

John Gayner

# The Practice

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 21 June 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The Practice is a private doctor consultation and treatment service. The clinic offers private consultations with a general physician with additional medical screening and vaccination services. There is one male GP supported by a medical secretary/practice manager. The service operates five days a week from 6B Sloane square, London, the building is shared with another private doctor. Services are provided on the second floor, there is one large doctor's consulting room and shared administration and reception areas.

The service is open from Monday to Friday 8.30am to 6pm.

Dr John Gayner 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.

We received feedback from 22 people about the service, including comment cards, all of which were very positive about the service and indicated that clients were treated with kindness and respect. Staff were described as helpful, caring, thorough and professional.

# Summary of findings

## Our key findings were:

- Not all arrangements for dealing with medical emergencies were effective.
- There were no quality improvement activities in the service.
- The service lead was the lead member of staff for safeguarding and had undertaken adult and child safeguarding training.
- The provider was aware of current evidence based guidance and they had the skills, knowledge and experience to carry out his role.
- The provider was aware of their responsibility to respect people's diversity and human rights.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a complaints procedure in place and information on how to complain was readily available.
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.

- 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.
- There was a clear leadership structure and staff felt supported by management.
- The service had systems in place to collect and analyse feedback from patients.

There were areas where the provider must make improvements:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

- Review the need for a formalised business continuity plan.

# 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.

- There was no oxygen on site and no risk assessment for its omission.
- The adult pads for the defibrillator had expired in 2016 and there were no children's pads.
- The service did not stock all of the recommended emergency medicines.
- There were systems in place to ensure that when things went wrong, patients would be informed as soon as practicable, receive reasonable support, truthful information, and a written apology, including any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection.
- The service had policies to govern its activities.
- There was a system in place for the reporting and investigation of incidents and significant events.
- There were arrangements in place to deal with emergencies and major incidents.

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### Are services effective?

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

- Assessments and treatments were carried out in line with relevant and current evidence based guidance and standards.
- We did not find any evidence of quality improvement measures including clinical audits.
- The provider had records to demonstrate that staff had appropriate training to cover the scope of their work.
- The service obtained consent to care and treatment in line with legislation and guidance.

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### Are services caring?

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

- We received feedback from 22 patients including Care Quality Commission comment cards. All comments were highly positive about the service experienced.
- Staff helped patients be involved in decisions about their treatment and information about treatments were given if indicated.
- There was evidence that the service respected privacy and dignity.
- Information for patients about the services available was accessible in a patient leaflet in the reception area and on the service website.
- We saw systems, processes and practices allowing for patients to be treated with kindness and respect, and that maintained patient and information confidentiality.

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### Are services responsive to people's needs?

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

- The service had good facilities and was well equipped to treat patients and meet their needs.
- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.

# Summary of findings

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- Access to the service was available for people with mobility needs as there was a lift to all floors.
  - Information about how to complain and provide feedback was available and there was evidence systems were in place to respond appropriately and in a timely way to patient complaints and feedback.
  - Treatment costs were clearly laid out and explained in detail in the patient's leaflet.
  - The service was open from Monday to Friday and patients were given a telephone number for out of hours emergencies.
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## **Are services well-led?**

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

- The provider had the capacity and skills to deliver high-quality, sustainable care.
  - The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
  - There were clear responsibilities, roles and systems of accountability to support good governance and management.
  - The service engaged and involved patients to support high-quality sustainable services.
  - All staff had received inductions, performance reviews and up to date training.
  - The provider was aware of and had systems in place to meet the requirements of the duty of candour.
  - There was a culture of openness and honesty. The service had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
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# The Practice

## Detailed findings

### Background to this inspection

The Practice was inspected on the 21 June 2018. The inspection team comprised a lead CQC inspector, a second CQC inspector and a GP Specialist Advisor.

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

During the inspection we utilised a number of methods to support our judgement of the services provided. For

example, we asked people using the service to record their views on comment cards, interviewed staff, observed staff interaction with patients and reviewed documents relating to the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

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

### Safety systems and processes

The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.

