

# Guy Barrington Staight - Pelham Street

## Inspection report

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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 safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

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

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

Guy Barrington Staight - Pelham Street (also known as The Staight Practice) is a private doctors service.

The service has a 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.

We carried out an announced comprehensive inspection at The Staight Practice on 5 December 2022 as part of our inspection programme.

## **Our key findings were:**

- Systems, processes and practices were not always appropriate. For example, the service did not have written protocols for checking emergency medicines, blood pathology test results or for ensuring safe storage of vaccines.
- Periodic Infection Prevention and Control Audits were not being undertaken. When this was highlighted, the service took prompt action and undertook an Infection Prevention and Control Risk Assessment. However, this lacked sufficient detail.
- People had comprehensive assessments of their needs, which included consideration of clinical needs, mental health, physical health and wellbeing.
- There were clearly defined and embedded systems and processes to keep patients safeguarded from abuse.
- The service was tailored to meet patients' needs and delivered in a way to ensure flexibility, choice and continuity of care.
- We saw evidence of quality improvement activity. For example, a recent clinical audit had been undertaken and all relevant staff were involved. Opportunities to participate in peer review were also proactively pursued.

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

- Undertake a comprehensive infection prevention and control audit; enabling it to identify and act on infection risks.
- Introduce a written cold chain policy; outlining its stock control protocol and actions to be undertaken should its vaccines fridge temperature fall outside the required range.
- Introduce periodic checks of emergency medicines and equipment, so as to ensure their availability in the event of a medical emergency.

# Overall summary

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

- Continue to liaise with its Landlord in respect of addressing risks identified in a February 2022 and subsequent Fire Risk Assessments.
- Take action to monitor recently introduced protocols governing the safe management of blood pathology results.

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

## Background to Guy Barrington Staight - Pelham Street

### **Background to The Staight Practice**

Guy Barrington Staight - Pelham Street (also known as The Staight Practice) is a private doctors service, located at 2 Pelham Street, London, SW7 2NG (approximately five minutes from South Kensington underground station). Services provided include diagnosis, investigation, and management of acute and chronic conditions common to general practice. The service is open Monday – Friday 8:30am - 6:30pm. The clinical team comprises Dr Guy Staight (full time), Dr Caroline Bealing (part time) and Dr Richard Sykes (part time) with administrative support provided by a practice manager and team of administrative staff.

Guy Barrington Staight - Pelham Street is registered with the Care Quality Commission to carry out the regulated activities of Treatment of disease, disorder or injury and Diagnostic and screening procedures.

# Are services safe?

## We rated safe as Requires improvement because:

- Systems, processes and practices were not always appropriate. For example, the service did not have written protocols for checking emergency medicines, blood pathology test results or for ensuring safe storage of vaccines.
- Periodic Infection Prevention and Control Audits were not being undertaken. When this was highlighted, the service took prompt action and undertook an Infection Prevention Risk Assessment.
- There was an open culture in which safety incidents were integral to learning and improvement.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate.
- There were clearly defined and embedded systems and processes to keep people safe and safeguarded from abuse.

## Safety systems and processes

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

- The provider had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- We saw evidence the service had systems in place to enable it to work with other agencies to support patients and protect them from neglect and abuse (although we noted an instance of where a safeguarding incident had been reported to the appropriate local safeguarding authority but not recorded as an alert on the practice's clinical system).
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried 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. These 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 service had clear systems to keep people safe and safeguarded from abuse (including a designated Safeguarding Lead and readily accessible Local Authority safeguarding guidance).
- Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- We looked at how the provider used monitoring and reviewing activity to understand risks and give a clear picture of safety. For example, we looked at systems in place to manage infection prevention and control (IPC) risks and noted the provider was not undertaking Infection Prevention and Control audits. Shortly after our inspection we were sent a copy of a completed Infection Control Risk Assessment but noted risks associated with sharps bins and re-usable privacy curtains had not been fully assessed.
- We also noted a Fire Risk Assessment took place in February 2022; assessing the premise's fire risk level as "substantial" which, taking into account the fire prevention measures observed at the time of the assessment, concluded that the hazard from fire was "medium". We were told the Landlord was in the process of actioning the areas of concern identified in the fire risk assessment but it was unclear how this was being proactively monitored by the service. Shortly after our inspection, we were advised that a full fire risk assessment had been commissioned and that the provider was currently reviewing this assessment in relation to the cost implications for the practice.
- Records confirmed that a July 2022 water sample test confirmed the absence of Legionella - a bacterium which can proliferate in building water systems. We were also advised that the provider's Landlord was undertaking periodic water temperature checks, so as to ensure that water temperatures were within a range appropriate to prevent Legionella growth.

