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The Lanes Medical Practice

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 5 April 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 providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The services inspected included provision of travel immunisations and private GP consultations for people who either sought a second opinion or access to an immediate appointment. Some patients also used the service to obtain a private health assessment. There was also a system in place for parents of patients aged under 16 to confirm their identity when these younger patients attended for travel immunisations.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At The Lanes Medical Practice services are provided to patients under arrangements made by their employer and a government department. These types of arrangements are exempt by law from CQC regulation. Therefore, at The Lanes Medical Practice, we were only able to inspect the services which are not arranged for patients by their employers and government departments.

Summary of findings

The provider is an individual registered with the Care Quality Commission to manage the service. Individuals registered have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Prior to the inspection we asked for feedback from patients by providing CQC comment cards to the practice four weeks in advance. We received 17 completed CQC feedback cards. All the patients who provided feedback were positive about the service they received. Patients described the service as caring, personalised and professional.

Our key findings were:

- Systems were in place to protect people from avoidable harm and abuse.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about the service and how to complain was available.
- There was a clear leadership structure and staff felt supported by the provider and worked very well together as a team. The provider was aware of the Duty of Candour.
- The premises were appropriate to the service delivered and were accessible to clients with mobility difficulties.
- There were appropriate arrangements in place to share information with the patients' registered GPs.
- There was an effective system to deal with blood samples and test results.
- The system in place to receive feedback from patients did not include those patients receiving services subject to regulation.

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

- Review and improve the process in place in relation to the use of patient group directions for administration of vaccines to ensure this is in line with National Institute for Health and Care Excellence (NICE) guidance.
- Improve quality improvement methods to carry out medicines audits to include antibiotics and hypnotics.
- Monitor the effectiveness and sustainability of the changes made to procedures at the time of, and immediately following, inspection.
- Review the processes in place to obtain and act upon patient feedback from patients receiving services subject to regulation.

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 providing safe care in accordance with the relevant regulations.

- The service had clearly defined systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There was an effective system in place for reporting and recording significant events. However, no incidents relating to the services inspected had occurred.
- There was a system in place to enable lessons to be shared to make sure action was taken to improve safety in the clinic.
- There were arrangements in place for the management of vaccines and medicines. At the time of inspection there were some concerns identified but these were all rectified within two days of the inspection being completed.
- The service offered a wide range of travel immunisations. This included administration of yellow fever immunisations for which the practice was registered and staff trained appropriately to administer these.
- The service reviewed the arrangements in place to respond to medical and other emergencies. Within two days of inspection there were appropriate arrangements in place to deal with such emergencies.

Are services effective?

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

- Staff assessed client needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff informed us that they had regular appraisals and personal development plans for all staff were completed annually.
- There were limited processes in place to drive quality improvement. For example, an audit programme was not in place.

Are services caring?

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

- Information for clients about the services available was easy to understand and accessible.
- Information from CQC comment cards and feedback received by the service highlighted that staff treated clients with kindness and respect, and that clients were involved in decisions about their care and treatment.

Are services responsive to people's needs?

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

- The service offered a flexible appointment system.
- Information about how to complain was available and easy to understand. However, we were informed that no complaints had been received within the last three years.
- The service was located at ground floor level and could be accessed by patients with mobility problems. Translation services were available but had not been required.
- The systems in place to receive and act upon patient feedback were limited and did not include feedback from patients receiving services subject to regulation

Summary of findings

Are services well-led?

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

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by the provider.
- The service had a number of policies and procedures to govern activity and held regular staff meetings.
- The service had systems in place for notifiable safety incidents.
- Opportunities for continuous learning and improvement were appropriate for the level of service provided.
- The service sought feedback from patients and stakeholders. However, the processes to obtain feedback did not extend to all patients.

