practitioner and only use one pharmacy for prescriptions. The incident was recorded and reported to the appropriate statutory body, staff were notified and refresher guidance for best practice when writing prescriptions was given.

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 had been no serious incidents recorded in the 12 months prior to our inspection.
- 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.
- We reviewed the significant event policy and record log and, during discussions with staff we confirmed how they would record an event and be told about any learning or changes that resulted. For example, a patient with high-risk symptoms was booked for an appointment at the clinic when they should have been told to call 999 or attend A&E. A significant event was recorded, the matter was discussed at a clinical meeting and, a list of high-risk symptoms was developed to help the reception team triage patients in the future.
- The provider was aware of and complied with the requirements of the Duty of Candour. We were shown evidence of the training material provided to staff. The provider encouraged a culture of openness and honesty.
- The service had systems in place for knowing about notifiable safety incidents to statutory bodies. However, no statutory notifications had been made in the 12 months prior to our inspection.
- When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology.
- 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. The clinical director subscribed to the central alert system and sent details to the clinical team and we saw evidence of related discussions in clinical meetings. Staff working on a sessional basis also worked in other healthcare settings, and in some cases were either subscribed themselves or received updates from those settings as well.

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 guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Clinicians employed by the service had high levels of skills, knowledge and experience to deliver the care and treatment offered by the service. We were told by staff that the clinical lead sometimes worked alongside them during minor surgery procedures to increase their confidence and experience.
- We reviewed clinical records relating to 18 patients who had received treatment within the service. Patients' immediate and ongoing needs were fully assessed in all the records we examined. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis. Clinical records were clear and accurate except in relation to discussions with patients about potential risks of treatment. Symptoms to look out for were explained, as well as future treatment plans.
- The service ensured patients understood their treatment and where necessary provided patients with a cooling off period before treatment. For example, we were told about a particular type of steroid joint injection offered to patients, the treatment plan would be explained and time would be given for them to consider the treatment before committing to it.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. We were shown a two-cycle antibiotic audit which showed that 103 courses of antibiotics had been prescribed in 2019 and this was reduced to 54 in 2020. However, the type of antibiotics prescribed had changed and the risk of clostridium difficile (C.Diff) increased from one audit cycle to the next. (C.Diff is a germ (bacterium) which causes diarrhoea or inflammation of the colon). The provider told us the next step from the audit was to reduce the number of broad-spectrum antibiotics prescribed and when prescribing, to shorten the courses to reduce the risk of C.diff for patients. The provider had not yet undertaken a third cycle of the audit to demonstrate whether this improvement had been achieved.

Effective staffing

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

- All staff were appropriately qualified and the provider had an induction programme for all newly appointed staff.

Good

Are services effective?

- The provider understood the learning needs of staff and subscribed to an online training system which provided training courses the service considered to be mandatory. Staff were provided protected learning time to complete training.
- Staff were encouraged to develop and one member of staff told us how they had been supported to attend a conference to become more confident in a new treatment.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up to date with revalidation
- Up to date records of skills, qualifications and training were maintained.
- All staff had frequent meetings about performance and development with the managing director or clinical lead. We were provided with copies of appraisals for all the clinical staff and we sampled administrative staff files while on site. All of the staff records we sampled had had a recent appraisal and, where appropriate, these identified suggested areas for further development or training.
- Staff whose role included immunisation and reviews of patients with long-term conditions had received specific training and could demonstrate how they stayed up to date.

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. Staff referred to and communicated effectively with other services when appropriate but did not routinely communicate with patients' NHS GPs'.
- The provider told us they were very clear about the services they did and did not offer. Where they could not meet a patient's needs, the patient was signposted to more suitable sources of treatment. However, the service employed clinicians with special interests which reduced the need for onward referrals. Of the 18 patient records we examined, four included referrals to other services.
- Patients were asked for details of their GP but were not routinely 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 service explained that where patients needed secondary care, they were able to refer patients to private healthcare specialists. However, they did not have access to the NHS referral system and if a patient wanted to be seen on the NHS, the service would write to the patients' NHS GP and ask them to make the referral. We did not see evidence of this taking place in the clinical records we examined.
- 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. However, the provider did not have access to the patients' NHS record.
- The provider had risk assessed the treatments they offered and had identified medicines where they would ask for consent to share information with the patients' GP. For example, medicines liable to abuse or misuse. However, we did not see evidence of letters being sent.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. We were given an example of how the service shared the care for a patient at the end of their life with their NHS GP to accommodate the patient's wishes.
- Patient information was shared appropriately 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 and effective arrangements for following up on people who had been referred to other services. The practice had created a referral list to maintain oversight of referrals and make sure they were up-to-date with patients' care when they were referred back.

