

Mistvale Limited

# 7 Day Healthcare

## Inspection report

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Welling

Kent

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## Overall summary

We carried out an announced comprehensive inspection to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led? We carried out site visits on 30 January 2018 to review the private doctor service and on 31 January 2018 to review the dental service.

### **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 not 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 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 in respect of some, but not all, of the services it provides. At 7 Day Healthcare, private doctor and dental services are provided which are within the scope of CQC regulation.

There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At 7 Day Healthcare, intense pulse light (IPL) treatments are provided for hair removal, and there is a foot care service. These services are not within the remit of this Act and CQC regulation.

Mr Surrinder Gulsin 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

Fourteen patients provided feedback about the GP service through completed comments cards, and 10 patients provided feedback about the dental service in the practice. We spoke with two patients, both of whom had received treatments in the dental service, during our inspection.

## **Our key findings were:**

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.

The practice asked staff and patients for feedback

We identified regulations that were not being met and the provider must:

- 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

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider should make improvements:

- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review arrangements for checking parental responsibility of the accompanying adult when children received vaccinations.

# 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.

We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment appeared clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had arrangements for dealing with medical and other emergencies. Some medicines and equipment needed for dealing with dental emergencies was not available, but these were ordered immediately after our inspection.

The practice used learning from incidents to help them improve. However, the provider needs to review their arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).

There were improvements needed in the medicines management arrangements. Medicines prescribing was not always in line with recommended guidance, and this was not monitored or audited. The system for identifying, disposing and replenishing out-of-date medicines and equipment stock needed improvement.

There were systems in place to manage risks to patient safety. The practice had not updated their most recent fire risk assessment to document actions taken; however, following the inspection, they provided evidence of completion of works relating to fire safety and confirmation that outstanding works were scheduled for completion.

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### **Are services effective?**

We found that this service was not providing effective care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

The practice supported non-clinical staff to complete training relevant to their roles and had systems to help them monitor this.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

There was a lack of clinical audit, supervision and peer support to monitor health care and treatment.

Care was not consistently delivered in line with current guidelines.

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### **Are services caring?**

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

Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, helpful and courteous.

Patients said staff treated them with dignity and respect.

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# Summary of findings

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Staff protected patients' privacy and were aware of the importance of confidentiality.

Patient survey results were available in the waiting area for patients to read. However we noted the patient survey results did not indicate which aspect of the service it related to, or the number of responses received to provide some context to the feedback.

The practice's chaperone policy displayed in the waiting area needed to be updated, so relatives are not recommended to act as chaperones.

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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 practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly, usually on the same or next day.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

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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 practice had arrangements to ensure the smooth running of the service.

There was a clearly defined management structure and staff felt supported and appreciated.

Improvements should be made to ensure risk assessments were completed appropriately and identified risks promptly reviewed.

Improvements were needed in the arrangements to support good governance and management: there were no completed clinical audits by the doctor, or clinical supervision and peer support arrangements in place in respect of the GP service provision.

Improvements were needed in the processes for managing risks, issues and performance, including addressing fire safety risks, disseminating safety alerts and monitoring clinical care.

The practice management showed willingness to take prompt action in response to identified areas of improvement, and immediately after our inspection sent us evidence of actions they were already taking to address these.

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# 7 Day Healthcare

## Detailed findings

### Background to this inspection

The registered provider, Mistvale Limited, provides private doctor consultation and treatment services and dental services from its location, 7 Day Healthcare at 142-146 Bellegrove Road

Welling Kent DA16 3QR. Mistvale Limited is CQC registered to provide the regulated activities of Treatment of disease, disorder or injury, Diagnostic and screening procedures and Surgical procedures. Other services are provided at this location, but we did not review these as they are out of scope of CQC regulations; these included intense pulse light (IPL) treatment for hair removal.

At the time of our inspection there were approximately 2000 patients registered in the GP service, with most of them being co-registered with an NHS GP. GP services were primarily provided to adults; however the service also provided treatments for minor illnesses to children age six and older. The provider confirmed that 70% of their GP service was for employee medicals and travel vaccinations.

The dental service provided private dental treatments to patients of all ages.