The Lanes Medical Practice

Detailed findings

Background to this inspection

The Lanes Medical Practice provides both a travel immunisation and advice service and private GP consultations to any person wishing to access the service. These services were offered to both adults and patient aged under 16. People wishing to attend as patients are not required to register with the practice. Services are available for individual consultations and the practice is not provisioned to deliver ongoing support and care for patients with long term medical conditions. All services that are registered with CQC are provided from:

The Lanes Medical Practice, Plough Lane, Stoke Poges, Buckinghamshire, SL2 4JW.

Due to the nature of the service home visits are not provided as part of the day-to-day services. However, the GPs would offer a home visit to a patient who had attended the practice who required follow up and could not attend the practice premises.

The practice is open every weekday. Between Monday and Thursday it is open from 9am to 6pm and on a Friday from 9am to 5pm. Appointments are required to be booked in advance.

There are two GPs working at the practice. The lead GP is full time and the female GP works on three days each week. There is a part time practice nurse who works two mornings and one afternoon. There are three members of administration staff that support the clinical team.

Prior to inspection the service provider sent us information about the service which we reviewed as part of the inspection process. We also reviewed the information we held about the service.

We asked for CQC patient comment cards to be completed by providing these four weeks in advance of the inspection. We received 17 completed cards and comments from patients. All referred to high levels of satisfaction with the service provided.

During the inspection we reviewed policies and procedures relevant to management of the service, the GP advisor reviewed medical records to confirm treatment was recorded in line with best practice. We spoke to the owner of the service who was the lead GP. We also spoke with two members of the administration staff. Because it is a small service there were no patients present at the time of inspection. The patient feedback gathered was from the comment cards we received and from information gathered from the service.

We informed the local clinical commissioning group (CCG) that we were inspecting the service. However, we did not receive any information of concern from them.

Further information about the practice and services offered can be found on their website at: <http://lanesmedical.co.uk>

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 providing safe care in accordance with the relevant regulations.

Safety systems and processes

There was a system in place for reporting and recording significant events. The practice had recorded three significant events in the last 12 months. All three related to the administration of immunisations. The practice did not have a standardised template for the recording of significant events. However, staff we spoke with were aware of the requirements to report such events and told us they would have no hesitation in submitting an adverse incident report. Minutes of the monthly staff meeting showed that there was always an agenda item for reviewing adverse events and that the events reviewed had been discussed. For example, when a patient had a reaction to a travel medicine this was discussed and the learning shared to reduce the risk of recurrence. We also noted that the event had been reported to the appropriate external organisation.

The service had an appropriate recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. The recruitment information we reviewed for the clinicians working at the service contained appropriate and relevant information. This included proof of registration with a professional body and a copy of the disclosure and barring service (DBS) check. We also reviewed the staff files for the administrative staff and found all appropriate employment checks had been completed including a DBS check.

There was a chaperone policy and procedure available and promoted within the clinic. Chaperone duties would be undertaken by either the nurse or the second GP. Administration staff we spoke with confirmed they did not undertake chaperone duties.

The lead GP received safety alerts. We saw evidence of action taken for medicine alerts that were relevant to the service inspected.

There were an appropriate range of risk assessments in place. These included assessments for legionella, control of substances hazardous to health and an environmental risk assessment for the premises.

There was an appropriate system in place for dispatch of blood samples and receipt of blood test results. Samples were held securely and collected daily for transport to a private laboratory. The provider received results via a secure method of communication and reviewed all results within one working day of receipt.

Risks to patients

The service held oxygen, a defibrillator and some medicines to deal with medical emergencies. The oxygen, defibrillator and medicines were checked and the checks were recorded.

There were always staff on duty who had received training in basic life support on a regular basis. These staff knew where the oxygen and emergency medicines were kept. There were records of the training having taken place.

All staff received basic training in safeguarding during their induction. The GPs were trained to level three in child safeguarding and had access to the local authority lead for safeguarding.

Information to deliver safe care and treatment

The patient records reviewed by the CQC GP advisor to corroborate evidence contained appropriate levels of detail. For example, past medical history, medication and allergies were routinely recorded. The records of patient management were in line with good medical practice. There was evidence of appropriate communications with consultants and GP colleagues as a result of consultations.