Supporting patients to live healthier lives

Good

Are services effective?

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

- Patients were given an explanation at consultation and where appropriate, written information, about risk factors and benefits of procedures and treatments. For example, where a steroid injection was used to treat uncontrolled hay fever, we saw evidence of the patient information leaflet given to patients to explain the treatment and associated risks.
- We were told how the service had supported a patient who lived outside the local area and was experiencing mental health issues. The patient had experienced problems accessing specialist mental health services in their area. The service had supported the patient remotely at first but after time, the patient chose to attend face to face because of their positive experience with the service.
- Where other treatments within the service could help patients to live healthier lives, the service highlighted the treatment to the patient and, where appropriate, referred them. For example, we were given examples of patients being referred to an associated clinic for intravenous therapies which were designed to aid recovery and wellness.
- The service provided several specialist services and treatments to help patients live healthier lives. These include a sexual health clinic, weight control and nutritional advice. The provider also offered patients a range of vitamin supplements which could be purchased directly from the provider.
- Patients were told of symptoms to look out for and what to do if they experienced them.
- Where appropriate, staff gave people advice so they could self-care.
- 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 and all staff were up to date with giving consent to treatment.
- Staff supported patients to make decisions. We were told that patients were offered cooling off periods to think about treatment plans where appropriate.

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from the patient participation group was very positive about the way staff treated people. We heard that staff were kind, caring and supportive and that care was patient- centred.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information in relation to their care and treatment.
- We were told how during the pandemic the service had realised some of their vulnerable patients might have been lonely. The service called them to check their well-being and to see if they could provide any support.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- The service ensured that all patients were provided with the information they required to make decisions about their treatment prior to treatment commencing. This was achieved through consultation, patient information leaflets and, signposting patients to further information.
- Information leaflets were available in easy read formats to help patients be involved in decisions about their care.
- For patients who for example, were elderly or had hearing difficulties, we were told how the service encouraged a carer to attend appointments with the patient so information could be explained to them. This helped them support the patient to make decisions about their care.

Privacy and Dignity

The service respected respect patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Consultations and treatments took place behind closed doors and conversations could not be overheard.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Chaperones were available should a patient choose to have one. All staff who provided chaperoning services had undergone required employment checks, including an enhanced DBS check and had received training to carry out the role. We saw evidence of notices offering chaperone services in the reception area and clinical rooms.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

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 understood the needs of their patients and improved services in response to those needs. For example, during the pandemic, patients wanted COVID-19 antibody testing and the service sourced this and adapted the service within two weeks. The service also purchased a polymerase chain reaction (PCR) testing machine that processed swabs within 1 hour.
- The service carried out a patient feedback survey to understand areas where they were succeeding and to identify areas where they could improve. The results were positive about the quality of care provided, patient experience and, how accessible the service was.
- The facilities and premises were appropriate for the services delivered. The premises were accessed via a ramp from the car park and there was a disabled toilet on the ground floor. Consultation rooms on the ground floor were accessible by wheelchair.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The clinic had a hearing loop installed to support patients with hearing difficulties. Chairs in the waiting room had raised seats but did not have raised arms to assist patients with mobility needs.
- When patients first registered, the service recorded if the patient did not speak English as a first language. A third-party interpretation service was available for those patients. However, the staff team spoke 10 languages and patients were told about multi-lingual staff who might be able to support them. The languages spoken included Italian, Spanish, Dutch, Afrikaans and, Arabic.
- Patients were able to book appointments online, via the telephone or, in person.

Timely access to the service

Patients were able 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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way. For example, the service provided ophthalmology services, however, where cataract surgery was required, this was not available from the service and the patient would be referred to secondary care.

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 service had complaint policy and procedures in place.
- Information about how to make a complaint or raise concerns was available to patients.
- Staff treated patients who made complaints compassionately by offering a private area to listen to their concerns and where possible by trying to resolve the issue at the time. Where further investigation was needed, the process was explained to patients.

Good

Are services responsive to people's needs?

