

## Stanmore Private Family Practice Limited

Stanmore Private Family  
Practice Limited

## Inspection report

69 Elm Park  
Stanmore  
Middlesex  
HA7 4AU  
Tel: 020 3371 7393  
Website: None

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## Ratings

## Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

## Overall summary

## Overall summary

**This service is rated as Good overall.**

A previous inspection was carried out at Stanmore Private Family Practice Limited on 20 March 2018. At that time, we did not rate the service but found the provider had met the requirements of the key questions for safe, effective, caring, responsive and well led.

Although there were no breaches of regulations, we noted that the provider could make improvements in staff training, infection control, storage of medicines, checking the identity of patients, implementing clinical audit and reviewing access to interpretation services.

We carried out this comprehensive inspection at Stanmore Private Family Practice Limited on 15 August 2019 under Section 60 of the Health and Social Care Act

# Summary of findings

2008 as part of our regulatory functions. This announced inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to check that the provider had made improvements as highlighted in our previous inspection and to rate the service.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

The Principal GP 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.

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 service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At Stanmore Private Family Practice, approximately 90% of services are provided to patients under arrangements made by an insurance company with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at Stanmore Private Family Practice, we were only able to inspect the services which are not arranged for patients by an insurance company with whom the patient holds a policy (other than a standard health insurance policy).

**This service is rated as Good overall.**

**Our key findings were:**

- The service had systems in place to manage significant events.
- The service had a clear vision to deliver high quality care for patients.
- The service had clearly defined systems, processes and practices to minimise risks to patient safety.
- Policies and procedures were in place to govern all relevant areas.
- Staff had been trained in areas relevant to their role.
- The service had systems in place for monitoring and auditing the care that had been provided.
- The doctor assessed patients' needs and delivered care in line with current evidence-based guidance.
- Information about services was available and easy to understand.
- The doctor had the skills and knowledge to deliver effective care and treatment.
- There was an effective system in place for obtaining patients' consent.
- 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.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider **must** make improvement are:

- Implement a process to monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Specifically, in relation to quality improvement and clinical audit.

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

- Implement a process where interpretation services could be provided if a patient requested them.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

# Stanmore Private Family Practice Limited

## Detailed findings

### Background to this inspection

Stanmore Private Family Practice, also known as Stanmore Private Family Physicians, is a private GP practice located in a converted residential property at 69 Elm Park, Stanmore, Middlesex, HA7 4AU. The practice is open from 8:30am to 6pm Monday to Friday, and 9am to 12pm on Saturdays.

The practice comprises four consulting rooms, a main reception, a waiting room and one toilet (with baby changing facilities). The property allows for full wheelchair access to all rooms and the toilet. The downstairs toilet also had a handrail for disabled patients.

There was a full secure alarm system to protect the building during closing times, and a video intercom system to ensure staff are protected during the day with each patient/visitor being buzzed in.

The practice has been at its' present location for over 10 years and is the only location from which services are provided. This was the location that we inspected.

The Provider is registered with the Care Quality Commission for the regulated activities of Diagnostic & Screening Procedures and Treatment of Disease, Disorder or Injury. It does not have a website.

There are approximately 1,500 registered patients. The practice team consists of a male GP (full-time), a practice manager (full-time), and two receptionists / administrators (part-time). The practice offers GP services and health assessments for children and adults. Patients can be referred to other services for diagnostic imaging and specialist care.

We carried out this inspection on 15 August 2019 and before visiting, we looked at a range of information that we hold about the practice. We reviewed the last inspection reports from January 2014 and May 2018 and from information submitted by the service in response to our provider information request.

During our visit we interviewed staff (GP and practice manager), observed practice and reviewed documents.

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 **good** in providing safe services in accordance with the relevant regulations.

### Safety systems and processes.

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

- The service had defined policies and procedures. The service had experienced one significant event during the last 12 months and we saw evidence of a system in place for reporting and recording significant events and complaints. We also saw evidence of an action plan and learning taking place from the reported significant event.
- The service conducted safety risk assessments including health and safety assessments, portable appliance testing and calibration of equipment. The service had appropriate safety policies, which were regularly reviewed.
- The service had systems to safeguard children and vulnerable adults from abuse. Policies were in place for adult and child safeguarding and staff were aware of things to look out for. Staff had received safeguarding training at the level appropriate for their role.
- The service could offer a pre-assessment phone call with patients prior to them visiting. The patient would be advised during this phone call that if they wanted a chaperone they could bring someone along with them or that a chaperone could be provided. We saw a chaperone policy which evidenced this.
- We found the premises appeared well maintained and arrangements were in place for the safe removal of healthcare waste.
- There was an effective system to oversee and manage infection prevention and control.
- At our last inspection we noted that the provider had not undertaken a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). At this inspection we saw evidence of a legionella risk assessment having been carried out in April 2018 and water samples being checked.
- The service would carry out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks

identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

### 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.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- Staff were suitably trained in emergency procedures and the practice had an automated external defibrillator (AED) to deal with relevant medical emergencies as well as adrenaline to deal with anaphylactic shock. Following our last inspection, the provider had ensured that an oxygen cylinder was now in place, which is considered essential in dealing with certain medical emergencies (such as acute exacerbation of asthma and other causes of hypoxaemia).
- Staff were aware of the signs and symptoms of sepsis. If they suspected a patient had sepsis they would arrange for immediate transfer to the local acute NHS trust.
- Staff had received annual basic life support training.
- The service had a comprehensive business continuity plan for major incidents such as power failure or building damage.
- There were appropriate indemnity arrangements in place to cover potential liabilities.
- We saw evidence that electrical equipment was checked to ensure it was safe to use and was in good working order.

### Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available and accessible.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included the necessary information.

# Are services safe?

- The service had a system in place to securely retain medical records.
- At our last inspection we were told that children who attended the practice were children of long-standing patients and that the GP knew their families and who had parental responsibility. At that time there was no system in place to formally check the identity of patients. At this inspection, however, we saw evidence that a new policy was in place and that copies were taken of a passports and/or birth certificates which, with the appropriate consent, were scanned into the patient record.

## Safe and appropriate use of medicines

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

- The service had all commonly used medicines that would be required in the event of an emergency. All potential patients were assessed over the phone prior to being seen face to face. If, during the initial phone call, the clinician believed that any symptoms described related to an urgent or acute problem they would guide them to an acute hospital trust, the patient's own NHS GP, NHS 111 or the emergency services via 999.
- There was a system for managing and storing equipment and medicines, including vaccines. The practice told us they rarely stocked large volumes of vaccines as these were ordered when requested by patients, but we saw record sheets to show that the

vaccines in the fridge were in date and that daily monitoring was taking place monitored to ensure they were stored at the correct temperature and that the cold chain was being maintained.

- The service kept prescription stationery securely and monitored its use.
- The GP prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

## Track record on safety

### The service had a good safety record.

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

## Lessons learned, and improvements made

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

- Staff were aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

All staff understood what constituted a serious incident or significant event but confirmed that there had been no unexpected or unintended safety incidents. The service had protocols to give affected people reasonable support, truthful information and a verbal and written apology, if such incidents arose.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this service **required improvement** in providing effective services in accordance with the relevant regulations because;

- the service had not implemented a programme of clinical audit following the previous inspection.

### Effective needs assessment, care and treatment

#### The provider had systems to keep up to date with current evidence-based practice.

- We saw evidence that the GP assessed needs and delivered care and treatment in line with current legislation, standards and guidance. such as the National Institute for Health and Care Excellence (NICE).
- Patient's immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Patients completed a comprehensive questionnaire regarding their previous medical history.
- We saw no evidence of discrimination when making care and treatment decisions.
- The GP assessed and managed patients' pain where appropriate.

### Monitoring care and treatment

#### The service was not actively involved in quality improvement activity.

- Patients' outcomes were routinely monitored however, at our last inspection the only evidence of audit that we were shown was of bi-annual patient record audits since 2014. These focused on the quality of patient notes. Improvements identified included requesting outcome letters (if not received) following referrals to specialists and ensuring next of kin details were documented in the patient record. These audits had continued to be completed as well as an audit monitoring the number of people who had received an influenza vaccine. Neither of these audits, however, demonstrated any improvement in either clinical activity or quality improvement for patients. The provider confirmed, following our last inspection, that they would implement a continuous cycle of clinical audit looking

at areas relevant to the practice population. The provider was unable to provide evidence that a programme of clinical audit had been implemented and commenced.

### Effective staffing

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

- All staff had the skills, knowledge and experience to carry out their role.
- All staff were appropriately qualified, and we saw several certificates which demonstrated relevant and up to date knowledge.
- The GP was registered with the General Medical Council (GMC).

### Coordinating patient care and information sharing

#### The clinician worked well with other organisations, to deliver effective care and treatment.

- Before providing treatment, the GP ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.