Safe and appropriate use of medicines

The provider had systems in place for managing medicines including vaccines and medical gasses. However, the provider did not have some emergency medicines in stock at the time of inspection and had not carried out a risk assessment for not holding them in stock. Within 48 hours the provider sent us evidence that they had increased the stock of emergency medicines held to meet the needs of the service provided. A risk assessment was also underway.

Staff prescribed, administered or supplied medicines to clients and gave advice on medicines in line with legal requirements and current national guidance. However, the provider did not carry out regular audits to monitor prescribing of medicines such as antibiotics and hypnotics. Whilst prescribing of these medicines was limited the provider should undertake an audit to ensure these medicines were prescribed appropriately and in line with best practice guidance.

Are services safe?

Medicines were stored securely and within the recommended temperate range. Staff checked and recorded medicine refrigerators temperatures daily, these were within the required range.

Nurses administered medicines to people using Patient Group Directions (PGDs). PGDs were sourced from NHS organisations and adopted to be used within the service. The governance of PGD's development and authorisation was not in line with The National Institute for Health and Care Excellence (NICE) Medicines practice guideline [MPG2] (MPG2 sets out how and when Patient Group Directions should be used). We found there was no PGD in place for one vaccine and PGD for another vaccine was out of date. This meant staff practicing using these PGD's may not be following up to date guidance related to these vaccines. The practice removed the out of date PGD during the course of the inspection and we received evidence that the missing PGD had been put in place within two working days of the inspection.

Track record on safety

The service had appropriate arrangements in place to maintain a safe environment for patient consultations.

- We observed the premises to be clean and tidy. We found equipment was visibly clean in the consulting and treatment rooms.
- An annual infection control audit was undertaken by the service and there was an infection control statement for 2016/17. The audit did not identify any risks or issues in relation to processes to reduce the risk of cross infection.

- Personal protective equipment (PPE) such as gloves and aprons were available.
- Records showed that the GPs and practice nurse underwent screening for Hepatitis B vaccination and immunity. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections).
- We saw hand washing facilities and hand sanitising gel was available in the clinic rooms and in other areas of the service. This was in line with epic3: 'National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England' (epic3) and Health Technical Memorandum (HTM) 00-09.
- All waste was kept appropriately in a clinical waste bin until collected.
- There was a directory in place for major incidents such as power failure or building damage. Contact details for the provider were included.

Lessons learned and improvements made

The provider was aware of and had a system in place to comply 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.

Minutes of discussions within the practice showed that lessons learnt from incidents were shared and acted upon. For example, when a patient requested a travel immunisation that was not required for their destination of travel a thorough check was undertaken to ensure the immunisation would not give rise to any medical problems.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including Public Health England's (PHE) and National Institute for Health and Care Excellence (NICE) best practice guideline.

The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from a recognised travel information website and used this information to deliver care and treatment that met clients' needs. A comprehensive travel assessment was undertaken prior to recommending or administering treatments.

Private GP consultations were undertaken using up to date clinical guidelines. The provider maintained awareness of best practice guidelines through membership of three professional bodies. These included the Independent Doctors Federation (IDF). We noted that the provider attended relevant training events. For example, they recently attended an update on identifying and treating sepsis (sepsis is a form of infection that can be life threatening).

The service offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group.

Monitoring care and treatment

The provider monitored care and treatment through random sampling of patient records. The provider also reviewed the consultation notes of the salaried GP after every clinical session.

The small range of services offered resulted in limited opportunity for clinical audit. However, we saw that the provider had reviewed the provision of flu immunisations and the range of patients seeking this immunisation. They had also undertaken a records review of all patients who had received the BCG immunisation (an immunisation against tuberculosis). This audit checked whether the immunisation was administered appropriately and which age group of patients received it.

Effective staffing

There were sufficient staff in post to meet the needs of patients wishing to attend for planned consultations. There was no evidence to indicate that patients were being declined appointments due to staffing limitations. There were arrangements in place for the results of blood tests to be reviewed when the lead GP was not at the practice.

