Dr Michael Mitchell

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Inspection report

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Date of inspection visit: 31 October 2017
Date of publication: 04/12/2017

Overall summary

We carried out an announced comprehensive inspection on 31 October 2017 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.

Background

Dr Michael Mitchell is an independent provider of general medical services and treats both adults and children from a location at 2 Dene Road, Northwood, Middlesex, HA6 2AD. The provider is a single-handed private GP who is supported by two reception staff. The location is inaccessible to patients with mobility issues however home visits are offered to those who are unable to attend.

The provider is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury. Services provided include the management of long-term conditions, flu, chicken pox, meningitis B & travel vaccinations, childhood immunisations, well persons examinations & health screening, HIV testing, end of life care, substance misuse, cryotherapy and wound management.

Appointments are available weekdays from 8am to 12pm which includes a walk-in service. For out of hours care the provider has an agreement with a private locum agency, alternatively patients are signposted to the local urgent care centre. The GP has an active list of over 1000 patients and provides an average of four consultations a day.

Our key findings were:

Summary of findings

- There was no documented system in place for the reporting and investigation of incidents and significant events. However, the provider demonstrated they had learnt from them.
- There were some systems and processes in place to keep patients safe. However, we identified shortfalls in relation to safeguarding, chaperoning, infection control, equipment safety, medicine management and medical emergency provisions.
- The GP was aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. However, there were shortfalls in staff training.
- Quality improvement including clinical audit was limited. There were no medicine audits carried out to monitor the effectiveness of prescribing.
- Patient feedback from 25 Care Quality Commission comment cards was very positive about the GP and generally about the service provided.
- Information about the services and how to complain was available. A complaints procedure was in place. The provider had never received a formal complaint and verbal complaints were dealt with when they occurred.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- There were no formal processes in place to ensure all members of staff received an appraisal however staff told us that their learning and development needs were discussed on an ongoing basis.

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

- Ensure patients are protected from abuse and improper treatment.
- Ensure care and treatment is provided in a safe way to patients.
- Introduce 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.

In addition the provider should:

- Review the need for staff appraisals to identify their learning and development requirements.
- Review the facilities available for patients with a hearing impairment.
- Review the frequency of basic life support training.
- Review fire evacuation arrangements.
- Review the use of patients relatives for translation purposes.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The impact of our concerns is minor for patients using the service, in terms of quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. 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 no formal system in place for the reporting and investigation of incidents and significant events. However, the provider demonstrated they had learnt from them.
- There were some systems and processes were in place to keep patients safe. However, we identified shortfalls in relation to safeguarding, chaperoning, infection control, equipment safety, medicine management and medical emergency provisions.

Are services effective?

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

The impact of our concerns is minor for patients using the service, in terms of quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. 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 evidence that the GP was aware of current evidence based guidance.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. However, there were shortfalls in mandatory training.
- Quality improvement was limited particularly in relation to clinical audit.
- There were no formal processes in place to ensure all members of staff received an appraisal however staff told us that their learning and development needs were discussed on an on-going basis.
- Staff had received training appropriate to their roles, however there were shortfalls in training including infection control, fire safety awareness, basic life support and chaperoning.

Are services caring?

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

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- We received 25 completed Care Quality Commission comment cards. All the comments were very positive about the standard of care and treatment received from the GP and generally about the service provided.

Are services responsive to people's needs?

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

- Information about the services and how to complain was available. A complaints procedure was in place. The provider had never received a complaint and verbal complaints were dealt with when they occurred.
- Appointments were available on a pre-bookable basis five days a week or patients could walk-in for a same day appointment.

Summary of findings

- Access to the premises was not suitable for disabled persons or those with prams and pushchairs as the service was located on the second floor. However, the provider offered home visits to those patients who could not attend at no extra cost.

Are services well-led?

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

The impact of our concerns is minor for patients using the service, in terms of quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. 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).

- Governance arrangements were in place however there was no program of continuous clinical and internal audit in place.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we identified shortfalls in safeguarding, chaperoning, infection control, equipment safety and medical emergency provisions.
- The provider did not regularly gather feedback from patients.

Dr Michael Mitchell

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection on 31 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements within the Health and Social Care Act 2008 and associated regulations.

