

Roodlane Medical Limited

# Roodlane Medical Ltd

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 22 March 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 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 not 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 provider supplies private general practitioner and occupational health services.

Dr Malcolm Cunard is the registered manager though the provider has submitted an application to change 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 reviewed 18 CQC patient comment cards, all of which were positive about the service provided. The comment cards stated that staff were caring, the quality of care provided was excellent and that appointments were easily accessible.

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

- Systems for monitoring the temperature of vaccines had historically not been effective. We found that the temperatures of both vaccine fridges had been below the recommended temperature range on numerous occasions (when the required range for vaccines is 2 – 8 degrees Celsius). No action had been

# Summary of findings

taken in response at the time, although an action plan was submitted to address this concern after our inspection and additional evidence of the action taken in response to the incident was provided.

- We two items of expired medical equipment on the premises.
- There was a system in place for acting on significant events; however, learning was not being regularly discussed in meetings.
- Risks were well managed.
- There were arrangements in place to protect children and vulnerable adults from abuse.
- Staff had received essential training and adequate recruitment and monitoring information was held for staff.
- Care and treatment was provided in accordance with current guidelines.
- Patient feedback was positive regarding access, the quality of care and the attitude of all staff.

- The practice responded to patient complaints in line with their policy.
- The service had a vision and strategy and staff spoke of an open and supportive culture.
- There were clear governance structures and leadership roles within the organisation. However systems and processes for monitoring certain areas within the areas were not operating consistently; particularly in respect of the monitoring of equipment expiry dates and vaccine cold chain monitoring.

There were areas where the provider must make improvements (please see the Requirement Notices section at the end of the report for details):

- 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.

# 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.

- The service had not historically been monitoring vaccine fridge temperatures effectively. We found that vaccine fridge temperatures had dropped below the recommended temperature range on numerous occasions over a 12 month period and no action had been taken to check the integrity of the vaccines. The provider supplied an action plan to address the risk associated with this issue immediately after the inspection.
- The provider told us that they had systems in place to share information with patient's NHS GP where required though they were unable to show us an example of where this had occurred on the day of the inspection. However the provider supplied examples of contact between their organisation and their patient's NHS GP after our inspection.
- The provider was taking action in response to and learning from significant events. The service had a policy in place regarding notifiable safety incidents under the duty of candour though we did not see evidence of significant events being discussed formally within the service.
- Risks associated with the premises were managed adequately.
- Staff knew how to identify signs of abuse in children and young adults and systems were in place to enable patients to be flagged as vulnerable on the service's patient record system and for concerns to be escalated to the appropriate authorities.
- There were arrangements in place for responding to medical emergencies though we found an expired paediatric oxygen mask with the service's emergency supply.
- Recruitment checks and monitoring checks had been completed for all staff.

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### **Are services effective?**

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

- The service provided care and treatment in line with evidence based guidelines.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided.
- There were systems in place to ensure that all staff had the skills and knowledge to deliver care and treatment.

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### **Are services caring?**

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

- Feedback from patients was positive and indicated that staff were caring and supported and that concerns were listened to and patients were involved in their care and treatment.
- The provider had systems in place to engage with patients and collate feedback, using a survey emailed to all patients after their appointment.
- Systems were in place to ensure that patients' privacy and dignity were respected.

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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 used information regarding the health and wellbeing of its patient demographic to inform its service delivery.
- The facilities and premises were appropriate for the services being provided.

# Summary of findings

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- Patients could book appointments over the phone and appointments were usually available the same or next day.
  - The practice had an effective system in place for monitoring, responding and taking action where required in response to complaints, compliments and suggestions.
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## **Are services well-led?**

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

- The provider had a clear vision and strategy and there was evidence of good leadership within the service in most areas. However, we found that systems and processes had not ensured effective management of travel vaccines or the disposal of expired medical equipment. There was limited evidence that learning from significant events shared with staff.
  - There was a culture which was open.
  - The provider took steps to engage with their patient population and adapted the service in response to feedback and evaluation of the needs of patients and their corporate clients.
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# Roodlane Medical Ltd

## Detailed findings

### Background to this inspection

Roodlane Medical Ltd is located at Magdalen House, 148 Tooley Street, London, SE1 2TU which is an office space. The practice rents the fourth floor of the building. The practice treats between 200 and 500 patients per month. The service predominantly provides general practitioner and occupational health services to the staff of corporate organisations. The practice told us that approximately 80% of their custom comes from these clients with 20% from private individuals.

