

Goodwin Medical Associates Limited

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 17 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.

Background

Goodwin Medical Associates Limited is a private doctor consultation and treatment service. The practice is situated in central London and provides general practice family doctor services for people aged over five years. The practice opening times are Monday to Friday from 9.15am to 5.15pm.

There are two doctors working in the practice, supported by two secretaries who job share.

There are other services provided by Goodwin Medical Associates Limited, but these are out of scope for CQC registration; including occupational health services provided to employees under arrangements made by their employer, and aesthetic treatments.

Dr Stephanie Goodwin is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Twenty seven people provided feedback about the service, by completing comments cards. The feedback was all entirely positive about the care received. A key theme in the comments was the sense of continuity of care received at Goodwin Medical Associates Limited.

Our key findings were:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Review access arrangements and website information to meet the needs of patients; including those with a sensory disability and where English may not be a first language.
- Review the arrangements for ensuring new patients' information was accurate.

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 safety and safeguarding systems, processes and practices to protect people from abuse or harm.
- Risks to people were assessed, and their safety monitored and managed so they were supported to stay safe.
- Staff had the information they needed to deliver safe care and treatment to people.
- There were suitable arrangements in place to manage incidents.

Are services effective?

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

- People's care, treatment and support achieved good outcomes.
- People's care and treatment outcomes were monitored.
- Staff had the skills, knowledge and experience to deliver effective care, support and treatment.
- Consent to care and treatment was sought in line with legislation and guidance.
- However we found an area where improvements should be made relating to the provision effective of care, because the provider did not have a system in place for new patients' personal details to be verified.

Are services caring?

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

- People were treated with kindness, dignity, respect and compassion.
- People were involved in making decisions about their care, support and treatment.
- We found an area where improvements should be made relating to the provision of caring services. This was because the provider did not have interpretation services for patients who did not have English as a first language. However, the lead GP told us all their current patients were able to communicate in English.

Are services responsive to people's needs?

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

- The practice provided care that was responsive to patients' needs.
- People had access to timely care and treatment.
- The practice had arrangements in place to respond to concerns and complaints.
- We found areas where improvements should be made relating to the provision of responsive care. This was because the provider had not reviewed access arrangements that were potentially restrictive to some patients with a sensory disability. The practice website was not specific enough to meet the need of patients, including those with a disability.

Are services well-led?

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

- There was a culture in the practice of high quality care.

Summary of findings

- 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 had appropriate systems and processes for learning and continuous improvement.
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Goodwin Medical Associates Limited

Detailed findings

Background to this inspection

The provider, Goodwin Medical Associates Limited, provides private doctor consultation and treatment services from its location of the same name at 35a Welbeck Street London W1G 8EZ.

Goodwin Medical Associates Limited is CQC registered to provide the regulated activity of Treatment of disease, disorder or injury.

At the time of our inspection, there were approximately 1000 patients registered in the service, with most of them being co-registered with an NHS GP.

We carried out an announced inspection visit to Goodwin Medical Associates Limited on 17 January 2018. The inspection was led by a CQC inspector, and included a GP specialist advisor.

Before visiting, we reviewed a range of information we hold about the service. During our visit we:

- Spoke with the staff - the GP and reception / administrative staff.

- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment in use.

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. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had 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.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going basis. Disclosure and Barring Service (DBS) checks, or the equivalent, had been undertaken at the time staff were recruited. (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 received up-to-date safeguarding and safety training appropriate to their role. The doctors were trained to level 3 in child safeguarding, and were also trained in adult safeguarding. The admin staff were trained to level 1 in child safeguarding, and were also trained in adult safeguarding. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role (the day following our inspection) and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There was an effective system to manage infection prevention and control.

- 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.

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.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

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 had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.
- The practice obtained patient consent to, and shared relevant information with the patient's NHS GP to prevent contradictory treatment.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.

Are services safe?

- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. The lead GP supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice

learned and shared lessons, identified themes and took action to improve safety in the practice. For example, they had an incident when a blood sample was not collected at the end of the day and it was found the following morning. The matter was explained to the patient concerned who also received an apology, and a repeat sample was taken. They concluded from the investigation that they should only leave samples for collection in the box, and no other items, such as spare bags for packing samples. This was reiterated to the admin staff.

- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of correspondence.

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. However we found an area where improvements should be made relating to the provision effective of care, because the provider did not have a system in place for new patients' personal details to be verified.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- 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.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- New patients to the practice were required to complete a registration form which took down personal details and details of their NHS GP if they had one. However this information was not verified by the practice so could be subject to inaccuracies. The practice did not have a system in place to verify patients' identity during registration of new patients. Following our inspection, the practice confirmed that they had updated their policy and would now seek verification of identity at registration, as well as proof of parental or guardian responsibilities from adults registering children.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. The lead clinician regularly reviewed and completed relevant recommended audits by the General Medical Council (GMC).