# Are services safe?

- The provider was able to provide evidence that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

## 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. Doctors knew how to identify and manage patients with severe infections.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

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

- We looked at a selection of individual care records and confirmed these were written and managed in a way that kept patients safe. The care records showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. This included prompt action regarding actioning blood test results. We noted this process was not governed by a written protocol but shortly after our inspection we were advised that the provider had introduced a weekly protocol for the practice manager to review any outstanding results and discuss these with the relevant doctor.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

### We looked at the provider's systems for the appropriate and safe handling of medicines.

- We were told the provider did not undertake periodic checks of emergency medicines and equipment. Consequently, when we undertook an inventory of emergency medicines, it highlighted that one emergency medicine had recently passed its expiry date.
- The service kept prescription stationery securely and monitored its use.
- We were told the service used NICE prescribing formulary guidance to ensure that antibiotic prescribing was in line with best practice guidelines.
- The service prescribed Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). We saw evidence that systems were in place to ensure their safe management. For example, a log was kept, detailing when controlled drugs were prescribed (although we noted the absence of a log of unused prescribing pad stationery).
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of patients including children.
- We noted the absence of a protocol governing the safe storage of vaccines (including a protocol for stock checking and rotation). Consequently, our inspection identified one expired vaccine. We further noted the provider did not have a written protocol in place governing actions to take in the event of a temperature reading being out of range. Also, the provider was not using a second thermometer to cross-check the accuracy of the temperature and to allow temperature monitoring should the electricity supply to the vaccine fridge be interrupted.

# Are services safe?

## Track record on safety and incidents

### The service had a good safety record.

- The provider operated a Risk Register and records confirmed that regular meetings took place to discuss cases and monitor activity. This helped the service to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### We looked at systems in place to ensure learning and improvement took place when things went wrong.

- We were told there was a system for recording and acting on significant events and that staff classified anything affecting a patient's outcomes as a significant event. We noted that although an incident concerning a possible missed smear test result had not been logged as a significant incident, it had been fully investigated and had resulted in the introduction of a Risk Register to complement existing arrangements for ensuring that test results were appropriately followed up.
- Staff understood their duty to raise concerns and report incidents and near misses.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a protocol in place to disseminate alerts to all members of the team.

# Are services effective?

## **We rated effective as Good because:**

- The provider assessed needs and delivered care in line with current evidence-based guidance.
- Clinical audits were carried out and all relevant staff were involved.
- We saw evidence of how opportunities to participate in peer review were proactively pursued.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

## **Effective needs assessment, care and treatment**

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

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.

## **Monitoring care and treatment**

### **The service was actively involved in quality improvement activity.**

- The service used clinical audits to improve quality. For example, a July 2020 audit (undertaken prior to the introduction of Lateral Flow Testing) looked at the correlation between Covid 19 symptoms and antibodies; and resulted in the introduction of new protocols which allowed the provider to screen patients to identify if they had had Covid 19.
- The clinical lead spoke positively about how attendance at various peer group fora helped ensure they kept up to date with quality improvement best practice. We were also advised that the clinical team routinely met with clinicians at a local NHS practice so as to share clinical best practice.
- The service also routinely attended hosted lunchtime lectures delivered by secondary care consultants.

## **Effective staffing**

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The lead clinician was registered with the General Medical Council (GMC) and was up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

## **Coordinating patient care and information sharing**

### **Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.

# Are services effective?

- Before providing treatment, the clinicians 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 NHS GP.
- Patient information was shared appropriately (this included when patients moved to other professional services) and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

## **Supporting patients to live healthier lives**

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

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff 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?

## **We rated caring as Good because:**

- There was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Feedback from patients was positive about the way staff treated them.

## **Kindness, respect and compassion**

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

- The service sought feedback on the quality of clinical care patients received. For example, an August 2021 patient survey highlighted that all 42 patients surveyed fed back that the lead clinician was either 'very good' or 'excellent' at showing respect.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

## **Involvement in decisions about care and treatment**

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

- Interpreting services were available for patients who did not have English as a first language.
- Patients fed back that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. For example, the August 2021 patient survey highlighted that all 42 patients fed back the lead clinician was either 'very good' or 'excellent' at giving explanations.