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

During our visit we spoke with the GP and two reception staff, reviewed personal care or treatment records of patients and also staff records.

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.

Reporting, learning and improvement from incidents

- There was no documented system in place in place for the reporting of incidents and significant events, analysis or shared learning. The provider told us that incidents and significant events did not happen often. They were able to provide us with one example of an incident involving a patient who was dissatisfied with the cost of the treatment provided. The GP supported the reception staff to calm the patient and as a gesture of goodwill the patient was not charged for the treatment. The provider took action by educating staff to always explain the costs to patients prior to any treatment to prevent any future misunderstanding.
- The provider demonstrated an understanding of which incidents were notifiable under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Reliable safety systems and processes (including safeguarding)

The clinic had systems, processes and practices in place to minimise risks to patient safety. However, we identified some shortfalls at the inspection:

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The GP was the lead member of staff for safeguarding and safeguarding referral protocols were displayed in the consultation room and in the waiting room which clearly outlined who to contact for further guidance if staff had concerns about a patients welfare.
- The GP demonstrated they understood their responsibilities regarding safeguarding and they had completed an advanced training module on safeguarding children and vulnerable adults. However, we found that the two reception staff had not completed formal safeguarding training to level one (it is a requirement set out in the Intercollegiate Guidelines for GPs to be trained to level three and non-clinical staff to level one). After the inspection the GP informed us that the reception staff had now been registered on level one child protection courses.
- The provider did not have effective chaperoning procedures in place. There were no notices displayed in the waiting room to advise patients that chaperones were available if required. The GP did not record in the patients notes when a chaperone was offered and if the offer had been declined. The two reception staff who acted as chaperones had not received chaperone training and they did not have a satisfactory understanding the role. One reception staff had received a Disclosure and Barring Service (DBS) check however the second receptionist had not received one and there was no risk assessment in place to mitigate the risk. (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). After the inspection the GP informed us by email that both reception staff had now registered on a chaperone training course.
- There was a system in place for the reconciliation of pathology results. The system was that the GP phoned the patient to advise of their results once they had been received. There were no outstanding test results on the day of our inspection.
- Patients medical records were stored safely. The provider stored records on an encrypted computer database. Incoming letters and test results were received by encrypted email. The computer was password protected with restricted access.

Medical emergencies

There were shortfalls in the arrangements in place to respond to emergencies and major incidents.

- There was a defibrillator available however it was in a dental practice on the ground floor of the premises. The GP told us that they had an agreement with the dental provider to use the defibrillator. However, there was no risk assessment in place to mitigate the risk when the dental practice was closed. There was no oxygen cylinder available. After the inspection the GP informed us by email that an oxygen cylinder had been purchased and sent us the receipt as evidence.

Are services safe?

- A first aid kit was available.
- The GP and one receptionist had received basic life support training in March 2016 (this should be undertaken annually) however the second receptionist had not received basic life support training. Emergency medicines were available in the treatment room including an anaphylaxis kit.
- Emergency medicines were easily available to staff in a secure area of the practice and all staff knew of their location. Most of the medicines were in date, appropriate and stored securely. However, we identified two emergency medicines that were past the expiry date.
- The clinic had a business continuity plan in place for major incidents such as power failure or building damage.

Staffing

- The GP was registered with the General Medical Council (GMC) the medical professionals' regulatory body with a licence to practice.
- The GP had professional indemnity insurance that covered the scope of their practice.
- The GP had a current responsible officer. (All doctors working in the United Kingdom are required to have a responsible officer in place and required to follow a process of appraisal and revalidation to ensure their fitness to clinic). The GP was following the required appraisal and revalidation processes.
- There were no records of recruitment checks for the two reception staff however they had been employed by the provider for 16 years. There was a DBS check for one receptionist but the second receptionist did not have a DBS check or a risk assessment to mitigate risk of carrying out chaperoning duties.

Monitoring health & safety and responding to risks

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The provider had an up to date fire risk assessment and a fire evacuation plan. However, fire drills had not been rehearsed to assess the effectiveness of fire evacuation procedures.
- The provider had a legionella risk assessment in place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Infection control

- We observed the premises to be clean and tidy and there were cleaning schedules in place.
- There were infection control policies in place however there were no training records to confirm that staff had received up to date training. A professional company was contracted to remove clinical waste.
- Hand hygiene posters and protocols were displayed and a body fluid disposal kit available.
- We saw no evidence that an infection control audit had been undertaken to monitor infection control risks. The GP confirmed that infection control audits had not been carried out.

