

Concierge Medical Practice Limited

Concierge Medical Practice

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 11 January 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

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

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

This service is registered with CQC under the Health and Social Care Act 2008 to provide independent GP services to individual patients in their locality.

Six patients provided feedback directly to the Care Quality Commission (CQC). All comments were positive about the service experienced. Patients commented that they felt they were well treated and cared for; that they were treated with kindness and compassion and that doctors were friendly professional and courteous.

Our key findings were:

- The practice had systems and processes to minimise risks to patient safety. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Learning was shared with the team and outcomes had been actioned.
- There was a system for recording, actioning and tracking patient safety alerts. Alerts had been reviewed and action taken where appropriate. All alerts were reviewed in clinical meetings.
- All appropriate recruitment checks had been carried out on staff prior to being employed by the practice.

Summary of findings

- Feedback from patients about their care was consistently positive.
- The practice was well equipped to treat patients and meet their needs. This included appropriate arrangements for equipment and medicines that may be required to respond to a medical emergency.
- Information about services and how to complain was available to patients. The practice made improvements to the quality of care as a result of learning from complaints and concerns.
- There was a practice development plan that documented both their long and short-term priorities.
- The practice had visible clinical and managerial leadership with audit arrangements in place to monitor quality.

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 practice had clear systems to keep patients safe and safeguarded from abuse.

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

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

There were suitable arrangements for managing medicines to ensure patients were kept safe.

The practice had procedures for assessing, monitoring and managing risks to patient and staff safety.

The practice learned from and made improvements when things went wrong.

Are services effective?

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

The practice reviewed needs and provided care that met with current evidence based guidance and standards.

There was a system for completing audits where improvements to practice could be made.

Doctors had the skills, knowledge and experience to deliver effective care and treatment.

Doctors worked together and with other health and social care professionals to deliver effective care and treatment.

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

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

Are services caring?

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

Doctors treated patients with kindness, respect and compassion.

The practice carried out their own annual patient surveys to obtain patient views of the service they received. Ongoing requests for feedback were also made in their quarterly newsletter.

Doctors helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

The practice respected and promoted patients' privacy and dignity.

Are services responsive to people's needs?

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

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

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

Summary of findings

The practice took complaints and concerns seriously and responded to them appropriately 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.

Doctors and the practice manager had the capacity and the appropriate skills to deliver high-quality, sustainable care.

The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.

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

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

There were clear and effective processes for managing risks, issues and performance.

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

Concierge Medical Practice

Detailed findings

Background to this inspection

Concierge Medical Practice Ltd is an independent GP service founded in 2013 to provide healthcare to individual clients and businesses in the Cotswolds. They provide healthcare to approximately 1,000 patients.

The practice is a membership based private practice that provides onsite consultations only (generally at a patient's home or office). They do not hold clinics. Advice is available via a dedicated members telephone line with consultations generally available 8am to 8pm Monday to Friday. Urgent or pre-arranged consultations are available from 8am to 8pm weekends and bank holidays. A duty doctor is available at all times, including weekends and bank holidays to respond to any urgent calls. No locum or agency doctors are used. They are open from 9am to 5pm Monday to Friday, and from 9.30am to 3pm Saturday for new member enquiries, but do not provide any medical services to non-members.

The practice has a business partner and two partner doctors both of whom are medical directors with specific areas of responsibility. Two additional doctors were recruited to the team in 2017 with plans for the employment of two further doctors in 2018.

Services provided include consultations face to face (with or without prescribing), examinations, wound management/dressing, management of long-term

conditions, treatment and care to people at the end of their life, treatment for mental health needs with or without prescribing, and treatment for substance misuse with or without prescribing.

This inspection was carried out on 11 January 2018 and was led by a CQC inspector accompanied by a GP specialist advisor.

We informed the local Clinical Commissioning Group (CCG) and Healthwatch that we were inspecting the service; however we did not receive any information of concern from them.

The methods that were used included observations, review of documents and patient feedback on the services provided.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Are services safe?

