

Dr O'Keeffe's Practice

Inspection report

26 Eaton Terrace
London
SW1W 8TS
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services well-led?

Good



Overall summary

This service is rated as Good overall. (Previous inspection 2 May 2019. The service was rated Good overall; however, we rated the key question of well led as requires improvement). This inspection on 1 October 2020 is a desk-based inspection to follow up on concerns found at the previous inspection.

The key questions are rated as:

Are services well-led? – Good

At the inspection in May 2019 we found concerns around infection control, medicines management (emergency medicines and prescription pad security), significant event management, safeguarding (identification) and consent. We asked the provider to make improvements regarding these concerns. We checked these areas as part of this focussed inspection in October 2020 and found improvements had been made.

At the inspection in May 2019 we said the provider should review the need to obtain a paediatric pulse oximeter. For this inspection in October 2020 the provider sent us evidence that a paediatric pulse oximeter had been procured.

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. 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.

We did not request feedback from patients as part of this desk-based follow up inspection.

Our key findings were :

- Risks including infection prevention processes had been assessed and an infection control audit had been carried out.
- Appropriate emergency medicines were held and there were suitable systems and processes in place to ensure they were safe to use.
- Processes to identify and manage significant events had been improved.
- Governance processes and procedures had been improved, however further improvement could be made by ensuring these process and procedures were embedded as part of a comprehensive, regular cycle of risk management and performance monitoring.

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

- continue to review and improve processes and procedures for overall risk management to ensure they have become embedded as part of a comprehensive, regular cycle of performance monitoring.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Dr O'Keeffe's Practice

Dr O'Keeffe'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. 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.

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 8.30am and 1pm and 4pm to 5.30pm Monday to Friday. The service is closed at weekends. 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.

Are services well-led?

At the previous inspection in May 2019 we found whilst policies and procedures to support governance and risk management were in place, some improvements were required. At this inspection in October 2020 we found improvements had been made. However, we have told the provider they should continue to review and improve processes and procedures for overall risk management to ensure they have become embedded as part of a comprehensive, regular cycle of performance monitoring.

Governance arrangements

There was improvement in the allocation of responsibilities, roles and systems of accountability to support good governance and management.

- At the inspection in May 2019 we found leaders had established policies and procedures to ensure safety at the service. However, leaders had not assured themselves that all policies and activities were operating as intended. For example, although we found evidence of assessment of the risk of infection and assessments of legionella risk, there had been no infection control audit undertaken.
- At this inspection in October 2020 the provider sent us an infection control audit which had been carried out in September 2020. This did not reveal any areas of concern. They also sent us copies of other documents relating to infection prevention and control such as their infection control policy and an environmental cleanliness audit tool dated August 2020 and September 2020. The audit tool listed the areas of the premises and the cleanliness issues pertaining to each specific area. The areas were ticked to show where the requirements had been met.
- At the inspection in May 2019 we found there was no system for monitoring the controlled drug prescription pad.
- For this inspection in October 2020 the provider sent us their medicines management policy. This detailed how the service stored and monitored the use of prescription pads and the action to be taken in case of the loss or theft of prescription forms.
- At the inspection in May 2019 we found the system to record how the provider verified the identity of adults accompanying child patients was ineffective.
- For this inspection in October 2020 the provider sent us their child protection policy, which had been updated since the previous inspection and clarified the process

for verifying the identity of adults accompanying children. The policy stated the details of adults attending with children would be requested when the appointment was made. Photographic identity documents for the adult was to be produced at the appointment. Parents were informed of this when they made the appointment. Where the accompanying adult was not the child's parent, written consent was required from the parent giving authority for the named person to accompany their child.

- At the inspection in May 2019 we found 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.
- For this inspection in October 2020 we were provided with the service's policy for collection, retention and use of personal information policy. This stated that relevant information may be shared with other professionals involved in the patient's care and written consent would be required for this information to be shared.

Managing risks, issues and performance

There was some improvement around processes for managing risks, issues and performance.

- At the inspection in May 2019 we found there was no documented system for recording and monitoring checks of emergency medicines to make sure medicines were available, within their expiry dates and in working order.
- For this inspection in October 2020 the provider sent us a list of the emergency medicines they held. This showed the names of the medicines and the expiry dates. They also provided evidence showing these emergency medicines were checked regularly and risk assessed to ensure they were suitable for that practice.
- At the inspection in May 2019 we found 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.
- For this inspection we spoke with the provider who described their understanding of what incident could be defined as a significant event. There had been no significant events that had occurred since the previous

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inspection. Following the previous inspection, the provider refreshed significant events learning amongst the staff and included significant events as a standing agenda item at regular team meetings.

Appropriate and accurate information

The service acted on accurate information.

- At the inspection in May 2019 we found limited evidence of performance information. The service did not have a process of review to assess what changes had been made following patient feedback and patient survey results.
- For this inspection in October 2020 we were provided with details of changes which had been made following

patient feedback. For example, following a patient survey process carried out in January 2020 video consultations began being offered and the practice had reviewed its processes for obtaining the flu vaccine in response to increased demand this year. The provision of video consultations had been reviewed, particularly in the light of increased uptake due to the Coronavirus out-break and found to have been very successful in terms of meeting patients' needs and quality improvement. Whilst we saw some evidence of performance information being reviewed, this was not a co-ordinated or regular process and was done on an ad-hoc basis. We have said the provider should continue to review and improve this.