Premises and equipment

- Electrical and clinical equipment was not checked and calibrated to ensure it was safe to use and was in good working order.
- PAT testing of portable electrical appliances was not up to date.

Safe and effective use of medicines

During our inspection we looked at the systems in place for managing medicines.

- There was a medicines management policy in place.
- The GP had signed up to receive healthcare and medicines alerts. The GP provided examples of alerts they had received and run patient searches to check for affected patients.
- All prescriptions were issued on a private basis. Prescription pads were stored securely and prescription pads for controlled drugs were stored in a locked cabinet. However, although it was recorded in the patient notes when a controlled drug prescription was issued, there was no separate log to track their use.
- The GP did not carry out audits of medicines to monitor the quality prescribing.
- The GP followed National Institute for Health and Care Excellence (NICE) and British National Formulary (BNF) guidance for prescribing.

Are services safe?

- The GP took responsibility for monitoring any patients on high risk medicines. There was one patient on methotrexate and the patient was being monitored prior to issuing repeat prescriptions.
- Vaccines were managed appropriately.

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.

Assessment and treatment

- The GP demonstrated that they assessed needs and delivered care in line with relevant and current evidence based guidance and standards. For example, National Institute for Health and Care Excellence (NICE) best practice guidelines for care and treatment andupdates from the British Medical Association. The GP told us they had recently updated on the latest NICE guidelines for asthma management.

Monitoring and improving outcomes for patients

- There was limited evidence of quality improvement including effective clinical audit. The provider had initiated one audit to identify the need for chicken pox vaccinations in patients six years old and under. The audit identified six children who qualified for the vaccination all of whom were given the vaccination. A second audit was initiated to identify patients who would benefit from meningitis B vaccinations. All patients who requested the vaccination were provided with one.

Staff training and experience

- There had been no new staff employed for the last 16 years therefore the provider could not demonstrate induction training for staff.
- The GP could demonstrate role-specific training and updating for themselves. For example, by attending courses provided by the Royal College of Physicians.
- The learning needs of the two reception staff were identified through continuous communication with them, formal appraisals did not take place.
- There were shortfalls in staff training including: safeguarding, basic life support, fire safety awareness and infection control.

Working with other services

- The provider communicated with patients NHS GPs when appropriate.
- The provider told us they could not refer patients to NHS specialists in primary and secondary care if they needed treatment the practice did not provide. Patients were instead referred to private specialists when necessary including urgent referrals for suspected cancer.
- The provider communicated with the out of hours locum service by email although the locum service was rarely used.
- The provider worked closely with the NHS palliative care team to provide effective end of life care.

Consent to care and treatment

- The provider had a consent policy in place and the GP had received training on consent. We saw documented examples of where consent had been sought for example for cryotherapy.
- The GP understood the concept of Gillick competence in respect of the care and treatment of children under 16, although he had not needed to apply it (Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).
- The GP understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- We were told that any treatment including fees was fully explained to the patient prior to the procedure and that people then made informed decisions about their care.
- Standard information about fees was detailed on the providers website and information was displayed in the waiting room.

Are services caring?

Our findings

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

Respect, dignity, compassion & empathy

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- We were unable to speak to patients at our inspection. However, we noted that staff treated patients respectfully, appropriately and kindly and were friendly towards patients over the phone.
- Patients medical records were stored in locked cabinets located in the reception area to maintain confidentiality.
- We received 25 completed Care Quality Commission comment cards. All the comments were very positive about the standard of care and treatment received from the GP and generally about the service provided.

Involvement in decisions about care and treatment

- The provider gave patients clear information to help them make informed choices including information on the website and in the waiting room.