Our findings

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

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. Safety policies and procedures were regularly reviewed and communicated to members of the team. Safety information was provided as part of their induction and through regular refresher training.
- There were systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance if there were concerns about a patient's welfare.
- All team members received up-to-date safeguarding and safety training appropriate to their role. We saw training records to confirm this.
- The practice carried out security checks, including checks of professional registration on recruitment. Disclosure and Barring Service (DBS) checks were undertaken routinely. (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).
- There was system to manage infection prevention and control. The infection control policy covered the cleaning of re-usable devices. The practice generally used single use disposable equipment. The doctors' medical equipment such as stethoscopes and blood pressure cuffs were cleaned on a regular basis in accordance with both their policy and risk assessment.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste and guidance on procedures to follow in the event of a needlestick injury.

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 doctors needed. There was a rota system to ensure that doctors were available to meet the needs of patients.

- Doctors understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections such as sepsis.

- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed 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.

- The practice shared relevant information with appropriate professionals to enable them to deliver safe care and treatment. This included sharing information with NHS GPs to ensure continuous care was provided.

- The practice liaised with consultants and had established a communication network to ensure patients received a quality service.

- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

There were suitable arrangements for managing medicines to ensure patients were kept safe.

- This included vaccines, emergency medicines and equipment to minimise risks. Medicines were stored in doctors' mobile on-call bags; in drug cupboards at the registered premises; and in a temperature-controlled, locked fridge at the registered premises. All medicines we checked were in date and securely stored.

- Doctors administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. This included action taken to support good antimicrobial stewardship (a coordinated program that promotes the appropriate use of

Are services safe?

antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms).

- Patients' health was monitored to ensure medicines were being used safely and monitored in keeping with current guidance. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had procedures for assessing, monitoring and managing risks to patient and staff safety.

- There were comprehensive risk assessments in relation to safety issues. This included risk assessments for health and safety and infection control.
- The practice had processes that kept safety under review. This ensured they could understand the risks and provide an accurate, up to date picture that led to safety improvements.

Lessons learned and improvements made

The practice learned from and made improvements when things went wrong.

- There was a significant events protocol for reporting incidents. The doctors understood their duty to raise concerns and report incidents and near misses.

- The practice had kept a log of all significant events or incidents that had occurred since the practice was formed.
- We saw that a thorough analysis of significant events had been carried out and discussed with all team members at practice meetings. Learning from these had been shared and any changes in processes or procedures made as a result had been monitored and reviewed to ensure that these had been fully embedded.
- We saw evidence that when things went wrong with care and treatment patients were informed of the incident, received support, information, a written apology and were told about any actions taken to improve processes to prevent a recurrence. For example, referral letters were emailed to patients to make sure they were happy with the content before sending to consultants.
- There was a system for receiving and acting on safety alerts. These were managed by the practice manager who ensured that all doctors identified those that were relevant to the practice and that action had been taken where relevant. These were kept under review to ensure that appropriate responses had been made. For example, where alerts concerned medicines the relevant doctor checked patient records to determine whether there were any potential risks to patients.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice reviewed needs and provided care that met with current evidence based guidance and standards.

- There was a structured approach to the dissemination of guidance such as those from the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Systems ensured all clinical staff were kept up to date. Guidelines from NICE were available electronically, and doctors confirmed that this information was used to deliver care and treatment appropriate to patients' needs.
- We checked a sample of recent NICE updates and saw that action had been taken where appropriate. For example, through clinical audits and random sample checks of patient records. Doctors discussed updates during clinical meetings.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The practice had a system for completing audits where they considered improvements to practice could be made. Audits demonstrated that where improvements had been identified they had been implemented and monitored.

- We looked at two full cycle audits that had been carried out. For example, audits had been completed to check compliance with the medicines management policy. The first audit completed in March 2015 showed that although no discrepancies were found improvements were needed in relation to the management of medicine expiry dates. The audit was repeated in July 2017 and results confirmed that changes made at the previous audit had been embedded. Additional areas for improvement had been identified such as ensuring that a process was in place to record medicine storage temperatures at times when key team members were not available.

There was evidence of on-going monitoring across the following areas of the practice:

- Day to day management of incoming patient contact.
- Daily doctor clinical communication and interaction, including case reviews and assessment of secondary care results.