- The service had defined policies and procedures which were understood by staff. Although the service had not experienced any significant events. There was a system in place for reporting and recording significant events and complaints.
- The registered manager demonstrated they understood their responsibilities regarding safeguarding and had received training to level three for safeguarding children (although the service only saw adults) as well as training on vulnerable adults to a level relevant to their role.
- Notices advised patients that chaperones were available if required; administration staff would act as chaperone if required. The service were assured that staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The service was aware of and complied with the requirements of the Duty of Candour. This means that people who used services were told when they were affected by something which had gone wrong; were given an apology, and informed of any actions taken to prevent any recurrence. The service encouraged a culture of openness and honesty. There were systems in place to deal with notifiable incidents.
- 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 manage infection prevention and control.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- All the medicines we checked were in date and stored securely.

- There had been a fire risk assessment in February 2018, Staff had all had fire training and all fire equipment had been serviced and checked.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

### Information to deliver safe care and treatment

Arrangements for safeguarding reflected relevant legislation and the service had processes in place to access relevant information for patient's local safeguarding teams where necessary.

- Policies were accessible to all staff and policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- The service lead was the lead member of staff for safeguarding and had undertaken adult and child safeguarding training.
- The provider had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, and equipment minimised risks, however the service did not stock all of the recommended emergency medicines.
- The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The service involved patients in regular reviews of their medicines.

### Track record on safety

# Are services safe?

The clinic did not have all the arrangements in place to respond to emergencies and major incidents in line with the Resuscitation Council (UK) guidelines and the British National Formulary (BNF).

- The service had a defibrillator but the adult pads had expired in 2016 and there were no children's pads and there was no oxygen held onsite. There were emergency medicines available and staff knew where they were located, however the service did not stock all the recommended medicines, and did not have a risk assessment for their omission.
- All staff had received annual basic life support training.
- The service did not have a formal business continuity plan for events such as power failure or building damage as the majority of their patients saw them for insurance purposes and they were not delivering urgent care, the service would close until the premises was available again.

## Lessons learned and improvements made

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.
- There was an incident reporting policy and there were procedures in place for the reporting of incidents and significant events. There had been no significant events in the last two years.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

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.

- Guidelines were accessed through the service computer system and used to deliver care and treatment that met patients' needs.
- We saw no evidence of discrimination when making care and treatment decisions.
- We saw that the GP attended regular clinical meetings and courses.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Monitoring care and treatment

The service had not reviewed the effectiveness and appropriateness of the care provided.

- The service did not conduct any quality improvement measures including clinical audits.

### Effective staffing

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

- Learning and development needs were identified through a system of appraisals, meetings and reviews of service development needs.

- Staff had access to appropriate training to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching, mentoring and clinical supervision. All staff had received an appraisal within the last 12 months.

### Coordinating patient care and information sharing

- The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient. There were clear protocols for onward referral of patients to specialists and other services based on current guidelines, including the patients NHS GP.
- Where patients consent was provided, all necessary information needed to deliver their ongoing care was appropriately shared in a timely way and patients received copies of referral letters.

### Supporting patients to live healthier lives

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The service supported national priorities and initiatives to improve the population's health, for example, the lead GP gave a wide range of nutritional and lifestyle advice.

### Consent to care and treatment

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

- The provider had a consent policy in place and the provider had received training on consent.
- The provider understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The patient booklet given to all patients explained all services and prices before commencing a consultation.



# Are services caring?

## Our findings

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

### Kindness, respect and compassion

The service treated patients with kindness, respect and compassion.

- We saw staff understood patients' personal, cultural and social needs.
- The service gave patients timely support and information.
- Reception staff told us that if patients wanted to discuss sensitive issues or appeared distressed they would offer them a private room to discuss their needs.
- All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described the excellent and courteous service and the way the service focused on their personal situation, the facilities and overall experience were excellent.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- A patients' guide leaflet was available in the reception area, which described the service's contact details and appointment times, how to complain and how to give positive feedback, and the service's responsibilities to keep patients' information private and confidential.
- The service offered interpretation services and staff told us that they spoke other languages, including French, which they could use when communicating with patients.

### Privacy and Dignity

Staff recognised the importance of patients' privacy and dignity.

