The GP Surgery Ltd

The GP Surgery Wimbledon

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 9 May 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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also planned the inspection to check on concerns raised which we had received.

The GP Surgery Ltd provides private medical and aesthetic services at The GP Surgery Wimbledon in the London Borough of Merton. Services are provided to both adults and children.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by a medical practitioner, including the prescribing of medicines. At The GP Surgery Ltd some aesthetic treatments that are provided by doctors are exempt from CQC regulation.

We received feedback from 25 people about the service, including comment cards, all of which were very positive about the service and indicated that patients were treated with kindness and respect. Staff were described as helpful, caring, thorough and professional.

Our key findings were:

- There were arrangements in place to keep patients safe and safeguarded from abuse.
- Health and safety and premises risks were not always assessed and well-managed.

Summary of findings

- There were safe systems for the management of medicines
- Staff knew how to deal with medical emergencies. Appropriate medicines and equipment were available.
- The premises were clean and hygienic.
- The service had safe systems for recording, acting on and improving when things went wrong.
- Assessments and treatments were carried out in line with relevant and current evidence based guidance and standards.
- There was evidence of some quality improvement measures.
- The systems for monitoring training for staff were not always effective.
- Staff treated patients with kindness, respect, dignity and professionalism.
- Opening hours reflected the needs of the population and patients were able to book appointments when they needed them.
- The service had a clear procedure for managing complaints. They took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Leaders had the skills and capacity to deliver the service and provide high quality care.
- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The service asked staff and patients for feedback about the services they provided.

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

- Review the management of health and safety of the premises including legionella testing and fire safety.
- Ensure that staff receive training in safeguarding adults, infection control, fire safety and information governance appropriate to their roles.
- Review the systems to ensure adequate and ongoing monitoring of staff training according to the staff training policy.
- Review the use of clinical audit to improve quality.
- Review the systems for verifying the identity of adults accompanying child patients.

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 policies and procedures in place to keep people safe and safeguard them from abuse.
- Staff were qualified for their roles and the provider completed essential recruitment checks.
- Some systems were in place to ensure infection control was managed appropriately.
- Health and safety and premises risks were not always assessed and well-managed.
- The service had suitable arrangements for dealing with medical emergencies.
- The management of medicines including prescribing was safe.
- The service had safe systems for recording, acting on and improving when things went wrong.
- A system for acting on medicines and safety alerts was implemented after the inspection.
- The service did not have effective procedures for sharing information with a patient's GP or verifying a patient's identity, however these were put in place immediately following the inspection.

Are services effective?

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

- Assessments and treatments were carried out in line with relevant and current evidence based guidance and standards.
- We found evidence of quality improvement measures including records audits, however there was minimal evidence of clinical audit.
- The service obtained consent to care and treatment in line with legislation and guidance.
- The service had clear arrangements when patients needed to be referred to other health care professionals or specialist services.
- There was evidence of a comprehensive induction programme and structured appraisals for staff.
- There was evidence that some staff to had not completed some safety training relevant to their roles, however the provider implemented a training policy after the inspection.

Are services caring?

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

- We received feedback from 25 patients including Care Quality Commission comment cards. Patients were positive about all aspects of the service the service provided.
- Patients reported staff were kind, caring and supportive. They said that they were given helpful, honest explanations and information about medical treatment and said their doctors listened to them.
- We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

- The facilities and premises were appropriate for the services delivered.
- Services offered met the needs of a range of population groups.

Summary of findings

- The service's appointment system was efficient and met patients' needs. Patients could get an urgent appointment the same day.
- The service took patients views seriously. They responded to concerns and complaints quickly and constructively to improve the quality of care.

Are services well-led?

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

- There was an organisational structure and staff were aware of their roles and responsibilities.
- The service had arrangements to ensure the smooth running of the service.
- Regular staff meetings were held and there was evidence of clear communications with all staff.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There was evidence of processes for managing issues and performance but some risks were not managed effectively.
- There was evidence of some quality improvement measures.
- The service encouraged feedback from patients and staff and this was used to monitor performance.