The practice nurse and the administration staff received training relevant to their roles. For example, they had received training in information governance, fire safety and appropriate levels of safeguarding. At the time of inspection the two of the three administration staff had not received training in basic life support. However, we noted that this training was scheduled in the practice calendar and was due to be completed before the end of May 2018.

Coordinating patient care and information sharing

The practice required all patients to complete a registration form that enabled identity to be verified. The registration form included details of the patients registered GP. Our review of a sample of notes showed that communication with registered GPs took place when the patient gave consent for such information to be shared. There were also systems in place to obtain consent for treatment of patients aged under 16 from parents or carers.

The medical records system included highlighting patients who were vulnerable or with complex needs. There was evidence of appropriate referrals being made to other private services and patients being referred back to their GP to access secondary NHS services when they did not wish to access alternative private services. For example, we saw referrals made for advice on reducing alcohol consumption and for dietary advice.

Supporting patients to live healthier lives

We found evidence of the provider giving lifestyle advice to patients who sought a private health assessment. Records also showed that these patients received an appropriate range of tests to assess their risks of developing health problems. We noted that appointment times were flexible to enable patients seeking lifestyle advice to discuss this in detail with the GPs. For example, when patients sought advice and support to lose weight or stop smoking. The provider was able to refer to private specialist support services to assist patients in adjusting their lifestyle. These included dieticians and smoking cessation services.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Written consent was obtained for all vaccines and evidence of this was seen that this process was followed. We also found that the practice sought and obtained written consent from parents' for patients under the age of 16 to

receive vaccinations. The provider demonstrated good knowledge of Mental Capacity Act 2005 and a clear understanding of the process of consent for younger patients aged under 16.

Are services caring?

Our findings

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

Kindness, respect and compassion

We received 17 Care Quality Commission comment cards which highlighted that patients were treated with kindness and respect. Comment cards we received were very positive about the service experienced overall. Patients said they felt the service offered excellent provision and staff were helpful.

Involvement in decisions about care and treatment

There was clear information on the service's website with regards to how the service worked and the costs that applied to the services. The website had details on how the patient could contact the service with any enquiries.

There was a client information poster in the waiting room clearly setting out information about the cost of consultations and treatments. There were fact sheets available about immunisations.

CQC comment cards received highlighted that clients felt involved in decision making about the care and treatment they received.

Privacy and Dignity

The consulting and treatment rooms were set away from the reception and waiting area to provide privacy when consulting the GPs and practice nurse. Conversations taking place in clinical rooms could not be overheard from the waiting area. Appointments were arranged to keep the number of people waiting to a minimum and enable patients to complete their registration with reception staff private and not overheard by others.

The consulting rooms had high level windows that prevented anyone outside from seeing in. Staff did not interrupt consultations once the patient was with the GP or nurse.

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 people's needs

The service was not established to provide emergency services. Access to the service was on a planned basis with appointments booked in advance. People wishing to book an appointment for either a private GP consultation or for travel advice and immunisations were able to do so by contacting the practice by phone, e-mail or in person.

- The waiting time for appointments was no more than three working days for either GP consultation or travel advice.
- The service was designated as a yellow fever centre, which meant it was able to accommodate people's needs around the demand for this vaccine. The lead GP and practice nurse had been trained to administer yellow fever immunisations and the practice was appropriately registered to provide the service.
- Same day appointments were available for those with urgent travel needs.
- The GPs were able to offer telephone advice to patients who had questions about the treatment they had received.

Timely access to the service

The Lanes Medical Practice was open from Monday to Thursday between 9am and 6pm on Friday the practice opened opening hours were 9am to 5pm.

Appointments could be booked for any time when the practice was open. We also noted that the practice had, on occasions, opened early to accommodate patients who required such an early appointment.

The length of appointment offered depended upon the type of service the patient wished to access. For example, longer appointments were offered to patients seeking health screening and lifestyle advice.

