Anthony Guy O'Keeffe

Dr O'Keeffe's Practice

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 11 May 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 not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations.

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Dr Guy O'Keefe's Practice provides a private general practice service to patients at 26 Eaton Terrace in the borough of Westminster in London.

Prior to our inspection, patients completed CQC comment cards telling us about their experiences of using the service. Thirty-four people provided wholly positive feedback about the service. Dr O'Keeffe was described as caring, attentive and efficient.

Our key findings were:

- The service had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The service had carried out a safety risk assessment of the premises and equipment; however, there was minimal evidence that risks were fully assessed and well-managed; a number of health and safety and premises checks had not been undertaken and equipment had not been calibrated.
- The premises were clean and well maintained, however no infection control audits or infection control training had been completed.
- Procedures for managing medical emergencies including access to emergency medicines and equipment were safe.
- 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.

Summary of findings

- There was a system for recording and acting on incidents, adverse events and safety alerts. The provider shared safety alerts with staff effectively.
- There was limited evidence of systems to support good governance and management.
- Staff felt involved and supported and worked well as a team.
- Patient feedback for the services offered was consistently positive.

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

- 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.

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

There were areas where the provider could make improvements and **should:**

- Establish a system to provide appropriate support and signposting for patients with a caring responsibility

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 not providing safe care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Requirement Notice section at the end of this report).

- Staff had received training on safeguarding children and vulnerable adults relevant to their role. They knew how to recognise the signs of abuse and how to report concerns.
- The service had carried out a safety risk assessment of the premises and equipment in February 2018; however, the service did not have an effective system of health and safety and premises checks. The risk of not having undertaken regular checks had not been assessed.
- There was a system for recording and acting on adverse events, incidents and safety alerts.
- The service had a system in place for reviewing and investigating when things went wrong.
- Staff were qualified for their roles and the service completed essential recruitment checks in most cases.
- The premises and equipment were clean. The service followed national guidance for cleaning, sterilising and storing medical instruments.
- The service had a policy on the management of medicines including vaccines and prescribing of medicines and we observed that staff followed procedures.
- The service stocked medicines. Emergency equipment and medicines were available as described in recognised guidance. There was a documented system for recording and monitoring checks of emergency medicines.
- The service had suitable arrangements to respond to medical emergencies and major incidents.
- There were no formal processes for verifying a patient's identity.
- The service treated adults and children and all patients under the age of 16 were chaperoned by a parent or guardian. Formal checks of adults accompanying child patients were not carried out.
- There was no record of staff vaccinations. We saw evidence of immunity for the doctor in line with current national guidance. There was no record of immunity for staff who handled specimens or dealt with spillages of waste or bodily fluids.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations.

- The doctor understood the needs of patients and provided care and treatment in line with current evidence based practice guidance.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There were no formal processes for verifying a patient's identity.
- The service did not have clear systems to enable sharing of best practice guidance with medical staff.
- We found evidence of quality improvement measures including clinical audits and there was evidence of action taken to change practice. Follow up audits demonstrated that learning and quality improvement had been achieved.
- The doctor discussed treatment with patients so they could give informed consent and recorded this in their records.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.
- The service had effective arrangements for working with other health professionals to ensure quality of care for the patient.

Summary of findings

- Not all staff had undertaken role appropriate training to cover the scope of their work. There was no record of infection control, fire safety, information governance and mental capacity act training for some staff.
- There was evidence of appraisals and personal developments plans for staff.
- There was evidence of appraisal and continuing professional development for the doctor.

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.
- We received feedback from patients including 34 Care Quality Commission comment cards. Patients were positive about all aspects of the service provided.
- Patients reported staff were kind, caring and supportive.
- Information for patients about the services available was accessible.
- We saw systems, processes and practices that maintained patient and information confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

- The facilities and premises were appropriate for the services delivered.
- The appointment system was efficient and met patients' needs.
- Information about how to complain and provide feedback was available. There were systems in place to respond to concerns and complaints quickly and constructively to improve the quality of care.
- Treatment costs were clearly set out and explained in detail before treatment commenced.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Requirement Notice section at the end of this report).