The service opening times are Monday – Friday: 8.30am-7pm, Saturday: 9am-6pm, and a reception service is available on Sundays.

We carried out an announced inspection visit to the GP service at 7 Day Healthcare on 30 January 2018 and the dental service on 31 January 2018.

Our inspection team over the two days was led by a CQC lead inspector. The team included a GP specialist adviser, a dental specialist advisor and two other CQC inspectors.

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

During our visit we:

- Spoke with the staff - the doctor, dental staff, reception and administrative staff, and managers.
- Reviewed a sample of the personal care and 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 not 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.
- 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. Disclosure and Barring Service (DBS) checks were undertaken 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 received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. However, not all dentists we spoke with demonstrated awareness of the practice's safeguarding lead; immediately after the inspection the practice updated staff on this information.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of reprimand.
- There was an effective system to manage infection prevention and control.

- The practice had arrangements in place to ensure facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The equipment portable appliance testing (PAT) certificate had expired on 16 January 2018, but we saw evidence that the provider had made requests for the testing to be carried out several weeks prior to the expiration but there had been delays from their contractors.
- There were systems for safely managing healthcare waste.
- Legionella risk assessment had been carried out and was not due for re-assessment.
- We checked the practice's arrangements for safe dental care and treatment. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.
- The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

### 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. All staff had attended training in basic life support within the last 12 months.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- The practice held a stock of medicines and equipment recommended for treating medical emergencies.
- Staff kept records of their checks of the emergency medicines and equipment to make sure they were available, within their expiry date, and in working order.

### Information to deliver safe care and treatment

In the dental service, staff had the information they needed to deliver safe care and treatment to patients.

# Are services safe?

- 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.

However, we found there were improvements needed in the information available to deliver safe care and treatment to patients seen by the GP.

- Comprehensive individual care records were not maintained. The care records we saw did not include all the information needed to deliver safe care and treatment
- The practice did not have systems for sharing information with other organisations, such as the patient's usual GP, to enable them to deliver safe care and treatment. Patients were given a brief summary of the care received, and their consent was not sought to share information with their usual GP.
- The doctor did not have a template for completing referral letters. We looked at two referral letters recently made and found that they did not include all of the necessary information. In both cases past medical histories and details of any allergies were not included in the referral letter.

## Safe and appropriate use of medicines

The dental service in the practice had reliable systems for appropriate and safe handling of medicines. However improvements were needed in the GP service.

- 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.
- We saw evidence that the GP prescribed medicines to patients and gave advice on medicines that was not in line with current national guidance, and they had not audited these treatment practices. For example, one case of ophthalmic shingles was seen on the day of our inspection. The patient was prescribed antibiotics and

eye drops and advised to attend eye casualty if the condition worsened. Published guidance dictates that cases of ophthalmic shingles should be referred immediately to eye casualty service.

We saw evidence that the doctor also prescribed and administered Kenalog injections for the treatment of hay fever. This medicine is no longer advised for the treatment of hay fever under current guidelines. The doctor explained that he only prescribed this medicine to patients who confirmed that they had not been able to get relief from their hay fever from other medicines. We saw there was a consent form patients signed which provided details of the side effects of the medicine. Records indicated the doctor administered Kenalog to approximately 100 patients annually during the hay fever season.

- Patients' health was not being monitored to ensure medicines were being used safely and there were no arrangements made for following up patients. The practice was not involved in medicines reviews for their patients, which they expected to be completed by the patient's usual GP. The practice had no arrangements to communicate with patients' usual GPs.

## Dental equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for storing medicines. Improvements could be made to ensure the practice monitored dental materials stored in the fridge; we found six cartridges of dental composite that had expired between August and September 2017, five to six months prior to the inspection. The practice later assured us they had disposed of these cartridges suitably.

## Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the radiography equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists reported on the radiographs they took. Improvements could be made to ensure they recorded justification of radiographs taken in dental care records.

# Are services safe?

The practice carried out radiography audits annually following current guidance and legislation; randomly selected samples of dental radiographs had been graded as part of the audits.

Clinical staff completed continuous professional development in respect of dental radiography.

## **Track record on safety**

- There were risk assessments in relation to safety issues. The practice had not updated their most recent fire risk assessment to document actions taken; however, following the inspection, they provided evidence of completion of works relating to fire safety and confirmation that outstanding works were scheduled for completion.