The practice delivers GP services, health assessments, occupational health advice and physiotherapy. Patients can be referred to other services for diagnostic imaging and specialist care. The practice team included five doctors, two physiotherapists, a sports physiologist and a reception administrator.

The provider is registered with the Care Quality Commission (CQC) for the regulated activity of Treatment of Disease Disorder or Injury. The provider is required to be registered for diagnostic and screening procedures. The provider submitted an application in respect of this regulated activity after we requested them to do so which is currently under consideration.

We carried out this inspection on 22 March 2018. The inspection was led by a CQC inspector who was accompanied by a GP specialist advisor.

Before visiting, we looked at a range of information that we hold about the practice. We reviewed the last inspection report undertaken on 13 March 2013 and information submitted by the service in response to our provider information request. During our visit we interviewed staff (one private doctor; the head of nursing and a receptionist).

The provider is part of a larger organisation: HCA Healthcare Limited.

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

- Staff recruitment procedures were in place to ensure staff were suitable for their role. Reference checks had been undertaken prior to employment for all staff and we saw that proof of qualifications, proof of registration with the appropriate professional bodies and checks through the Disclosure and Barring Service (DBS) had been completed for all staff. (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).
- All staff whose files we reviewed had received the required training including basic life support, infection control, fire safety, and safeguarding and information governance.
- The practice had a chaperone policy in place and patients were notified of this service via the television in the waiting room and there were signs in each of the consulting rooms. The new patient registration form also asked patients if they required a chaperone to be present during physical examinations. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice had systems in place to ensure action was taken in response to safeguarding incidents and we were provided with an example of action taken (in another location within the organisation) in response to safeguarding concerns. This had resulted in the development of policies and processes around a specific area of safeguarding to enable staff to discreetly provide contact information to patients for local support organisations. We were told that the patient record system could be used to place alerts onto patient records where safeguarding concerns had been raised. All staff had completed the appropriate level of child safeguarding training relevant to their role and all had undertaken adult safeguarding training. The practice had safeguarding policies. Details of safeguarding leads, both internal and external were contained on a poster within the staff canteen. Staff interviewed demonstrated

they understood their responsibilities regarding safeguarding. There was oversight at a corporate level of safeguarding cases and lessons and outcomes were shared amongst staff.

- The premises were clean and tidy. The provider undertook regular infection control audits. There was an infection control policy in place. There were schedules in place which specified what items or areas needed to be cleaned or the frequency of cleaning. However, we found expired needles in one of the clinical rooms.

### Risks to patients

There were enough staff, including clinical staff, to meet demand for the service.

There were arrangements in place to respond to emergencies and major incidents though we found an expired oxygen mask with the emergency equipment.

- The practice had a good system in place to monitor urgent referrals and ensure that blood results were received and acted upon where appropriate.
- All staff had received annual basic life support training. There were clear and detailed protocols in place instructing staff what to do in the event of a medical emergency.
- The service held a supply of oxygen and a defibrillator. This equipment was regularly checked although we found a paediatric oxygen mask which expired in January 2018 despite there being a recorded check on 9 March 2018.
- Emergency medicines were easily accessible to staff and these medicines were checked on a regular basis. A number of recommended emergency medicines were absent though the absence of these had been risk assessed. One non-clinical member of staff was not aware of the warning signs of sepsis. We saw evidence that the service simulated an anaphylaxis incident which had not been announced to staff in order to test response times.
- A business continuity plan was in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

The practice had undertaken risk assessments for the risks associated with fire and infection control. The premises had undergone a legionella risk assessment (Legionella is a

# Are services safe?

term for a particular bacterium which can contaminate water systems in buildings) and there were supporting policies. Staff we spoke with on the day of the inspection were aware of who to contact for advice on infection control issues. All medical equipment had been calibrated and electrical equipment had been tested to ensure it was safe to use.

## Information to deliver safe care and treatment

- Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system. The practice's patient record system was used at all Roodlane sites and clinicians could access the records of patients at any of these sites or remotely. The patient automatically diverted pathology results and other test results to another clinical member of staff when clinicians were not working at the service.
- There were arrangements in place to check the identity of patients, and the parental authority of adults accompanying children.