- There was limited evidence of systems to support good governance and management. There was no governance meetings structure in place.
- There were some policies in place designed to identify, understand, monitor and address health and safety risks and risks related to the premises and equipment; however, there was minimal evidence that safety risks had been assessed and mitigated.
- The service had a clear vision to deliver high quality care for patients.
- There was a clear leadership structure and staff felt supported.
- Staff demonstrated openness, honesty and transparency when responding to incidents and complaints.
- The provider was aware of and had systems in place to meet the requirements of the duty of candour.
- The service had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- There was evidence of the doctor carrying out clinical audits to improve quality.
- All staff had received an appraisal or performance review in the last year.
- There was evidence of appraisal and continuing professional development for the GP.

Dr O'Keeffe's Practice

Detailed findings

Background to this inspection

Dr O'Keefe's Practice is a provider of private general practice services and treats both adults and children. The address of the registered provider is 26 Eaton Terrace, London SW1W 8TS. Dr O'Keefe's Practice is registered with the Care Quality Commission to provide the regulated activities of Treatment of disease, disorder or injury and Diagnostic and screening procedures. General medical services provided include routine medical consultations and examinations, vaccinations and travel vaccinations and health screening. The clinic is a yellow fever vaccination centre. There are currently 1200 registered patients and ten GP sessions are carried out weekly.

The clinic is located in a converted residential and business use property with street level access into a reception and waiting area. The building is not fully accessible to wheelchair users and does not have accessible facilities. There are patient toilets and baby changing facilities available. The premises consist of a patient waiting room and reception area, a consultation room, an office area, a storage area, a medicines storage room and kitchen space.

Services are available to any fee-paying patient. Services are available by appointment only between 8.30pm – 1pm and 3.30pm – 6.00pm Monday to Friday. The GP ran a clinic on Saturday mornings between 10am – 1pm. There is an on-call register of four locum doctors to cover weekends. The service operates a call out service 24 hours a day, every day. Services are available to people on a pre-bookable appointment basis.

Medical services are provided by a sole medical doctor. The doctor is supported by a practice manager and administrative support is provided by three reception staff members. The doctor is required to register with a professional body and was registered with a licence to practice.

How we inspected the service:

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Advisor.

Before visiting, we reviewed a range of information we hold about the service.

During our visit we:

- Spoke with doctor who was the provider of the service.
- Spoke with the practice manager and reception staff.
- Spoke with two patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment used by the service.
- Reviewed feedback from service users including CQC comment cards.

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 not providing safe care in accordance with the relevant regulations.

Safety systems and processes

- Policies were available for safeguarding both children and adults and these contained contact numbers for local safeguarding teams.
- Staff at the service knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- The doctor had completed safeguarding adults and children level 3. All reception and administration staff had received safeguarding up to level 2.
- The practice 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.
- Not all staff had received training appropriate to their role. For example, a notice about a chaperone service was displayed in the reception area. Patients could bring a chaperone to consultations if they wished. Staff told us they had not received any chaperone training and had never been asked to act as a chaperone. There was no chaperone policy in place.
- There was no record of training in the Mental Capacity Act (MCA).
- The practice carried-out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. We saw evidence that DBS checks were in place for non-clinical staff. (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). The provider's DBS check was done in 2007.We saw evidence that immediately following the inspection, the practice had applied to renew the DBS check for the doctor.
- The provider had some policies for managing the safety of the premises and equipment. However, there was limited evidence that these were being followed. There was limited evidence of monitoring safety or records of what precautions and practical steps had been taken to remove or minimise risks. For example, the service did not have procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.
- The service had arranged for an external company to test portable electrical equipment for safety. The last testing had been undertaken on 5 May 2018, arranged by the provider.
- There were some arrangements to manage infection prevention and control in line with national guidance. Healthcare waste was managed appropriately and the practice was visibly clean and tidy. We saw a cleaning schedule and evidence of weekly audits of the cleaning carried-out. The practice did not have an annual infection prevention and control audit in place.
- The practice had not ensured that medical equipment was safe and that equipment was maintained according to manufacturers' instructions. There were no arrangements in place for checking the working status of the defibrillator. There was no record of equipment calibration. We saw clinical equipment which had not been calibrated to give reliable readings, for example, a blood pressure machine, scales, pulse oximeter and a new nebuliser.