The GP Surgery Wimbledon

Detailed findings

Background to this inspection

The GP Surgery Ltd is an independent provider of medical and aesthetic services and treats both adults and children. The address of the registered provider is Ground floor, Sterling House

6-10 St Georges Road, London SW19 4DP. The GP Surgery Ltd is registered with the Care Quality Commission to provide the regulated activity diagnostic and screening procedures, family planning services, maternity and midwifery services and treatment of disease, disorder or injury. The provider is applying to add the regulated activity, surgical procedures to their registration. Regulated activities are provided at one location, The GP Surgery Wimbledon, which is located within a pharmacy. The provider also intends to provide medical services a satellite branch located in a pharmacy in a department store in Knightsbridge, London. This service is in the final stages of arrangements being made before the service commences. All regulated activities provided at the satellite branch will be managed by the main Wimbledon location.

The organisation is run by three directors. One of the directors is a GP and is the registered manager and nominated individual for the provider. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Wimbledon service is housed within a pharmacy store on the ground floor. The premises consist of a patient waiting area, two doctors' consultation rooms, one nurse treatment room, a patient toilet with baby-changing facilities and a disabled toilet. The service is open seven days a week. Opening hours are between 8.30am and 7.30pm Monday to Thursday; 8.30am to 7pm on Friday; 9am to 5pm on Saturday and 10am to 3pm on Sunday.

Home visits are offered between 9am and 8pm and a night time home visit service is offered between 8pm and 9pm to patients within defined post code areas.

Regulated services offered at The GP Surgery Wimbledon include general medical consultations and treatment and service nursing services. The service offers a range of blood tests including the Harmony prenatal test. Minor surgical procedures offered include earlobe repair and mole, lipoma and cyst surgical excisions. The GP Surgery Wimbledon also offers ultrasound services at the location via a third-party ultrasound service provider. The satellite branch will offer GP Consultations only.

At The GP Surgery Ltd the aesthetic treatments including superficial mole and skin tag removal are exempt from CQC regulation and as such were not inspected or reported on.

Since its inception on 1 December 2014, The GP Surgery Wimbledon has treated over 21000 individual patients, many of which have re-attended the surgery. There are approximately 200 GP or surgeon appointments per week and 30 nurse appointments per week.

The surgery staff consist of ten part time doctors, two of which are directors of the organisation and one surgeon who undertakes minor surgery and three part time service nurses. The clinical team is supported by a non-clinical director, a service manager and six administrative and reception staff.

How we inspected the service:

Our inspection team on 9 May 2018 was led by a CQC Lead Inspector and included a GP Specialist Advisor.

Detailed findings

Before visiting, we reviewed a range of information we hold about the service.

During our visit we:

- Spoke with three doctors.
- Spoke with the service manager and business manager.
- Spoke with a reception staff member.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.
- Explored how clinical decisions were made.
- Made observations of the environment.
- Reviewed feedback from 25 patients including CQC comment cards.

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

Safety systems and processes

The service had a number of systems to keep patients safe and safeguarded from abuse.

- The service had systems to safeguard children and vulnerable adults from abuse. Policies were available for safeguarding both children and adults and were accessible to all staff and these contained contact numbers for local safeguarding teams.
- Staff were aware of safeguarding procedures for the service and they knew how to identify and report concerns. There had been one safeguarding incident which had been escalated over the past three years.
- All staff had received up-to-date safeguarding children training appropriate to their role, however four clinical staff members had not received training in safeguarding adults. The service implemented a training policy for staff following the inspection.
- The service carried out staff checks, including checks of professional registration and indemnity where relevant, on recruitment and ongoing. We found that the recruitment processes including staff checks were safe.
- Disclosure and Barring Service (DBS) checks were undertaken for all staff in line with the service's policy (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 provided intimate medical examinations. A chaperone policy was in place for any consultation and staff who acted as chaperones had been appropriately trained for the role. Staff who acted as chaperones had received a DBS check.
- The service had conducted some safety risk assessments for the premises including general health and safety and they completed an assessment of the control of substances hazardous to health (COSHH) shortly following the inspection.
- The premises were sublet from the leaseholder. It was not clear on the inspection day that the provider had a clear oversight of how health and safety of the premises was assessed and managed by the leaseholder and the landlord. Although the provider had obtained a copy of a report confirming that legionella risk had been assessed in 2014, there was no supporting action plan. The provider was not aware if any actions to manage legionella risk in the water supply were being conducted. The provider was not aware of whether an electrical installation check of the premises had been arranged by the leaseholder or landlord and they were not aware of whether fire risk had been suitably assessed and managed.
- The provider told us that they had tried to contact the leaseholder and landlord previously to gather information about the premises, but were not provided with the information they requested. Shortly following the inspection, the provider told us they had received verbal confirmation from the landlord that premises checks were carried out on a quarterly and annual basis for the water systems and in relation to fire safety. Documentation shared with the provider did not give a full assurance that risks related to the premises had been assessed and mitigated.
- There was evidence that a range of electrical equipment had been tested for safety, and portable equipment had been tested and calibrated appropriately. The service offered ultrasound services via a third-party agreement and there was evidence that the equipment was suitably maintained. The service provided a chilled drinking water machine in the waiting area, but there was no evidence this had been adequately maintained. After the inspection the provider arranged for this to be serviced.
- There were some arrangements to manage infection prevention and control. There was an infection control policy in place and there were thorough systems for safely managing healthcare waste, including sharps. The surgery appeared clean and hygienic. There were regular cleaning arrangements although there was no formal system for cleaning clinical equipment. The provider had carried out an infection control audit for the environment dated May 2018, although the audit tool used did not demonstrate that infection control had been fully assessed. A number of staff had not undertaken infection control training. Following the inspection, the provider purchased a comprehensive infection control audit pack and updated their audit and training arrangements.
- Shortly after the inspection the service implemented a training policy and updated induction packs to include requirements for staff across a range of mandatory training topics.