## Safe and appropriate use of medicines

- Temperatures in the travel vaccine fridges had been measured outside of temperature range on multiple occasions over a 12 months period. In order to guarantee effectiveness; vaccines need to be stored between 2 - 8 degrees Celsius. Temperatures in one fridge had gone below the recommended temperature range on 109 occasions and the temperature of another fridge went below the recommended temperature range on 68 occasions. On each occasion the fridge temperature had been recorded though on no occasion prior to our inspection was the issue dealt with under the service's significant event policy and no action had been taken to ensure the integrity of the vaccines. However, the service had changed their vaccine monitoring procedure before the inspection to ensure more effective oversight of cold chain monitoring from the beginning of 2018. We were provided with a detailed action plan after the inspection. The action plan was detailed and contained appropriate steps would be taken to ensure patient safety.

- The service had systems, policies and processes in place to ensure that medicines were prescribed safely.
- Private prescriptions were generated from the patient record system.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The practice had undertaken audits of prescribing generally to ensure that prescribing decisions followed national guidelines. Staff told us of actions taken to support good antimicrobial stewardship. We saw that antibiotic resistance was discussed in a recent patient newsletter with the aim of educating patients on antibiotic resistance.

## Track record on safety

The service used a significant incident reporting system to document and record incidents. Staff we spoke with on the inspection all knew how to access this system and we saw examples of incidents that had been recorded using the system; however, there was a lack of evidence regarding subsequent discussion and learning for any of the incidents documented; though staff were able to outline some learning outcomes during our discussions with them.

A policy was in place which outlined the procedure for reporting significant events.

We saw minutes of a clinical governance meeting which confirmed that the nurse lead was responsible for disseminating safety alerts across the organisation.

## 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/or written apology.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Clinical guidance was cascaded to all staff including monthly bulletin about travel health and weekly tips related to new clinical guidelines. We saw an example of a clinical audit based on new guidelines.
- We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.
- Patients' needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, through clinical audit and reviews of patient consultations.

- The practice was involved in quality improvement activity. We were shown two completed clinical audits. For example, an audit reviewing safe prescribing of prescription requests. The practice reviewed ten prescriptions at the first cycle in July 2017 found that 90% of these adhered to current prescribing guidelines, including having a medicines review at recommended intervals. The service implemented annual face to face medication reviews for all patients prescribed medicines and emphasised guidelines for certain medications to clinical staff. The service had 100% compliance at the second cycle completed in February 2018.
- The provider supplied a case study related to the number of staff absences at one of their client firms between 2011 and 2015. At the start of the analysis their

client would frequently have between 60 and 80 instances of staff absence per day. By the end of the review period there were typically around 20 staff absences per day.

- We were provided with data regarding health outcomes for patients between 2011 and 2016. There were some instances where patient health outcomes had improved which could have been attributable to health screening services offered by the provider. For example the percentage of patients with optimal cholesterol increased from 53% to 66% within the review period, the percentage of patients whose uric acid levels were within optimum range increased from 81% to 88%.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The doctors underwent annual external appraisals with independent organisations. Other staff had internal appraisals and the practice was in the process of implementing this for the doctors.
- The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating patient care and information sharing

Staff referred patients to other health and social care professionals where necessary. Though the provider said that they would communicate with a patient's NHS GP where there had been material changes to a patient's care



# Are services effective?

(for example, treatment is effective)

and treatment, for instance where medicines were changed, the provider could not show an example where this had happened in practice on the day of the inspection though we were provided with evidence after the inspection.

- When a patient contacted the service they were asked if they were registered with an NHS GP, and if so, whether details of their consultation could be shared with their NHS GP. If patients agreed we were told that a letter was sent to their registered GP. Clinical staff were aware of their responsibilities to share information under specific circumstances (where the patient or other people are at risk) and we were told that correspondence from consultants at private hospitals would be sent to GPs unless the patient withheld consent. However, we reviewed one record where contact should have been made with the NHS GP and the provider was unable to provide evidence of communication with the NHS GP in this instance or any other occasion on the day of the inspection. The provider supplied evidence of correspondence between the service and patient's NHS GPs though there was still no evidence of contact being with the GP of the patient whose file we reviewed on inspection.
- Where patients required a referral (for diagnostic tests or review by a secondary care clinician) this was generally arranged directly through a private provider. Otherwise details were supplied to the patient's NHS GP. Doctors were expected to review test results received within one day working day. Details were then shared with patients through an online system (where appropriate).

- Referrals to secondary care could be made on the same day as a GP consultation, and we heard of examples where this had led to good outcomes for patients in need of urgent treatment.

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

Staff were consistent and proactive in helping patients to live healthier lives.