Risks to patients

The service did not have clear systems to assess, monitor and manage risks to patient safety.

- The practice was equipped to deal with medical emergencies and staff knew what to do in a medical emergency. Staff had completed training in emergency resuscitation and first aid however there was no record that staff had undertaken basic life support training annually. There was no record of a policy to ensure the safety of all staff and patients in the event of a medical emergency. After the inspection, the service sent a written protocol for managing medical emergencies.
- There was oxygen with adult and children's masks. There was a first aid kit, and accident book.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections including sepsis.

Are services safe?

- The service stocked emergency medicines. Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure medicines were available, within their expiry dates, and in working order.
- There were informal arrangements in place for managing the planned absence of the GP. Prior to the GP going on planned leave, patients would be contacted to encourage them to take account of this in managing their health needs; for example, when requesting repeat prescriptions. There was guidance in place to assist administrative staff in directing patients to appropriate alternative sources of care when the GP was off sick.
- The practice had arrangements for patients to access medical services outside of core hours. Emergency cover was provided in the absence of the GP by two local private GP services.
- Home visits were undertaken. The service did not have a lone working policy and a risk assessment had not been completed. Staff confirmed there were always two staff members working at reception.
- There was evidence of professional registration and medical indemnity for the doctor.
- There were systems for managing fire risk. Fire extinguishers were checked annually. We saw evidence of a fire risk assessment which had been carried out by an external company in February 2018. There were no fire alarms in the premises but we saw two smoke alarms. The practice had a system in place to check the working status of the smoke alarms and fire drills had been carried out.
- There was no evidence of fire safety training for the doctor. We saw evidence of fire safety training for administrative staff. There was a visible fire procedure in the areas of the premises used by patients.
- The service had a documented business continuity plan for major incidents such as power failure, flood or building damage.
- Patient records were stored securely on the service computer, which was backed up.

Information to deliver safe care and treatment

Overall, staff had the information they needed to deliver safe care and treatment to patients; however, there were areas where processes required review.

- Individual care records were written and managed in a way that kept patients safe; the medical records we saw showed that information needed to deliver safe care and treatment was available to service staff in an accessible way.
- Management of correspondence in the service including letters, referrals and results was safe.
- There were information management policies in place; however, the doctor had not undertaken information governance training.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice had a prescribing protocol.
- The service had systems for communicating with patients' registered NHS GPs and following up on referrals made to specialist services.
- There were no formal processes for verifying a patient's identity. Personal details were taken at registration and name and date of birth verbal checks were carried out by the receptionist when patients booked appointments.
- The service treated children and staff told us they verified the identity of adults accompanying child patients, but this was not recorded.
- The practice asked patients whether they consented to details of their treatment being shared with their registered NHS GP when they initially registered with the practice. However, there was no formal policy in place to support decision making associated with patients consenting or declining consent for information to be shared with their GP.
- Referral letters included all the necessary information.

Safe and appropriate use of medicines

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

- There were effective systems for managing medicines stocked in the refrigerator. The provider kept records of daily refrigerator temperature checks.
- The practice kept prescription stationery securely and monitored its use.
- All the medicines we checked were in date and stored securely.

Are services safe?

- The doctor prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The service involved patients in regular reviews of their medicines.
- The practice involved patients in regular reviews of their medicines.