- The service had received four complaints within the previous 12 months and was able to demonstrate how appropriate and timely action was taken in response to them.
- If a patient was unhappy with the outcome of a complaint the service informed them they were able to escalate it to an independent organisation, the Independent Sector Complaints Adjudication Service (ISCAS), for further advice and guidance.
- During the inspection we reviewed publicly available information regarding patients' experiences at the service. At the time of the inspection there were 30 reviews on Google which rated the service as 4.3 out of 5 stars. Of the 22 reviews in the last 12 months, 18 were positive (17 five stars and one four stars) and four were negative (one star). The positive concerns related to the availability of appointments, staff being kind, caring and professional and, the quality of service. The negative reviews related to comments about cost of services and the time to receive results of COVID-19 tests.
- Trustpilot was also used for reviews and showed the service was rated as 2.9 out of 5 stars. Of the two reviews in the last 12 months, both were negative (1 one star and 1 two star) and these related to the time to receive results of tests, the process to get the results and, lack of follow-up on results.
- The service told us they actively monitored patient feedback and relied on patient satisfaction and word of mouth. We saw that the service had responded to both positive and negative comments on Google with explanations and to thank people for taking the time to provide feedback.

Requires Improvement

Are services well-led?

We rated well-led as Requires improvement because:

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. We were told financial viability was a challenge during the pandemic and the service had identified new services for patients. COVID-19 testing was one of these services.
- The provider explained how they relied on word of mouth to promote the service and how important it was for patients to feel care was safe and effective.
- The provider told us they were keen to further develop their relationships and information sharing processes with local NHS GP services.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff we spoke with told us how supported they felt and how they were confident that if they raised concerns they would be acted on.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. We were given examples of staff who had skills and talents which supported the services' governance arrangements such as a member of administrative staff who had taken on additional responsibilities. The service explained how they were giving them additional responsibilities to help their career development.

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 which were to provide person-centred, predictive, preventative and participative care.
- The service mission statement was 'to put care back into healthcare, involving patients with respect and dignity'. Staff spoke passionately about their patients and how they wanted to achieve the best outcomes for them.
- Staff were aware of and understood their role in achieving the values and vision.

Culture

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

- Staff felt respected, supported and valued and told us how they enjoyed working for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance to ensure it was consistent with the vision and values. We asked whether there were examples of poor performance and were told there were not. However, it was explained that the service is thorough, open, and transparent when recruiting staff. We were told the leadership team would explain the vision and ethos of the service to candidates to make sure potential staff understood the service and what was expected before joining.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. There had been no serious incidents in the last 12 months related to regulated activities.

Requires Improvement

Are services well-led?

- The providerwas aware of and had systems to ensure compliance with the requirements of the duty of candour. This was evident from the way staff spoke about the importance of patient-centred care and the health outcomes they wanted to achieve for their patients'.
- There were processes for providing all staff with the development they needed. This included an induction process, appraisals and career development conversations. We saw evidence of annual appraisals for all staff in the last year which highlighted strengths and, where appropriate, areas for further learning or future development.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training and staff told us felt they were treated equally.
- The service had a Freedom to Speak Up Guardian.
- There were positive relationships between staff and teams and we saw evidence of regular team meetings. Staff told us if they were not able to attend minutes were circulated to make sure they could keep up-to-date with changes and updates across the service.

Governance arrangements

There was a lack of clear responsibilities, roles and systems of accountability to support some areas of governance and management.

- Structures, processes and systems existed to support governance and management, and staff were clear on their roles and accountabilities. However, infection prevention and control responsibility had been delegated to a member of staff who had not received training to a level appropriate for the role. Overall responsibility belonged to the clinical lead, however, hand hygiene audits and the infection control inspection were completed by a member of administration staff who had not received clinical training in this area. No issues relating to infection prevention and control were identified during the inspection.
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- Some processes and systems to manage medical emergencies existed, however, we found examples where they did not, and a documented risk assessment was not provided. For example, one clinician told us they carried a paediatric pulse oximeter in their personal equipment but there was not always one on site and there was no documented risk assessment. There was no alarm to alert staff to a medical emergency in the minor surgery room and the risks had not been fully mitigated by the processes which existed. Following the inspection, the provider told us they had purchased a paediatric pulse oximeter and an alarm system for the minor surgery room and had carried out risk assessments. However, they did not provide evidence of these actions.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The service submitted data or notifications to external organisations as required. This included safeguarding referrals for vulnerable patients where appropriate.
- 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 used a secure email service when communicating with patients and other services and had an encrypted area on the website where patients could submit information securely.