- Reception staff told us that patient information and records were held securely and were not visible to other patients in the reception area.
- We saw that doors were closed during consultations and conversations taking place in the consultation room could not be overheard.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- The facilities and premises were appropriate for the services delivered.
- The GP was available on a mobile number out of hour's, which patients could use to contact the doctor if they experienced any issues associated with their appointment or treatment.
- The service made reasonable adjustments when patients found it hard to access services. For example, the service offered a personalised service where home visits were common.

### Timely access to the service

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

- The service was open from 8.30am to 6pm Monday to Friday.
- The appointment system was easy to use; patients could book by telephone.
- Consultation length was tailored to the patient's needs.

### Listening and learning from concerns and complaints

The service had a complaints policy in place.

- There was information in the patients' guide booklet which detailed how patients could make a complaint.
- Reception staff told us any complaints would be reviewed and dealt with by the Registered Manager. The complaint policy and procedures were in line with recognised guidance. One complaint had been received in the last year and we found that it was were handled in a timely way.
- The practice had a complaints policy and procedure but had never received a complaint.

# 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 well-led in accordance with the relevant regulations.

### Leadership capacity and capability;

The service had a clear vision to deliver high quality care for patients. There was an overarching governance framework which supported the delivery of high quality care. This outlined service structures and procedures and ensured that:

- The provider had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- Service specific policies were implemented and were available to all staff.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The provider was visible and approachable

### Vision and strategy

There was a clear vision and set of values.

- The vision was to keep up to date with new developments in the field to provide the best quality service possible.
- There was a realistic strategy to deliver it through continuous professional development and attendance at national conferences.

### Culture

- Staff stated they felt respected, supported and valued.
- Staff told us that they felt able to raise concerns and were confident that these would be addressed.
- The service was aware of and had systems to ensure compliance with the requirements of 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). This included support training for all staff on communicating with patients about notifiable safety incidents

- There were processes for providing all staff with the development they needed; this included annual appraisals and regular meetings during which any concerns could be raised.
- The service had a dignity and respect policy and staff told us that they felt they were treated equally

### Governance arrangements

- The service had a governance framework in place, which supported the delivery of quality care.
- There was a clear staffing structure in place. Staff understood their roles and responsibilities, including in respect of safeguarding and infection control.
- Service specific policies and processes had been developed and were accessible to staff in paper and electronic formats. This included policies in relation to safeguarding, complaints, significant events, infection control, disciplinary procedures, chaperoning and consent.

### Managing risks, issues and performance

The processes for managing risks was not always effective.

- The arrangements for medical emergencies were not effective, for example, adult pads for the defibrillator had expired in 2016 and there were no children's pads and there was no oxygen held onsite. The service did not stock all the recommended emergency medicines, and did not have a risk assessment for their omission.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, health and safety risk assessment had been completed including fire and portable appliance testing (PAT).
- The GP received and reviewed medicines safety alerts from the Independent Doctors Federation (IDF).
- The service had not completed any clinical audits in the last two years.

### Appropriate and accurate information

Appropriate, accurate information was effectively processed and acted upon.

- The service adhered to data security standards to ensure the availability, integrity and confidentiality of patient identifiable data and records.

# Are services well-led?

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

- The service submitted data and notifications to external bodies as required.
- The GP worked with other specialists, such as psychiatrists, to discuss patients' needs and ensure that these were addressed.
- The provider told us they encouraged and valued feedback from patients, the public and staff.

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

## 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 CQC (Registration) Regulations 2009 Statement of purpose</p> <p><b>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</b></p> <p>Care and treatment must be provided in a safe way for service users</p> <p><b>How the regulation was not being met:</b></p> <p>There were insufficient quantities of equipment to ensure the safety of service users and to meet their needs.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• The provider did not have emergency equipment such as oxygen and not all equipment was safe to use and in date.</li></ul> <p>There were insufficient quantities of medicines to ensure the safety of service users and to meet their needs.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• The provider did not stock all the recommended emergency medicines and a risk assessment had not been carried out for their omission.</li></ul>

This section is primarily information for the provider

## Requirement notices

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

### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Care and treatment must be provided in a safe way for service users

#### **How the regulation was not being met:**

There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.

In particular;

- The provider did not ensure that quality assurance processes were developed that included two cycle clinical audits in order to drive improvement

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