Track record on safety

The provider did not have a clear safety record as a number of risks had not been fully assessed and mitigated.

- Risk assessments had not been carried out in relation to infection control and safety of medical equipment.
- In some areas, the service had not monitored and reviewed activity to understand risks and where identified made necessary safety improvements. For example, there was no policy or information displayed next to sharps bins to instruct people on what to do if they sustain a needlestick injury. We saw evidence that immediately following the inspection, the practice had produced first aid guidance and posted a notice in the event of needlestick injury.
- The service monitored and reviewed activity through a variety of meetings. Staff kept a message book with a line for messages actioned, which was reviewed daily. This helped staff to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The service displayed information on what patients should do in the event of a fire.
- The practice carried out fire drills every three months.

Lessons learned and improvements made

There was a system in place to enable learning and improvements when things went wrong.

- There was a policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Staff told us there had been no significant events over the last 12 months. The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and acted to improve safety in the practice. For example, staff told us that flu nasal sprays were not delivered on time, staff identified and contacted all patients to inform them the vaccine had not arrived. The service changed their procedure and made sure the manufacturer sent the service a letter with the date of delivery instead of a verbal arrangement over the phone.
- The provider told us that if there were unexpected or unintended safety incidents, they would give people reasonable support, truthful information and a verbal and written apology.
- There was a system for receiving and acting on safety alerts. The GP received alerts directly by email and would act where necessary. Copies of alerts were kept. There was evidence that the practice had conducted system searches to identify patients who may have been affected by an alert.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was not providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

- The practice had systems to keep the GP up to date with current evidence-based practice. We saw that the GP assessed needs and delivered care and treatment in line with current legislation, standards and guidance; however, there were no ongoing quality assurance activities in place to allow the practice to assure themselves that these standards were being consistently met.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We looked at eight patient records. Records were clearly recorded and included comprehensive detail of consultations, treatment and advice.
- There was some evidence that the provider followed up on referrals made to specialist services and secondary care providers. For example, the doctor told us they monitored discharge summaries and if they received a hospital letter they would undertake follow up consultations with patients discharged from hospital.
- 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 provider had a programme of clinical audit. The patient record system could be used effectively to gather data for clinical audits. We saw evidence of the provider conducting two audits each year as part of his annual appraisal process.

- There was evidence of some measures to review the effectiveness of the service provided and improve patient safety. For example, the doctor audited the use of in-line quick Strep testing for throat infections which had reduced his prescribing of antibiotics without risk of complications from Strep throat.
- There was a system of follow up where actions had been implemented and improvements monitored. For example, the doctor reviewed male patients between the ages of 50 and 70 to see if they had all had their PSA measured (a blood test that measures the amount of prostate specific antigen (PSA) in a patient's blood) in the last year. The doctor found 28 out of 30 patients had PSA test in the past two years. The doctor wanted to improve when important screening is performed and brought in annual test screens of patients which will be used as a baseline for future audits.
- Patient records were stored in lockable storage cabinets in a secure room.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment, although some safety training had not been undertaken.

- The doctor was supported by a team of three reception staff and one practice manager. Their role was non-clinical and consisted of reception duties, administration and book keeping.
- There was no evidence of training in the Mental Capacity Act.
- We saw evidence of staff training in emergency resuscitation and first aid. There were no records to demonstrate that staff had completed role appropriate training to cover the scope of their work including infection control, basic life support, health and safety, fire safety, confidentiality and data protection.
- There was no record of completed online learning topics kept.
- The learning needs of staff were identified through a system of appraisals, meetings and informal reviews. The provider encouraged staff to choose training that they felt would improve their skills and the quality of the service.
- All staff had received an appraisal or performance review in the last year. There was evidence of appraisals and continuing professional development for the GP.

Coordinating patient care and information sharing

We found that the service had some systems in place for coordinating patient care and sharing although improvements were required.