Requires Improvement

Are services well-led?

Managing risks, issues and performance

There was a lack of processes for managing some risks, issues and performance.

- Processes to identify, understand, monitor and address current and future risks including risks to patient safety existed but were not always used consistently. For example, we reviewed the governance arrangements for a major incident and found the service had access to a consultation room within nearby premises if needed. However, the service had no business continuity plan (BCP) in place. The provider showed us an action plan they used to monitor ongoing risks and the lack of BCP was on this, but at the time of inspection this action had not been written.
- Some processes and systems to manage medical emergencies existed, however, we found examples where they did not, and a documented risk assessment was not provided. For example, one clinician told us they carried a paediatric pulse oximeter in their personal equipment but there was not always one on site and there was no documented risk assessment. There was no alarm to alert staff to a medical emergency in the minor surgery room and the risks had not been fully mitigated by the processes which existed. Following the inspection, the provider told us they had purchased a paediatric pulse oximeter and an alarm system for the minor surgery room and had carried out risk assessments. However, they did not provide evidence of these actions.
- The service recorded details of patients' NHS GPs, however we did not find examples of information being shared about prescribing of medication or diagnostic findings with patients' GPs. This risk had not been assessed fully and in some cases, it would have helped other services to provide safer care and treatment.
- The service treated patients of all ages, some of whom were vulnerable. However, the services' records of staff immunisation against communicable diseases were not in line with current guidance and in some cases, complete evidence of immunisation was not held.
- The service had not fully considered the risk of clinicians using their own personal devices to take photographs of patients and how to ensure patients were safeguarded from the risk of abuse. This process also did not ensure patients confidential information was always kept securely.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations prescribing and patient treatment outcomes, along with clinical supervision.
- Leaders had oversight of safety alerts, incidents, and complaints. Staff understood their responsibility to raise concerns and report incidents and spoke confidently about how they would do this.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure improvements in performance were made.
- The provider carried out checks of staff at the time of recruitment and all required ongoing monitoring such as mandatory training, professional registration and medical indemnity confirmation. However, the service did not always hold complete records of staff immunisations against communicable diseases in line with national guidance.
- Quality and sustainability were discussed in relevant meetings, where all staff had sufficient access to information.

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.

Requires Improvement

Are services well-led?

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and organisational culture. During the inspection we spoke with a member of the patient participation group (PPG) who told us the PPG had suggested the service created support groups for patients with certain health conditions. The service acknowledged the suggestion and told us they were planning to launch a weight-loss support group.
- We were also told how the practice planned to improve their community engagement by providing mental health consultations to pupils at two local secondary schools. This was to be funded by a local benefactor who wanted to improve mental health care for young people. However, this had not been implemented at the time of inspection.
- There were systems to support improvement and innovation work. For example, the service listened and responded to patient feedback and suggestions, and, introduced a T Cell blood test. This test is used to determine whether a patient has a weakened immune system.
- Staff described to us the systems in place to give feedback which included in person to line management, at team meetings, during appraisals or via the Freedom to Speak Up Guardian.
- We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints.
- Learning was shared and used to make improvements. For example, when a risk was identified because a patient had been offered an appointment when they should have been directed to call 999 or attend A&E, the service responded by providing training and guidance to staff to prevent it happening again.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person had failed to ensure there were effective systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Specifically: • The service did not have an effective system to record the immunisation status of its staff in line with current national guidance. • The service did not have a business continuity plan to ensure continuity of service in the event of an incident or emergency. • There was a lack of oversight and formal assessment of risks to mitigate the impact on patients, for example, the completion of formal and documented risk assessments in relation to decisions made at the service. This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had failed to ensure there were effective systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Specifically:

This section is primarily information for the provider

Requirement notices

How the regulation was not being met:

- The service did not always record discussions with patients about the risks associated with unlicensed medicines when they were prescribed.
- The service did not routinely notify patients' NHS GP practices about diagnosis, treatment and the prescribing of medication undertaken by the service.
- The service did not have emergency equipment in line with national guidance to treat a paediatric medical emergency.
- The service had not taken all reasonable steps to manage the risks associated with a medical emergency in the minor surgery room.
- The service did not routinely confirm the identity of patients they were treating.
- The service did not have an effective system or process to keep confidential patient information secure and safeguard patients from the risk of abuse, when taking photographs for the purpose of diagnosis and treatment.