Effective staffing

Doctors had the skills, knowledge and experience to deliver effective care and treatment.

- All newly appointed doctors underwent an induction programme covering essential topics. These included in and out of hours working, corporate roles and responsibilities, and working safely.
- The practice ensured role-specific training and updating for doctors was completed. A training needs analysis was completed to identify training needs and enabled the practice to prioritise key areas with a structured plan to meet those needs. The training programme for 2018 included clinical and non-clinical areas such as infection control, data protection and wound management.
- There was a system of appraisals, meetings and reviews of practice development needs. Doctors had received appraisals and support for revalidation training to meet their learning needs and to cover the scope of their work.
- Additional training included safeguarding, basic life support and information governance.

Coordinating care and treatment

Doctors worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate services and organisations were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Are services effective?

(for example, treatment is effective)

Helping patients to live healthier lives

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

- The practice offered support and encouraged and supported patients to be involved in monitoring and managing their health.
- They identified patients who may be in need of extra support and directed them to relevant services where appropriate. This included patients receiving end of life care, carers and those patients at risk of developing a long-term condition.
- Doctors discussed changes to care or treatment with patients and their carers as necessary.

Consent to care and treatment

The practice 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.
- Doctors supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

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

Kindness, respect and compassion

Doctors treated patients with kindness, respect and compassion.

- Doctors understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- All of the six comments received by the Care Quality Commission (CQC) were positive about the service experienced. Patients commented that they felt they were well treated and cared for; that they were treated with kindness and compassion and that doctors were friendly professional and courteous.

As an independent doctors service the practice was not a participant of the annual National GP Patient Survey. The practice carried out their own annual patient surveys to obtain patient views of the service they received. Ongoing requests for feedback were also made in their quarterly newsletter.

The most recent survey had been carried out in December 2017. Survey forms were sent to 235 patients with a response rate of 34%. This represented 22% of their patient population. Thirteen patients had declined to complete the survey as although they were registered members they had not needed to use their services.

When patients were asked whether they considered the doctors were caring all patients responded positively, with 100% rated as caring or very caring (with 89% as very caring). All patients reported that doctors were excellent or good at listening to them, explaining tests and involving them in their care.

The practice had achieved the 'WhatClinic's Patient Services' award in 2016 and 2017, an independent award which was based solely on patient feedback about the services received from Concierge Medical Practice Ltd.

Involvement in decisions about care and treatment

Doctors helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language, although the practice told us that requests for interpreters was very rare.
- The practice communicated with patients in a way that they could understand. For example, information in alternative formats was available as required.
- When families had experienced bereavement, the practice sent a sympathy card and often visited to ensure patients' families were well supported.
- The practice produced a newsletter to keep patients updated with practice news and developments.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Feedback from patients and survey results confirmed that they were treated with 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

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

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, all consultations were carried out either on the telephone or through home visits; same day consultations were available when required.
- The facilities and premises were appropriate for the services delivered.
- Services provided included face to face consultations (with or without prescribing), examinations, wound management/dressing, management of patients with long-term conditions, treatment and care to people at the end of their life, treatment for mental health needs with or without prescribing, and treatment for substance misuse with or without prescribing.
- All patients had a named doctor to oversee their care, which provided both continuity of care and patient advocacy.
- Patient member/doctor ratio was limited to ensure that there was sufficient capacity for doctors to provide a quality, responsive service.

Timely access to the service

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

- Patients could contact the practice by telephone, email, message or secure video link. This meant that patients could also contact doctors when travelling on holiday or business.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- A doctor was contactable 24 hours, every day of the year, including the weekends and bank holidays.

- Patients with the most urgent needs had their care and treatment prioritised. There was always a doctor available to advise on urgent problems, either by email or telephone. A visit would be made to the patient as required.

- The appointment system was easy to use. Although it was possible to arrange routine appointments in advance, many patients contacted the doctors on the day. There was a dedicated telephone number and email address for registered patients.

- Patients who required a prescription or repeat prescription could email their requirements to the practice directly.

- Patient feedback sent to CQC confirmed that patients considered the practice to be responsive to their needs, with visits that were timely and flexible. Patients commented that consultations were not rushed, treatment options were explained to them and that referrals to secondary services were made when required.