- The practice had effective arrangements in place to share information with patients' registered NHS GPs and patients received co-ordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.

Are services effective?

(for example, treatment is effective)

- 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.
- When patients registered with the practice they were asked whether they consented to information about their care being shared with their NHS GP. Where patients consent was provided, all necessary information needed to deliver their ongoing care was shared in a timely way and patients received copies of referral letters.
- The provider had an effective third-party arrangement with a private laboratory for blood test results. Results were received electronically which staff entered onto the electronic patient record system.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Supporting patients to live healthier lives

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

- The service identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. The GP gave lifestyle advice during consultations.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported initiatives to improve people's health, for example, cervical screening, stopping smoking and tackling obesity.

Consent to care and treatment

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

- The doctor understood the requirements of legislation and guidance when considering consent and decision making. The practice policy required patients to sign consent forms and the signed forms were scanned into patient notes.
- There were no formal arrangements for verifying a patient's identity. Personal details were taken at registration and name and date of birth verbal checks were carried out by the receptionist when patients attended for appointments, but formal identification was not checked.
- The service treated adults and children and all patients under the age of 16 were chaperoned by a parent or guardian. Formal checks of adults accompanying child patients were not carried out. The clinic treated children and staff told us they verified the identity of adults accompanying child patients, but this was not recorded. There was no evidence that the serviced checked that the responsible adult attending had authority to consent to treatment.
- The service supported patients to make decisions by providing information about treatment options and the risks and benefits of these as well as costs of treatment and services. Where appropriate, they assessed and recorded a patient's mental capacity to decide.
- The service monitored the process for seeking consent through patient records checks.

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, dignity and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- We observed the consultation room was clean and private.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All the 34 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. Patients described the GP as caring, attentive and efficient.

Involvement in decisions about care and treatment

The practice had facilities to assist patients with specific needs to be involved in decisions about their care.

- Feedback from patients included comments that the doctor was thorough and took time to talk through care and treatment options.
- The service did not have a website which provided patients with information about the range of treatments available including costs. However, this information was displayed on notices in the reception area.
- There was no interpreting and translation service made available for patients who did not have English as a first language. Where clients did not have English as a first language they were advised ahead of their appointments to bring a suitable interpreter.
- There were no communication aids available, such as a hearing loop.
- Staff helped patients and their carers find further information and access community and support services.
- The practice supported recently bereaved patients. Staff told us that if families had experienced bereavement, they followed the practice's policy to support bereaved patients and their families.
- The practice did not have a record of any patients with caring responsibilities.

Privacy and Dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- We observed the clinical room to be clean and private. Conversations being held in the consultation room could not be heard by those outside.
- The administrative staff desk and computers were not separated from the waiting area. We asked the receptionists how they manage patients' privacy. Staff told us they would avoid mentioning patients' names aloud over the phone and could speak to patients or make calls in private in the office at the rear of the premises.
- 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 practice complied with the Data Protection Act 1998. There was no record of confidentiality training for staff; however, there was a confidentiality agreement for individuals carrying out administrative duties.

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 practice understood the needs of its population and tailored services in response to those needs; for example, it allowed patients to contact the doctor directly by email.
- Patients requesting an urgent appointment were seen the same day.
- The service had good facilities and was well equipped to treat patients and meet their needs. However, the service was located at street level and was accessed from some steps. Due to this and the internal size and layout, the premises were not suitable for patients with mobility difficulties and wheelchair users. Patients were informed the premises was not accessible if they used a wheelchair or mobility aid. The service directed patients to a local surgery which has disabled access.
- The service did not have formal interpreter services. Where patients had language barriers, they were advised ahead of their appointment to bring someone to act as an interpreter if required.
- There was information in the reception area which included service charges and how to provide feedback.