Are services safe?

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. The service did not employ locum or temporary staff; cover was arranged using existing staff members.
- We found that there was an effective and thorough induction system for new staff. This was tailored to their role; however induction checklists were not completed. The provider updated the induction process and induction packs for clinical and non-clinical staff following the inspection.
- The service had a lone working policy in place. Staff confirmed there were always two staff members working at reception. Home visits were undertaken including night time home visits by the doctors; guidance in the lone working policy supported these duties.
- The service had evidence of corporate professional indemnity, employers and public liability insurance.
- The provider was not aware of the landlord's and leaseholder's arrangements for managing fire risk in the premises. There was no evidence of a fire risk assessment and no record of fire drills. Staff told us fire drills had occurred under the previous leaseholder, but they had not had one for some time. It was not clear what the arrangements were for checking fire extinguishers. A number of staff had not undertaken fire safety training; but there was evidence of fire training for two doctors and three administrative staff. After the inspection, the provider told us they had received verbal confirmation from the landlord that checks were carried out by an external contractor in relation to fire safety, and documents were shared confirming fire extinguishers had been adequately maintained. There was a fire policy, but this required updating. The provider reviewed and amended the policy after the inspection. The provider also implemented a schedule of training including the requirement for fire training for all staff.
- There was a procedure in place for managing medical emergencies. Medical staff had an awareness of the signs of sepsis. All staff completed training in emergency resuscitation and basic life support.
- Emergency equipment including oxygen and a defibrillator were available as described in recognised guidance. Appropriate emergency medicines were kept. Staff kept records of checks for medicines and equipment to make sure these were within their expiry dates, and in working order.
- When there were changes to services or staff, the provider and registered managers assessed and monitored the impact on safety. The provider did not have a business continuity plan but this was implemented shortly after the inspection.

Information to deliver safe care and treatment

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

- Individual care records were written, managed and stored in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- There were no formal policies and processes for verifying a patients' identity. Identity details were taken but not verified at registration, although identification was checked before the results of tests were provided to patients. Where the confidential sexual health screening was offered, the service reported it was not appropriate to seek identification for these patients.
- The service did not routinely verify the identity of adults accompanying child patients.
- Following the inspection, the provider formalised the protocols for staff for verifying a patient's identity.
- GP contact details were not consistently taken on registration, but were recorded as required. The provider implemented a policy to guide staff on recording GP details after the inspection.
- We saw examples where the service communicated with GPs if they identified red flags or abnormal results, safeguarding concerns and if onward referrals were required.
- Management of correspondence into and out of the service including blood test results was safe.

Safe and appropriate use of medicines

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

Are services safe?