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 follow.
- The complaint policy and procedures were in line with recognised guidance. Two complaints were received in the last year. We reviewed these complaints and found that they were satisfactorily handled and in a timely way. Patients who made complaints had been treated compassionately.
- Patients shared information with CQC which demonstrated their awareness of the complaints system, although none of these patients had made any complaints about the service they had received.
- Complaints were discussed at the practice meetings and any learning from these was shared. Practice processes and policies were reinforced with doctors at these meetings. Although no improvements to the quality of care had arisen from the complaints received the practice confirmed that improvements would be made when required.

Are services well-led?

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

Our findings

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

The aim for Concierge Medical Practice was to provide their members with personalised private medical care. They believed that quality modern healthcare could be delivered in a way that both understood and met the needs of patients.

In 2017 the practice was one of 20 local businesses invited to apply and subsequently selected to join the Small Business Growth Program at Aston Business School. They had completed this programme, the core outcome being a defined three year growth plan with a set of process improvement actions.

In May 2017 the practice won the Federation of Small Businesses (FSB) business of the year award for the West Midlands Region. The practice had achieved consistent success in the Laing Buisson UK Healthcare awards, having been a finalist in 2015 for the Best Medical Practice award; winners of the Best Primary Care and Diagnostics award in 2016; and a finalist in the Best Primary Care and Diagnostics award in 2017.

Leadership, capacity and capability

Doctors and the practice manager had the capacity and the appropriate skills to deliver high-quality, sustainable care.

- They had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and the future of services.
- They understood the challenges and were working to address these.
- The doctors and the practice manager were visible and approachable. They worked closely to make sure they prioritised compassionate and inclusive leadership.

Both doctors (male) were medical directors for Concierge Medical Practice. One director was responsible for the safety and clinical governance, as well as developing innovative ways the practice could meet the needs of its patients. The other medical director focussed on overseeing clinical management within the practice whilst retaining a keen interest in urgent and emergency medicine. This included responsibility for the hospital at

home and palliative care services. Two doctors (female) employed by Concierge Medical Practice took the lead on women's health, child care and dermatology. One doctor was completing a mental health diploma.

Vision and strategy

The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a strategy and supporting business plans to deliver high quality services.
- Quarterly away days were held with all practice team members which included discussion about the practice vision and strategy. We saw minutes of a meeting held in September 2017 to confirm this.
- The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- The team felt they all worked together well and spoke about their focus on the needs of patients at all time. There were positive relationships between all members of the team.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. Annual appraisals were completed. Support was provided to meet the requirements of professional revalidation where necessary.
- The practice actively promoted equality and diversity, and ensured that equality and diversity training was completed.
- Openness, honesty and transparency were demonstrated when responding to complaints. This was evident in the sample of complaints we looked at. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The safety and well-being of all members of the team was actively promoted and maintained.

Are services well-led?

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

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- All members of the team were clear on their roles and accountabilities including those regarding safeguarding and infection prevention and control.
- Policies, procedures and activities had been implemented to ensure safety. These were available on the practice intranet and surveys had been completed by all members of the team which confirmed they knew how to access these.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Peer reviews were carried out to monitor performance through reviews of consultations, prescribing and referral decisions. Doctors had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place to respond to major incidents and had trained all members of the team to manage and respond to these.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all team members had sufficient access to information.
- Practice monitoring of performance including the quality of service delivery was discussed in quarterly practice meetings. We saw evidence of this in the November 2017 minutes.
- The information used to monitor performance and the delivery of quality care was accurate and useful. The practice addressed any weaknesses as they were identified.
- The practice used information technology systems to monitor and improve the quality of care.
- 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 involved patients, the public, staff and external partners to support high-quality sustainable services.

The views of patients and team members were encouraged and acted upon to improve services. We saw evidence to show that team members had given feedback and had shared concerns or issues with colleagues and management.

Continuous improvement and innovation

There were plans for continued team and service development that included the employment of additional doctors to enhance the team and expand the services provided. For example, in early 2018 one of the doctors planned to implement a personalised home-based clinic to their members focussing on the symptoms associated with the menopause and other hormone related conditions.