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 patients' needs

- Access to the premises was not suitable for disabled persons or those with prams and pushchairs as the service was located on the second floor. However, the provider offered home visits to those patients who could not attend at no extra cost.
- Baby changing facilities were not available and there was no hearing loop for those patients who were hard of hearing.
- Translation services were accessible but rarely used as patients usually attended with an English speaking relative.
- There was a summary leaflet which included arrangements for dealing with complaints, arrangements for respecting dignity and privacy of patients and also services available.
- Information was also available on the providers website.
- The provider referred patients to private specialists where appropriate.

Tackling inequity and promoting equality

- The provider offered appointments to anyone who requested one (and had viable finance available) and did not discriminate against any nationality or age.

Access to the service

The practice was open Monday to Friday from 8am to 12pm. Appointments were available on a pre-bookable basis or patients could walk-in for a same day appointment. For out of hours care the provider had an agreement with a private locum agency and alternatively patients were signposted to the local urgent care centre. The GP told us that the out of hours service was rarely used as patients could access the GP after 12pm by mobile phone where a request for an appointment would usually be accommodated.

Concerns & complaints

The clinic had a system in place for handling complaints and concerns

- The practice had a complaints policy and there were procedures in place for handling complaints.
- There was a designated responsible person who handled all complaints.
- Complaints information was available to help patients understand the complaints system. There was information on how to complain on the practice website.
- The provider had never received a formal complaint and verbal complaints were dealt with when they occurred.

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.

Vision and strategy

- The clinic had a vision to deliver high quality care and promote good outcomes for patients and there was a business plan in place to deliver the vision. There was a patient charter displayed in the waiting area outlining the providers responsibilities to its patients.

Governance arrangements

The provider had an overarching governance framework in place to support the delivery of good care. However, there were shortfalls in some areas of governance:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There were no formal practice meetings to discuss issues and to allow lessons to be learned and shared with all staff following significant events and complaints. However, the team was small comprising a single GP and two reception staff, issues were communicated as and when they occurred and this was confirmed by all staff we spoke to.
- There was no programme of quality improvement monitoring including continuous clinical and internal audit in place to monitor quality and to make improvements. There were no completed clinical audits demonstrating improved outcomes for patients and infection control audits were not in place to monitor infection control standards. There were no medicine audits to monitor the quality of prescribing.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we identified shortfalls in safeguarding, chaperoning, infection control, equipment safety, medicine management and medical emergency provisions.

Leadership, openness and transparency

- The GP provided the leadership for both clinical and non-clinical aspects of the service.
- Staff told us that there was an open culture within the practice and felt they could raise any issues with the provider.
- Staff said they felt respected, valued and supported by the provider. Staff said they worked as a close-knit team and they expressed a high level of satisfaction with their roles.

Provider seeks and acts on feedback from its patients, the public and staff

- There was no system in place to regularly gather feedback from patients.
- A survey had been carried out in November 2014 by an external company for appraisal and revalidation purposes. All the patient feedback on the survey report was very positive about the GP.

Learning and improvement

The provider engaged in learning and improvement in particular in relation to the quality of care they provided. For example, the GP kept a log of learning they had completed over the last 12 months. Topics were diverse including child immunisations, anticoagulation therapy and also a wide variety of learning on various clinical conditions.

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:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. The expiry dates of emergency medicines were not effectively monitored and emergency equipment was not in line with resuscitation council (UK) guidelines. Medical equipment had not been professionally calibrated and PAT testing was not in place. Staff training for infection control, fire safety, and basic life support was not in place for all staff. This is 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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **How the regulation was not being met:** The registered person had systems and processes in place that were operating ineffectively in that they failed to ensure all staff received safeguarding training at a suitable level for their role and they failed to ensure staff who acted as chaperones received chaperone training. Risk assessment had not been carried out for staff without a DBS check who acted as a chaperone. Chaperone services were not advertised in the practice and it was not recorded in the patient notes when the offer of a chaperone was accepted or declined.

This section is primarily information for the provider

Requirement notices

This is in breach of regulation 13 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:** • The registered person had systems and processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. There was no programme of quality improvement monitoring including continuous clinical and internal audit in place to monitor quality and to make improvements. Clinical audit was limited and infection control audits were not in place. There were no medicine audits to monitor the quality of prescribing. • There was no formal system for the reporting, investigating and sharing of learning from incidents and significant events. • There was no system in place to gather feedback from patients. • There was no system to monitor the prescribing of controlled drugs. This is in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.