- There were effective systems for managing medicines, including prescribing and storing of medicines. Appropriate checks were undertaken for medicines stored in the refrigerator, medical gases, emergency medicines and emergency equipment to minimise risks.
- On the inspection day we found that the surgery did not have one emergency medicine considered necessary for the service; the provider ordered this immediately following the inspection and completed a risk assessment which clearly outlined their decision making for which emergency medicines were required.
- The service kept prescription stationery securely and monitored its use. Prescriptions were printed out on headed paper or handwritten. Scanned copies of prescriptions were visible in patients' records.
- Some prescriptions were kept at reception awaiting patient collection dating back three months, which were checked by administrative staff, but there was no clear procedure for monitoring and managing uncollected prescriptions. Shortly after the inspection the provider implemented a procedure and shared this with staff.
- Doctors prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Doctors were aware of local NHS antibiotic prescribing guidance.
- The doctors issued repeat prescriptions with a maximum supply of up to three months.
- We found no patients that were on high risk medicines that required close monitoring. The service did not prescribe controlled dugs. Some 'off-label' medicines were prescribed but patients were fully informed about benefits and risks.
- There was minimal evidence that the service audited the quality of medical prescribing. We were told this was because the patient record system used did not provide a suitable mechanism to audit prescribing. However, records audits were undertaken annually.

Track record on safety

The service had a mixed safety record.

- There was evidence that some comprehensive risk assessments were in place in relation to safety issues, however the provider did not have oversight of whether the risks relating to legionella and fire safety had been assessed and managed appropriately.
- The service monitored and reviewed activity through a variety of meetings. This helped it to understand risks and led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was an incident policy dated 2015 which had not been updated to capture the current system for recording and acting on significant events and incidents, however this was updated shortly after the inspection.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The provider focussed on learning and improving the service from adverse events and incidents and encouraged all staff to report these. There had been 26 clinical and non-clinical incidents recorded for the last 12 months.
- There was evidence that complaints were also documented as significant events, where indicated.
- There were systems for reviewing and investigating when things went wrong. The service learned and shared lessons with all staff, identified themes and took action to improve safety. We saw many examples where improvements to the service had been made. For example, due to a number of incidents where results had been emailed to the wrong patient, the provider implemented a system whereby emails had to be cross-checked with results by two staff members before being sent.
- The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents. The provider was aware of and complied with the requirements of the Duty of Candour, although there was no policy in place. This was implemented immediately following the inspection.
- When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology.
- There was no system for receiving and acting on safety alerts, however staff we spoke to were able to recall safety alerts. As all clinical staff also worked in the NHS,

the provider assumed staff had access to recent safety alerts. Immediately after the inspection the provider implemented a system to ensure safety alerts were reviewed, actioned and shared with all clinical staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The service provided general medical consultations and treatment. We spoke with three doctors providing general medical services and reviewed 10 records. From evidence we saw, the service carried out assessments and treatment in line with relevant and current evidence based guidance and standards including local NHS antibiotic guidance, NICE guidance and British National Formulary guidance.

Online patient information was printed and provided to patients. The doctors advised patients what to do if their condition got worse and where to seek further help and support. There were examples seen where onward communications and referrals were made to GPs and hospital consultants.

All of the 10 records reviewed were clear, accurate and contained adequate information regarding assessments and treatments. The serviced used an electronic record system with clear templates for each consultation. We were told that patients visiting the service were frequently seeking treatment for acute illnesses, and there was minimal management of long-term conditions. We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The provider had a structured programme of quality improvement activity to monitor the medical services provided, however this did not include clinical audit. We were told that that the patient record system was not able to be used effectively to gather data for clinical audits.

There was evidence of other measures to monitor and improve the quality of the service provided through the undertaking of annual records audits, six monthly cervical screening results audits and minor surgery audits which demonstrated a reduction in post-operative complication rate over the previous three years. The service also continuously monitored quality of care and treatment through a review of incidents and complaints and online feedback.

Effective staffing

Evidence reviewed showed that most staff had the skills and knowledge to deliver effective care and treatment.