## **Privacy and Dignity**

### **The service respected 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.

# Are services responsive to people's needs?

## **We rated responsive as Good because:**

- The service was planned and delivered in a way that met the needs of its patients. The importance of flexibility, choice and continuity of care was reflected in how care was delivered.
- Patients could access the right care at the right time. Access to appointments and services was managed to take account of people's needs, including those with urgent needs.
- The service had systems in place to respond appropriately to complaints.

## **Responding to and meeting people's needs**

### **The provider organised and delivered services to meet the healthcare needs of its patients and took account of their needs and preferences.**

- The provider understood the preferences and needs of their patients and strove to provide patient centred and flexible services.
- We noted the service did not offer step free access, wheelchair access or hearing loops but were advised that home visits were offered for patients with impaired mobility.

## **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, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Arrangements were in place to allow patients to make contact outside the service's opening times. Patients were advised they could call at any time if they experienced an emergency.

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

## **Listening and learning from concerns and complaints**

### **The service took complaints and concerns seriously and had systems in place to respond to them appropriately to improve the quality of care.**

- The service had a complaints policy and procedures in place although this was not publicised on its website.
- Information about how to make a complaint was available on the premises.
- The service had received two complaints in the previous 12 months. Records confirmed that 'complaints' were discussed at staff meetings.

# Are services well-led?

## **We rated well-led as Good because:**

- The lead clinician strove to deliver and motivate staff to succeed. There was a common focus across the service on improving quality of care and patient's experiences.
- There were effective processes in place to identify, understand, monitor and address current and future risks.
- There were systems to support improvement and innovation work including the use of clinical audit and peer review.
- However, governance arrangements regarding emergency medicines and the safe storage of vaccines did not always operate effectively.
- The lead clinician was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

## **Leadership capacity and capability**

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

- The lead clinician was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. These included keeping up to date with clinical knowledge and ensuring continuity of care.

## **Vision and strategy**

### **The service had a clear vision to deliver high quality, patient centred care.**

- The lead clinician had the experience, capacity and capability to ensure that this vision was delivered.
- Staff were aware of and understood the vision and values of the service; and their role in delivering patient centred care.
- Regular staff meetings took place so as to scrutinise delivery and ensure staff engagement.

## **Culture**

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Systems were in place to ensure openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could 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 and career development conversations.
- There was a strong emphasis on the safety and well-being of all staff.

## **Governance arrangements**

### **Governance arrangements did not always operate effectively.**

Structures, processes and systems to support good governance and management were not always in place. For example:

# Are services well-led?

- The provider did not have written protocols for checking emergency medicines, blood pathology results or for ensuring safe storage of vaccines.
- We also noted that at the time of our inspection, the provider was not undertaking periodic Infection Prevention and Control Audits (although a copy of an Infection Prevention Risk Assessment was sent to us shortly after our inspection).
- The service used performance information which was reported and monitored and management and staff were held to account.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Managing risks, issues and performance

### We saw evidence of effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, following an incident concerning a missing test result, the provider had introduced a risk register to ensure that test results were followed up. The provider also had plans in place for major incidents.

## Appropriate and accurate information

### The service acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

## Engagement with patients, the public, staff and external partners

### The service involved patients, staff and external partners to support high-quality sustainable services.

- The service routinely undertook patient surveys and considered survey findings.
- Staff were proud of the organisation as a place to work and spoke highly of the service's listening culture.
- There were systems to support improvement and innovation work including use of peer review and identifying NHS quality improvement best practice.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. For example, we saw how clinical audit had been used to improve patient care.
- The service had systems in place to undertake internal reviews of incidents and to ensure that learning was shared and used to make improvements.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014</p> <p>Safe care and Treatment Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none"><li>• The provider had failed to undertaken a comprehensive infection prevention and control audit; enabling it to identify and act on infection risks.</li><li>• The provider had failed to produce a written cold chain policy; outlining its stock control protocol and actions to be undertaken should vaccines fridge temperature fall outside the required range.</li><li>• The provider was not undertaking periodic checks of emergency medicines and equipment, so as to ensure their availability when managing medical emergencies.</li></ul>