- The service offers GP appointments, health screening, occupational health appointments, and physiotherapy and vaccination services.
- Patients were encouraged to undergo regular health screening such as smear tests, liver function and advanced cardiac screening tests.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

## **Consent to care and treatment**

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions.
- We saw that consent forms were used for ear syringing.

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' individual needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. This was advertised on the screen within the reception area.
- Eighteen people provided feedback from CQC comment cards and all were positive about the service experienced, stating that staff were kind and compassionate.

The practice requested patient feedback via email after every consultation. The majority of patient feedback from March 2017 to February 2018 was positive.

- When asked if the patients felt comfortable during their consultation 96% of 286 respondents said that they did.
- When asked if the clinician was professional during the consultation 97% of 295 respondents said they found the clinician good or highly professional.
- When asked how welcoming reception staff were when patients attended for their appointment 85% rated them as good and 12% rated them as average out of 105 respondents.
- When asked how patients would rate their overall experience of the service 97% of 283 respondents said this was good or very good.

- When asked if patients would recommend the service to friends, family or colleagues 92% out of the 296 respondents said that they would.

The provider also provided with examples of positive testimonials from patients who had used the service. Comments referred to the skill and professionalism of clinical and reception staff.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff told us that if families had experienced bereavement one of the service's doctors offered their support to the family if appropriate.
- Patient feedback from February 2017 to January 2018 showed the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment.
- When asked if the clinician addressed any questions that patients raised during their consultation 96% of 278 respondents said this exceeded or met their expectations.

### Privacy and Dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example from reviewing patient health data the service had created bespoke health screening packages that would benefit their client group by identifying risks and enabling prevention of core health problems including cardiovascular disease, cancer, men's and women's health, and age related health conditions. Patients who were at greater risk of particular health conditions were offered targeted screening which focused on their individual risk factors.
- Patients had secure access to their digital health record.
- The practice improved services where possible in response to unmet needs using data and intelligence regarding the health concerns which frequently affected their client group.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, hearing loops had been ordered to assist patients with hearing aids.

### Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment. The provider had service level agreements to ensure that patients who worked for corporate organisations could access care and treatment either on the same or next day.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

- All appointments were 15 minutes long as standard and patients could request longer appointments if they needed them.

The provider had collated information on patient waiting times. Between March 2017 and February 2018 79% of patients were seen within 5 minutes of their scheduled appointment time and 52% were seen before their scheduled appointment time.

The provider set targets for call handling. The provider had exceeded their target to answer 93% of calls in 10 of the previous 12 months and had exceeded their target to answer 75% of calls within 30 seconds over 7 of the previous 12 months.

Patient feedback from February 2017 to January 2018 showed the majority of patients responded positively to questions about accessing care and treatment. For example:

- When asked if they were provided with all information required when making their appointment 96% of 298 respondents answered positively to this question.
- When asked if they had sufficient time during their consultation 97% of 275 respondents said that they did.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- There was a policy and procedures in place for handling complaints and concerns though this did not detail the lead for complaints. However, staff interviewed were clear who led on complaints.
- Complaints were discussed at the monthly clinical governance meeting. Three complaints were received in the last year. We reviewed these complaints and found that they were satisfactorily handled in a timely way. Although complaint responses did not include information about external organisations patients could complain to if they were unhappy with the practice's

# Are services responsive to people's needs? (for example, to feedback?)

response, this information was detailed in the service's complaint policy which we were told was given to patients along with the letter which acknowledged their complaint.

- The practice learned lessons from individual concerns and complaints. It acted as a result to address patient

concerns and improve the quality of care where necessary. A monthly newsletter was now sent to staff to update them of important practice information, patient feedback and policy changes.

# 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;

- In general leaders had the capacity and skills to deliver high-quality, sustainable care. However leadership and oversight had not been sufficient to ensure that medicines and equipment were consistently managed safely.
- Leaders were easily contactable and approachable. They worked with staff and others to make sure they prioritised compassionate and inclusive leadership.

### Vision and strategy

The provider had a clear vision and credible strategy to deliver care and promote good outcomes for patients.