- The practice used information about care and treatment to make improvements. We saw that they carried out clinical audits and improvements were made as a result.

- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. Two clinical audits recently completed in the practice were of referrals letters, and patients with hypertension. The referral letters audit showed improvements between the first and second cycles in the inclusion of information that had previously been omitted in some cases: psychosocial history and past medical history. The hypertensive patients audit showed improvement between cycles of the monitoring and management of the condition, from 81% of cases to 92%.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the lead GP had specialist training in menopause in response to the experiences of a growing proportion of their patient population, as well as occupational health qualification for their health and wellbeing services. Staff 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 on-going support. This included an induction process, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. This included when they were referred to other primary care, or secondary care services.
- The practice worked with patients to provide personalised care that were shared with relevant agencies. The practice asked for the details of the

Are services effective?

(for example, treatment is effective)

patients' NHS GP when registering new patients and asked for patients' consent to share details of their treatments with their NHS GP. The practice informed us they usually sent information to the NHS GP.

Supporting patients to live healthier lives

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

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients as necessary.

The practice offered cervical screening to women in the appropriate age range. The practice also provided patients with bowel and breast cancer screening. There were failsafe systems to ensure results were received for all samples sent and the practice followed up patients with abnormal results.

Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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. 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. We found an area where improvements should be made relating to the provision of caring services. This was because the provider did not have interpretation services for patients who did not have English as a first language.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the feedback survey completed by the lead GP as part their revalidation exercise.

Involvement in decisions about care and treatment

- Patient feedback indicated that people felt involved in decision making about their care and treatment.

- Interpretation services were not available for patients who did not have English as a first language. The lead GP told us all their current patients were able to communicate in English.
- Care plans were personalised to meet patients' needs.

Privacy and Dignity

The practice respected and promoted patients' privacy and dignity.

- Staff we spoke with during the inspection understood and respected people's privacy and dignity needs.
- The administrative staff that could be called on to act as chaperones had received DBS checks, but had not completed chaperone training. However, the provider sent us evidence indicating that all admin staff had completed chaperone training on the day after the inspection.
- 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.
- The practice waiting area was a separate room from the reception space. This meant that conversations in the reception area, as patients arrived for their appointments or after consultations, could not be overheard.
- Information about people was treated confidentially.

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. We found areas where improvements should be made relating to the provision of responsive care. This was because the provider had not reviewed access arrangements that were potentially restrictive to some patients with a sensory disability. The practice website was not specific enough to meet the need of patients, including those with a disability.

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, the lead GP had specialist training in menopause in response to the experiences of a growing proportion of their patient population, as well as occupational health qualification for their health and wellbeing services.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. There were two

steps going up to the premises main entrance and an additional step into the practice's inner entrance door. They had a ramp that could be used by wheelchair or pushchairs users to access the premises.

- However, the practice had not considered how to make improvements to support the service accessibility to patients with sensory deprivation, such as deprivation relating to sight and hearing.

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.
- 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.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and had arrangements in place to respond 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.
- The complaint policy and procedures were in line with recognised guidance. The practice had not received any complaints in the last year.

Are services well-led?

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

Our findings

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

Leadership capacity and capability

The lead GP had the capacity and skills to deliver high-quality, sustainable care.

- The lead GP 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 future of services. They understood the challenges and were addressing them.
- The lead GP was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

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

- There was a clear vision and set of values.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice planned its services to meet the needs of the practice population.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- The lead GP acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. They presented an example to us of an uncollected blood sample, and we saw evidence that the incident was investigated and remedial actions put in place. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff completed professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships among the staff team.

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.
- Staff were clear on their roles and accountabilities, including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. The lead GP had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints.

Are services well-led?

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

- 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 and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- The practice used information technology systems to monitor and improve the quality of care.
- The lead GP was the information governance lead, with responsibilities for ensuring confidentiality, integrity and availability of data. The practice had a protocol in place for the management of patient data, and staff we spoke with were able to describe how they would ensure patient data was kept secure.

Engagement with patients, the public, staff and external partners

The practice involved patients and staff to support high-quality sustainable services.

- Staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. These were collated through staff meetings and surveys.
- The lead GP had sought patient views, as part of their revalidation process. However the patient feedback received had not been made available for patients. Other patient feedback, such as comments and testimonials received, was made available on the practice website.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. Clinicians in the practice were engaged in continuous professional development. Clinicians in the practice participated in regular joint clinical meetings for peer support and professional development.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The lead GP encouraged staff to take time out to review individual and team objectives, processes and performance.