- The service had an induction programme and induction packs for clinical and administrative staff containing comprehensive details about the service's systems and processes. It was not always clear that topics such as fire safety, infection control, health and safety and data protection were covered as part of the induction programme. Induction checklists were not undertaken, however the provider implemented new induction packs and checklists shortly following the inspection that covered these areas.
- Basic life support training and child safeguarding training were mandatory for all staff prior to or shortly after commencing in their role and the provider kept records to demonstrate this. There was no clear policy to indicate whether staff had received appropriate safety training to cover the scope of their work including training for safeguarding adults, infection control, health and safety, fire safety and data protection. From five staff records checked, three doctors had not undertaken adult safeguarding training, three staff had not undertaken data protection training or fire training and two staff had not undertaken infection control training. Shortly following the inspection, the provider implemented a training policy which indicated clear requirements for mandatory training topics at induction and frequency of updates for different staff groups.
- Doctors' appraisals were up to date and all had been revalidated by the General Medical Council (GMC). Administrative staff received a probationary review after three months. Nursing and administrative staff received a structured and comprehensive annual appraisal. Staff received feedback after their appraisal which detailed key areas for development and contained the staff member's feedback to improve the quality of the service.

Coordinating patient care and information sharing

We found that the service had effective systems in place for coordinating patient care and sharing information as and when required.

- On the inspection day, we found that there was no formal process for communicating with a patient's GP and the GP contact details were not consistently taken on registration, but were recorded as required. The provider reported that a number of patients seen for

Are services effective?

(for example, treatment is effective)

general medical services did not have a registered GP. The provider implemented a policy to guide staff on verifying patients' identity and recording GP details after the inspection.

- We saw examples where the service communicated with GPs if they identified red flags or abnormal results, safeguarding concerns and if onward referrals were required. There was no charge for communicating with a patient's GP.
- The service had a third-party arrangement with a laboratory to process blood tests and samples. The systems for dealing with results was operating effectively.

Supporting patients to live healthier lives

The doctors told us that where applicable they would discuss smoking, alcohol consumption and diet with patients during appointments, and smoking cessation advice was provided by the pharmacy where the surgery operated from.

Nursing staff carried out cervical screening. Where results were abnormal, these were shared with the patient's NHS GP.

Childhood immunisations were provided by nursing staff and these were recorded in the patient's red book, however NHS GPs were not routinely informed these had been carried out. Shortly following the inspection, the provider put in place a policy for communication with GPs routinely, to advise them that children had been immunised.

Consent to care and treatment

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

- Doctors understood the requirements of legislation and guidance when considering consent and decision making.
- The service's consent policy included information about the Mental Capacity Act 2005. Two doctors and one nurse had undertaken training in the Mental Capacity Act.
- The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions.
- The policy also referred to Gillick competence and staff were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.
- The doctors understood the importance of obtaining and recording patients' consent to treatment, information about treatment options and the risks and benefits of these so they could make informed decisions.
- Written consent was obtained for all medical procedures using templates on the electronic record system and we saw this was in line with General Medical Council (GMC) guidance.
- Pricing was clearly communicated to patients.
- Annual records audits were undertaken which monitored the process for seeking consent.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect, dignity and professionalism.

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- Patients commented positively that staff were respectful, caring and kind.
- We saw that staff treated patients respectfully at the reception desk and over the telephone.
- Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room.
- We observed treatment rooms to be spacious, clean and private.
- There was evidence that the service prioritised patient care over profit; they offered free consultations for older people and children for the first six months of operation. The doctors provided a number of home visits, including at night time to patients, and there were examples where follow up visits were complimentary. The surgery had examples of supporting older patients by arranging private care packages, outside of chargeable surgery time.
- We received feedback from 25 patients including Care Quality Commission comment cards. All comments were highly positive about the service experienced. Patients described the service as outstanding, professional, accommodating and thorough. They felt they were treated with respect and listened to.
- The service reviewed online feedback. The majority of comments were very positive, with the service scoring 4.4 stars and 5 stars out of 5 on two online platforms and 96% on a clinic review site.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their treatment.

- The service gave patients clear information to help them make informed choices.
- Patients reported that staff listened to them, did not rush them and discussed options for treatment. Patients particularly commented that they felt the doctors were very informative.
- The service's website provided patients with information about the range of treatments available at the surgery.
- The service had procedures in place to ensure patients could be involved in decision about their care and treatment:
  - A number of languages were spoken by the surgery staff to support patients with interpretation requirements.
  - Where needed, patients were advised ahead of their appointments to bring a suitable interpreter/family member.
  - Staff used written communication to support patients with hearing difficulties.
  - There had not been instances where they had treated patients with visual difficulties but we were told staff would communicate via print large print information leaflets if required.