Timely access to the service

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

- The service was open between 8.30pm – 1pm and 3.30pm – 6.00pm Monday to Friday. The GP ran a clinic on Saturday mornings between 10am – 1pm. Opening hours were displayed in the premises.
- The service provided emergency appointments. Patients were advised to contact NHS emergency services for urgent medical needs.
- The service offered out of hours care on Monday – Thursday evenings. On Fridays and at weekends patients could contact the on-call locum doctors. The service operated a call out service 24 hours a day, every day.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients reported that the appointment system was flexible, the doctor was always available and they could contact the doctor for advice out of hours.

Listening and learning from concerns and complaints

The service had a procedure for managing complaints.

- Information about how to make a complaint or raise concerns was available in the premises. Information was available about organisations patients could contact if they were not satisfied with the way the service dealt with their concerns.
- The complaint policy and procedures were in line with recognised guidance. The service had a system in place to manage complaints, although we were told no complaints had been made in the last 12 months.
- The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.

Are services well-led?

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

Our findings

We found that this service was not providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability;

The Leader had the clinical capacity and skills to deliver the service, however this could be managed more effectively. Safety aspects of the service were not clearly known or prioritised to ensure high quality care was delivered.

- There was insufficient leadership focus on adequate systems of governance and management of risks.
- The doctor was the sole provider and owner of the service. They were knowledgeable about issues and priorities relating to the quality of clinical care provided and future of the service. They understood the challenges in these areas and were addressing them.
- The provider showed integrity and openness when safety concerns were raised during the inspection and demonstrated a willingness to act and address concerns.
- Staff told us leaders were visible and approachable.

Vision and strategy

The service had a vision to deliver high-quality care and an overall positive patient experience.

- There was a mission statement and statement of purpose visible in the patient waiting area.
- 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.
- Although there was no formal business plan, the provider aimed to continue providing an on-going high-quality service.

Culture

The provider demonstrated a positive culture. The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Although there had been no reported incidents and no complaints, the provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff demonstrated openness, honesty and transparency when responding to incidents and complaints.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were some processes for providing staff with the development they need. This included appraisal and development conversations. All staff had received an appraisal or performance review in the last year. There was no structure of inductions for staff.
- There was a commitment to the safety and well-being of all staff.
- The service demonstrated commitment to equality and diversity and had an equality and diversity policy.

Governance arrangements

There was limited evidence of systems and processes to support good governance and management.

- There was no governance meetings structure in place. There was minimal evidence that governance was monitored and addressed; any issues were discussed on an informal basis along with routine matters.
- Service leaders had established policies and procedures to ensure safety; however, leaders had not assured themselves that all policies and activities were operating as intended. For example, there were no clear arrangements or lines of accountability for carrying out safety risk assessments for the premises and equipment. There was no record of infection control audits, assessments of legionella risk and assessments for the control of substances hazardous to health. Medical equipment had not been calibrated to ensure it was safe to use. However, there was evidence that portable appliances had been tested for electrical safety within the last two years.

Are services well-led?

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

- The provider had a number of policies and procedures which followed guidance from the Independent Doctor's Federation (IDF). We found that some policies were not always reflective of day to day activities, for example, infection control and safety of equipment policies.
- The practice had arrangements to ensure the smooth running of the service. These included systems for providing care and treatment for patients in the doctor's absence. Patients
- There was some evidence of minutes from monthly team meetings where all staff were involved in discussions; however, there was limited evidence that leaders discussed governance and addressed service issues.

Managing risks, issues and performance

There were some processes in place for managing risks, issues and performance, although some areas were identified for improvement.