### Supporting patients to live healthier lives

#### The GP was consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, the GP gave people advice, so they could self-care.
- Risk factors were identified and highlighted to patients.
- Where patients' needs could not be met by the service, the GP 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.

- The consultants understood the requirements of legislation and guidance when considering consent and decision making.

## Are services effective?

(for example, treatment is effective)

- The consultants supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.



# Are services caring?

## Our findings

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

### Kindness, respect and compassion

#### Staff treated patients with kindness, respect and compassion.

- The GP understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- 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.
- We received 10 Care Quality Commission comment cards from patients and all were wholly positive about the service experienced.
- Consultation room doors were closed during consultations; conversations taking place in the waiting area could not be overheard.
- Staff cared for patients with compassion.
- Feedback from patients confirmed that staff treated them well and with kindness.

### Involvement in decisions about care and treatment

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

- Staff worked hard to make the patient experience as pleasant as possible. The GP ensured patients were fully

consulted and patients were encouraged to ask questions at any time. Patient feedback was overwhelmingly positive about the GP and staff, and the care they provided.

- We were told that any treatment, including fees, was fully explained to the patient prior to their appointment and that people then made informed decisions about their care. Standard information about fees was available in a patient leaflet.
- At the time of our inspection, interpretation services were not available for patients who did not have English as a first language. The practice told us that patients were informed of this at registration and the practice had not required this service for their private patients in the last 11 years. Since our inspection, however, the practice now has arrangements in place to access to an interpretation service if required.
- Staff communicated with patients in a way that they could understand, for example, easy read materials were available.

### Privacy and Dignity

#### The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patient paper registration forms were kept in a locked filing cabinet.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that this service was **good** in providing responsive services in accordance with the relevant regulations.

### Responding to and meeting people's needs

**The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The service understood the needs of their patients and improved services in response to those needs. For example, prior to attending the clinic, the GP would, on occasions, speak to the patient to determine their needs and invite them to attend an appointment or refer them to an alternative and more appropriate service such as NHS 111 or the local accident and emergency department.
- Appointment times were available throughout the week. The service was flexible in relation to times of appointments making the service more accessible to those patients who worked or relied on relatives for transport.
- Saturday morning appointments from 9am to 12pm, advanced booking of appointments, telephone consultations, and home visits (outside of core opening hours) were available to patients.
- All patients could contact the GP for out-of-hours medical advice and home visits via his mobile phone.
- There were arrangements for another private provider to see patients during opening hours and out-of-hours when the GP was on leave.
- The facilities and premises were appropriate for the services delivered. The practice was located in a converted residential property. The ground floor had

four consulting rooms (only one was currently used), a waiting room, a reception area, accessible patient toilet facilities, and a staff kitchen. The first floor had a meeting room and staff toilet facilities.

- The practice made reasonable adjustments when patients found it hard to access services. For example, unrestricted access for patients with wheelchair mobility needs.

### Timely access to the service

**Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Patients had timely access to initial assessment and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

### 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.**

- Information about how to make a complaint or raise concerns was available.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- There was a poster in reception which displayed how patients could make a complaint. There had been no complaints in the previous year, but we did review the complaints policy, how complaints would be dealt with and the processes that were in place for learning from complaints.

# Are services well-led?

Good 

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

## Our findings

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

### Leadership capacity and capability

#### **The GP had the capacity and skills to deliver high-quality, sustainable care.**

- The GP had a clear vision, embedded in the service culture, to deliver high quality care for patients. There was an overarching governance framework which supported the delivery of high-quality care.

### Vision and strategy

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

- The service planned its services to meet the needs of service users.
- The service had a vision to deliver high quality care and promote good outcomes for patients.

### Culture

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

- The service focused on the needs of patients.
- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.

- There were positive relationships between staff and teams.

### Governance Arrangements

#### **There were clear responsibilities, roles and systems of accountability to support good governance and management.**

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities
- The practice had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There was a focus on continuous learning and improvement.
- Although there had been no incidents or complaints within the last 12 months, we saw evidence of processes in place to review them should the need arise. Learning would be shared and used to make improvements.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had some processes in place to manage current and future performance. Performance of the GP could be demonstrated through audit of their consultations but there we saw no evidence of clinical audit taking place.
- The GP had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had failed to implement a process to monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>There was a limited programme of quality improvement, including the implementation of clinical audit.</p> <p>The provider was advised at the previous inspection that this was an area for improvement.</p>