Privacy and Dignity

The staff respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' privacy and dignity when taking telephone calls or speaking with patients.
- Staff could offer patients a private room to discuss their needs in the reception area.
- We observed treatment rooms to be spacious, clean and private.
- From our observations during the inspection, there was evidence that the service stored and used patient data in a way that maintained its security, complying with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

- The facilities and premises were appropriate for the services delivered. The service was located in a pharmacy which was convenient for patients.
- The service made reasonable adjustments for patients with disabilities. These included step free access and an accessible toilet.
- Staff at the service also spoke a number of languages other than English. Where required, patients were advised ahead of their appointment to bring someone to act as an interpreter.
- The website contained sufficient information regarding the services offered and pricing structures. Advertised appointment prices also included any costs for private prescriptions to be issued.
- Complimentary follow up appointments were offered, within a week of the initial appointment, with a focus on following up children who have been unwell.
- The surgery treated patients across the spectrum of population groups. Services offered reflected the needs of population groups, for example:
  - GP and nurse consultations
  - Blood testing
  - Travel immunisations and childhood immunisations
  - Dermatology and minor skin surgery
  - Sexual health screening
  - Ultrasound scanning
  - Pre-natal testing
- Opening hours accounted for the needs of all patients as the service was operational seven days a week, including home visits and a night time home visit service was provided out of hours.
- Longer visits at no extra charge were accommodated to support those at greater need including children and older people.
- Patients had a choice of booking with a male or female doctor.

Timely access to the service

Patients described high levels of satisfaction with the responsive service provided by the surgery. The service had an efficient appointment system to respond to patients' needs.

- Staff told us that patients who requested an urgent medical appointment were seen the same day; after hours appointments were available if required and evidence confirmed this.
- Three types of GP consultation could be booked; a quick 10 minute consultation, a standard consultation lasting 20 minutes and an extended consultation lasting 30 minutes. We saw that a standard or quick consultation was available within two days.
- Doctors were available seven days per week. Opening hours were between 8.30am and 7.30pm Monday to Thursday; 8.30am to 7pm on Friday; 9am to 5pm on Saturday and 10am to 3pm on Sunday.
- Out of hours, patients could access a night time home visiting service operated by the directors of the service, between 8pm and 9am. Patients were also directed the NHS 111 and 999 services by the doctor if this was indicated.
- Feedback from patients including CQC comment cards showed that appointments ran on time with delays minimised. Patients commented that appointments were always available and they were easy to book.

Listening and learning from concerns and complaints

The service had a clear procedure for managing complaints. They took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The service had a complaints policy providing guidance to staff on how to handle a complaint.
- The service manager and business manager were responsible for receiving and handling complaints, and all three directors were involved in responding to and acting on complaints and concerns.
- Staff told us they would tell the service manager about any formal or informal comments or concerns straight away so patients received a quick response.
- Written complaints were recorded onto a central log. The service had recorded 6 complaints over the previous 12 months.
- We looked at two complaints received. These showed the service responded to concerns appropriately and in a timely way and discussed outcomes with staff to share

Are services responsive to people's needs?

(for example, to feedback?)

learning and improve the service. For example, following a complaint about confidentiality in the reception area, all reception staff signed updated confidentiality agreements and the service's confidentiality policies were discussed with staff.

Following a complaint after a childhood immunisation procedure, the service amended their clinical record template to remind clinical staff to check that the child was held securely before the vaccine was administered.

- Information was available about organisations patients could contact if not satisfied with the way the service dealt with their concerns.

Are services well-led?

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

Our findings

Leadership capacity and capability

Leaders had the skills and capacity to deliver the service and provide high quality care.

- Leadership was provided by the three directors of the service; two doctors and the business manager.
- Day to day management of the service was provided by the service manager.
- The managers and leaders provided effective leadership which prioritised high quality care. They worked cohesively to address the business challenges in relation to performance of the service and oversight of risks.
- The leaders and managers were visible and approachable. They worked closely with staff and they were supportive.

Vision and strategy

The service had a clear vision to deliver high quality and accessible care and treatment.

- There was a mission statement and staff were aware of this.
- The service aimed to 'bridge' the gap between private and NHS GP services.
- There was a comprehensive business plan with clear objectives for the development and expansion of the service.