- There were some systems to identify, understand, monitor and address health and safety risks and risks related to the premises. However, the service had not carried out comprehensive procedural audits and regular safety checks.
- Risks related to access to emergency equipment had not been adequately assessed and documented.
- The service had a business continuity plan in the event of an emergency affecting the running of the clinic.
- The serviced did not have clear systems to ensure effective oversight of risks relating to medical equipment; we identified that checks and calibration of some medical equipment had not been completed.
- There were some systems for learning and improvement when things had gone wrong. Although there was a policy for reporting incidents and significant events, it was not clear whether the provider had a defined awareness of all types of incidents that could be classed as reportable. The provider had a system in place to manage complaints, although there was no record that any complaints had been made.
- Systems for monitoring training were in place but some staff had not completed all role appropriate training required to carry out their duties. For example, infection control training had not been undertaken.
- Systems for ensuring continued professional development were in place, however there were no clear arrangements for ensuring safety training was undertaken, including infection control, fire safety, confidentiality and information governance training.
- The practice had a process to manage patient safety alerts. There was a record kept of the action taken in response to patient safety alerts, and the practice was able to demonstrate that they had an effective process to manage these.
- There was evidence of measures to improve and address quality. The provider carried out clinical audits and case reviews to identify areas to improve the quality of care and there was evidence of action to change practice.

Appropriate and accurate information

The service acted on appropriate and accurate information; however, there was limited evidence that quality and sustainability were discussed and acted on.

- The service used information from their computer system to monitor the quality of care provided.
- Information gathered on the quality of the service was limited to feedback from patients. The service did not have a process of review to assess what changes have been made following patient feedback and patient survey results.
- The provider had systems in place which ensured patients' medical records remained confidential and secured at all times.
- Patient names and other identity information were handled by staff members who had signed confidentiality agreements in place.
- The service submitted information or notifications to external organisations as required.
- 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 external colleagues to improve the service delivered.

Are services well-led?

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

- The provider gathered feedback from patients and external peers as part of their annual appraisal. We saw a copy of the appraisal form where the appraiser noted that some of the colleague and patient feedback statements submitted, show a very positive regard for the provider's professional ability.
- The practice collected patient satisfaction information and used this to inform their plans for developing the service.

Continuous improvement and innovation

There were some processes and opportunities for learning, continuous improvement and innovation.

- The practice was committed to providing a high level of service to its patients.
- The doctor had well-established systems for continued professional development.
- The provider started and continues to run peer group monthly meetings of private doctors in the area. The group comes together to share experiences and discuss new developments in the field of medicine.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** **Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:** • Health and safety risk assessments of the premises had not been carried out. • There were no clear systems for monitoring and checking medical equipment. Medical equipment had not been calibrated. • There was no evidence of a legionella risk assessment. • There were no arrangements to assist patients with communication needs. • There was no formal process for verifying a patients' or responsible adult's identity. **Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:** • There was no clear programme of role appropriate training for non-clinical staff. Staff at the service had not undertaken training in the Mental Capacity Act (MCA), infection control, chaperoning and fire safety. **There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:** • There was no evidence that infection control audits had been undertaken by the provider. • There was no system of recording staff vaccinations. There was no record of immunity for staff who handled specimens or dealt with spillages of waste or bodily fluids.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** **There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:** • The was no system to oversee governance and risk management. • There were no ongoing quality assurance activities in place to allow the practice to assure themselves that the standards of care and treatment delivered, were being consistently met in line with current legislation and guidance. • There were no formal arrangements for obtaining and assessing patients' views on the service. **There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:** • The service did not have a effectivesystem to ensure oversight of safety training for staff including infection control training, basic life support, health and safety, confidentiality, information governance and data protection. • There were no effective governance arrangements for the undertaking of safety risk assessments and checks for the premises, fire safety and infection control. • There were no effectivearrangements to ensure the provider had undertaken training in information governance, infection control and fire safety. **The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:**

This section is primarily information for the provider

Requirement notices

- There was a lack of oversight of whether risks had been assessed and mitigated by the provider to ensure suitability and safety of the premises for service users.
- The provider had a number of policies and procedures some of which had not been reviewed. Some policies were not always reflective of day to day practice, for example, the Mental Capacity Act, infection control, chaperoning, good governance and the safety of premises and equipment policies.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.