Listening and learning from concerns and complaints

The provider had a clear and comprehensive complaints procedure which was readily available to patients. The procedure set out how complaints would be investigated and responded to. However, the provider had not received any complaints about the registered service inspected in the last three years.

Therefore, we could not test whether the procedure had been followed or identify any learning from complaints. We noted that there were regular staff meetings where complaints would be shared, along with the learning arising from the complaint, if any were received.

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 providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

The limited provision of service enabled prompt communication between the provider of the service and the staff involved in delivering the registered service inspected. There was a management structure in place that involved monthly staff meetings. With only six staff working at the service the majority of communication between staff was informal and undertaken in a timely manner. Notes of the staff meetings were available to staff that were unable to attend the meetings.

Vision and strategy

The provider had a strategy to maintain the provision of those services subject to regulation. In addition the provider sought to develop the role of the employed GP and to continue to seek additional contracts from private organisations for services that were not regulated by CQC.

Culture

Staff told us that there was an open culture within the service and they had the opportunity to raise any issues at team meetings or directly with the lead GP of the service at any time.

The culture of the service encouraged candour, openness and honesty. Staff told us they would have no hesitation in bringing any errors or near misses to the attention of the GPs.

Governance arrangements

The governance arrangements were appropriate to the limited range of services provided and the small team delivering these services. Staff had prompt access to the registered manager and a colleague manager from a neighbouring clinic was available in their absence. Staff had access to senior managers within the provider organisation if they needed to escalate any ideas or concerns.

- There were a range of policies and procedure relevant to the management of the services and these were kept up to date by an annual review.
- Team meetings were held regularly and minutes of these meetings were held.

- There were appropriate systems in place to identify, assess and manage risks. However, the system to manage risk had failed to identify that the stock of emergency medicines had not been assessed.
- Risk assessments had been undertaken to reassure the provider that the environment was safe and that staff practiced within their competencies.
- Appropriate recruitment checks were undertaken. Training, appraisals and revalidation were supported and recorded.

Managing risks, issues and performance

There were a range of policies and procedures in place to manage health and safety within the service. These were kept up to date and reviewed by the provider. However, at the time of inspection a comprehensive risk assessment of the medicines required to deal with emergencies had not been completed. We received evidence within two days of inspection that this risk assessment had been commenced and the support of an expert paramedic had been sought to assist in the assessment.

The service held records of the training and revalidation of the GPs and practice nurse. This provided reassurance that the clinicians remained registered and fit to practice.

There was a performance management procedure in place. There had not been any issues since the service opened that required performance to be managed.

Appropriate and accurate information

Service specific policies and procedures were in place and accessible to staff. These included guidance about confidentiality, record keeping, incident reporting and data protection. There was a process in place to ensure that all policies and procedures were kept up to date.

Patient records we reviewed were comprehensive. They were kept securely. The service stood alone in maintaining data and was not required to provide any returns for external organisations.

Engagement with patients, the public, staff and external partners

Due to the small range of services offered and the immediate nature of the services accessed the provider did not undertake a structured programme of seeking patient feedback. The majority of patients attended for a single

Are services well-led?

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

consultation or short series of travel vaccinations. The feedback we saw was in relation to the services not subject to CQC regulation which formed the largest sector of the practice's work.

Similarly formal engagement with external bodies was limited to private companies and government bodies outside of the scope of CQC registration.

The feedback about non-regulated services was wholly positive.

The feedback received from the 17 patients who completed CQC comment cards was also positive and included reference to receipt of clear advice about travel

vaccinations. Patients also said they received a prompt and caring service. The provider should review the mechanisms used to receive patient feedback to include patients that access all the services the practice offers.

Continuous improvement and innovation

- The provider had trained the practice nurse to deliver yellow fever immunisations and the nurse would hold the yellow fever vaccination certificate when it was next renewed. The practice maintained appropriately registration to deliver these immunisations.
- The practice had purchased a training package from an independent training provider to widen the range of training staff received. For example, administration staff had been or were being trained in basic life support.