Culture

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

- Staff told us that the directors were focussed on patient care; they offered a number of complimentary follow ups and home visits, especially where there had been unwell children and vulnerable older people, as they prioritised safety for patients and continuity of care.
- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- Staff told us there was an open, no blame culture at the service. They said that the leaders encouraged them to raise any issues and felt confident they could do this.
- Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong. This was demonstrated when responding to incidents and complaints. A Duty of Candour policy was not in place; however this was implemented immediately after the inspection.
- There was evidence that all staff worked as a team and dealt with issues professionally.
- Leaders and managers challenged behaviour and performance that were inconsistent with the vision and values of the service.
- There were processes for providing staff with the development they needed. This included one to one meetings and appraisals. The directors took time to review staff feedback as well as focusing on staff development and provided comprehensive appraisal letters to staff after their annual appraisal.
- Staff were supported to meet the requirements of professional revalidation where necessary.

Governance arrangements

There were responsibilities, roles and systems of accountability to support good governance and management.

- Staff reported to the service manager who oversaw the day to day running of the service. The directors had overall responsibility for the service. Staff knew the management arrangements and their roles and responsibilities.
- The service had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. However, some policies were not in place or required updating, including those for verifying a patients' identity and consenting to share information with GPs. A number of policies were amended and implemented after the inspection.
- Governance of the organisation was monitored and addressed during the directors' meetings.
- Reception meetings occurred monthly between the reception staff and service manager.
- Staff meetings were held three times a year, where all clinical and non-clinical staff were invited. These allowed for clear dissemination of information including incidents, complaints, patient feedback and changes to systems and processes. Staff were also emailed regularly with any changes.

Are services well-led?

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

- The service had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.
- There were arrangements in place to support the governance of the satellite location that was due to begin operating later in 2018.

Managing risks, issues and performance

There was evidence of processes for managing risks, issues and performance, although some areas were identified for improvement.

- There were some systems to identify, understand, monitor and address health and safety risks, however the service did not have systems to ensure effective oversight of risks relating to the premises and whether risks were being managed appropriately by the leaseholder and landlord. The provider established systems to improve oversight of risk after the inspection.
- The service had systems to manage major incidents and implemented a business continuity plan after the inspection to support this.
- Significant incidents and complaints were well-managed; there were clear systems for acting on concerns, making changes and sharing these with staff.
- There was no clear process to indicate whether staff had received appropriate safety training to cover the scope of their work in relation to safeguarding adults, infection control, fire safety and information governance. Shortly after the inspection, the provider put a staff training policy in place and updated their training requirements for staff.
- There was an audit plan in place to improve and address quality. The service carried out records audits minor surgery and cervical screening audits to ensure safety and effectiveness of care. Quality was also monitored via complaints, concerns, significant incidents and patient feedback. The provider told us that the current electronic record system was not able to be used to provide effective clinical audits.

Appropriate and accurate information

The service had process in place to act on appropriate and accurate information.

- The service had systems in place which ensured patients' data remained confidential and secured at all times. Staff had signed updated confidentiality agreements following an incident.
- Data protection training had been carried out by six staff members, however the provider implemented a training schedule after the inspection requiring this for all staff.
- The service used information from a range of sources including financial information, incidents, complaints and patient feedback to ensure and improve performance.
- The provider submitted data or notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

The provider had systems to involve patients, the public, staff and external partners to improve the service delivered.

- The service encouraged feedback from patients. Staff told us they encouraged patients to leave online. Online feedback was analysed and shared with staff.
- The majority of comments from online feedback were highly positive, with the service scoring 4.4 stars and 5 stars out of 5 on two online platforms and 96% on a clinic review site.
- Ahead of opening the service, the provider reported they did market research in order to tailor services. Over the last three and a half years since they have been operating, they have changed opening hours from early morning to evening appointments in response to feedback. The service also added a second phone line, ensured two staff were answering calls and provided holding technology to manage the increasing demand for the service.
- The provider had clear systems for engaging with staff. There was evidence that staff feedback was listened to and acted on and detailed feedback regarding staff feedback was provided to individual staff members after their annual appraisal.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The provider showed a commitment to learning and improving the service and valued the contributions made to the team by individual members of staff.
- The service provided a unique business model as both the main surgery and satellite site were located within pharmacy stores which benefited patients. The service reported they were able to offer patients competitively priced medical care in a convenient setting.

Are services well-led?

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

- The service engaged with the local community. They had supported a local charity tennis event and provided a talk about the importance of handwashing at a local school.