- There was a clear vision and set of values which were displayed in the patient waiting area. The practice had a realistic strategy and plans for future development including a leadership programme which provided staff with the knowledge and skills to take on senior roles.
- The provider's strategy was focused on satisfying the needs of their corporate clientele working in Central London. The practice also catered to a number of individual private patients.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

### Culture

- The service had an open and transparent culture. Staff told us they felt confident to report concerns or incidents and felt they would be supported through the process. They also told us that if they utilised the grievance procedure they would have confidence in the integrity of the process.
- Leaders and managers told us that they would act on behaviour and performance inconsistent with the vision and values.
- Staff were supported to meet the requirements of professional revalidation through the provision of continuing professional development days per year.
- There was evidence of internal evaluation of the work undertaken by clinical staff.
- The practice actively promoted equality and diversity.

- There were positive relationships between staff.

### Governance arrangements

There was evidence of systems in place and lines of accountability and leadership in most areas. However effective oversight had not ensured that all systems were working effectively.

- There were effective governance arrangements in most areas. For example, staff were clear on their roles and accountabilities including in respect of safeguarding, significant event reporting and complaints.
- Temperatures in the travel vaccine fridges had gone outside of temperature range on multiple occasions over a 12 months period and this had not been identified or acted on in line with the service's significant event procedure before this was highlighted during our inspection. However, the service had changed their vaccine monitoring procedure before the inspection to ensure more effective oversight of cold chain monitoring from the beginning of 2018 and we were provided with a detailed action plan after the inspection regarding the action the service would take to ensure patient safety.
- Staff knew how to report significant events and were able to outline action taken in response to some recent events. However, significant events had not been formally discussed in practice meetings. We saw that this was an agenda item at two meetings but that technical issues had prevented staff from accessing the system where significant events were recorded so no discussion had occurred.

### Managing risks, issues and performance

Most risks were managed effectively. However, deficiencies in the systems and processes had put patients at possible risk of harm. The systems used to for identify, understand, monitor and address current and future risks were effective in most areas. The practice had already changed their vaccine monitoring processes prior to our inspection; however, the provider had not identified that vaccine fridge temperatures had dropped below recommended temperature ranges on several occasions over a period of 12 months and had not taken action to mitigate the risks to patients who had received these vaccines. This potentially compromised the effectiveness of these vaccines which put

# Are services well-led?

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

patients who received these vaccines at possible risk of exposure to disease. Once we raised this, the provider began taking corrective action to ensure that these risks were mitigated.

- We were told that there were systems and processes in place to ensure communication with a patient's NHS GP where medicines were changed. However, the provider was unable to demonstrate this for any patients on the day of the inspection including a specific instance where communication should have happened. The provider told us that they were unable to interrogate their system to identify a patient where communication with an NHS GP was required, so could not provide an example during the inspection. We were provided with examples of contact between their organisation and patient's NHS GP after our inspection..
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audits of their consultations, prescribing and referral decisions. Practice leaders had oversight of significant events and complaints.
- Clinical audit was used to monitor care and outcomes for patients. We were told by staff that feedback would be given to individual clinicians as a result of audits.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Accurate quality and operational information was used to ensure and improve performance, for example through audits of patient consultation notes. The service used data regarding patient health to tailor their service to the specific needs of the patients they catered to.
- Quality and sustainability of care were priorities for the provider.
- The practice submitted data or notifications to external organisations as required.

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

The practice took on board the views of patients and staff and used feedback to improve the quality of services.

- Patients could provide feedback about the service and we saw that the provider had taken action in response to patient feedback. For example the provider had developed an internal newsletter in order to ensure that feedback from patients was cascaded to staff on a monthly basis. Patients could feedback by completing an online survey which was issued after each appointment. The provider also had a primary care newsletter which was sent to patients and clients who could send this information out to their staff. The newsletter encouraged patients to submit questions which a clinician would answer in the subsequent instalment.
- Staff told us that the provider was receptive to their feedback.
- The practice had participated in a charity Pancake Day event and helped raised money for a national charity. The chief executive officer on occasion provided free health assessments for patients who wanted to undertake challenges that required medical certification for charity. We also saw evidence of four training sessions provided pro bono to one of the provider's clients to train staff to act as mental health champions.

## Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels within the service. For example the practice had achieved accreditation from an independent occupational health accreditation scheme. The provider had also achieved certification for internationally recognised standards of management and information security.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe Care and Treatment</p> <p><b>Care and treatment must be provided in a safe way for service users</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>The provider failed to safely store vaccines and mitigate risks associated with breaches of the vaccine cold chain.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

This section is primarily information for the provider

## Requirement notices

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

There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- There was no evidence of significant events being formally cascaded.
- The service had not taken action in response to historic cold chain breaches
- The service did not have processes in place to ensure that the expiry dates of all equipment were being monitored.

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