## **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.

- 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 service did not have a system in place for knowing about notifiable safety incidents
- There was no system for receiving and acting on safety alerts. Improvements should be made to ensure relevant alerts were discussed with staff, acted on and stored for future reference. These included receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).

# Are services effective?

(for example, treatment is effective)

## Our findings

**We found that this service was not providing effective care in accordance with the relevant regulations.**

### Effective needs assessment, care and treatment

Patients' needs were assessed. The doctor had access to relevant and current guidance and standards, such as from the National Institute for Health and Care Excellence (NICE) best practice guidelines and local antibiotics guidelines. However care was not consistently delivered in line with these guidelines. For example, in relation to antibiotics prescribing, the doctor was not aware of possible trimethoprim (commonly used in the treatment of urinary tract infections (UTI)) resistance and when to use nitrofurantoin in its place. The doctor had no systematic way of obtaining clinical guidelines and updates.

One of the main services offered by the doctor was medical assessments to check fitness to work, as required for roles such as heavy goods vehicle (HGV) drivers, taxi drivers, and for sports, motorsports, sub aqua and boating activities. The doctor told us they requested the patient to bring along a patient history summary from their NHS GP with them to these appointments, and that they would complete the medical assessment if there were no major identified medical conditions. The doctor told us that patients with complex medical histories were referred back to their NHS GP, which limited the doctor's ability to offer a full medical assessment service.

For the private doctor service, staff had an informal understanding of which patients would be suitable to be given appointments to see the doctor. They told us that if they had any concerns they would check with the doctor before confirming an appointment. However there was no protocol in place which indicated what conditions the doctor would see.

### Monitoring care and treatment

In relation to the private doctor service, we saw evidence of a clinical records audit carried out in October 2017, by the IT administrator. The audit included a review of the legibility of notes, accuracy of content, that treatment was explained, and consent was sought. The doctor did not have completed clinical audits he had carried out.

The practice kept dental care records. The practice audited patients' dental care records to check that the dentists

recorded the necessary information. We checked dental care records and found improvements could be made to ensure the dentists followed national guidance in recording key information in the records, such as the justification of dental radiographs taken, medical histories, consent, oral health risk assessments and oral health advice.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- 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, appraisals, and support for revalidation.
- There was a lack of clinical supervision for the private doctor working in the service. The practice had not carried out audits of their clinical decision making in the private doctor service, including audits relating to medicines prescribing. The doctor told us they previously received clinical feedback from colleagues in a neighbouring NHS GP practice, as well as colleagues from previous roles. However they did not have current formal arrangements in place to receive clinical feedback in their current role. The doctor confirmed they sought external support for revalidation, and their revalidation was due in September 2020. The doctor had last received a GP appraisal in August 2017.
- The practice doctor had their training for yellow fever vaccination arranged by the provider, but arranged all other training and updates himself. We found they had mainly completed training more relevant to secondary care provision that was available through a local private hospital.
- Dental clinical staff completed the continuous professional development required for their registration with the General Dental Council.
- There was a clear approach for supporting and managing non-clinical staff performance. We saw evidence of annual appraisals for staff.

# Are services effective?

(for example, treatment is effective)

- The doctor confirmed that the practice occasionally used a locum doctor, and that handover to the locum doctor was done by the reception staff. There was no locum induction pack or other support arrangements in place for locum doctors working in the practice. However, the provider subsequently informed us that they provided a verbal induction to locum doctors.

## **Coordinating patient care and information sharing**

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Clinical Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

The doctor told us they gave patients a short written note containing a brief summary of the care and treatment they received, which they could decide to share with their usual GP.

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

The dentists told us they provided preventative care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. They told us they discussed smoking, alcohol consumption and diet with patients where applicable during appointments. Improvements could be made to ensure the dentists recorded this in patients' dental care records.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

## **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's consent policy included information about mental capacity. The team understood their responsibilities under the Mental Capacity Act when treating adults who may not be able to make informed decisions. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.
- The consent policy also referred to the legal precedent by which children aged under 16 years could consent to dental treatment, though not all of the dentists we spoke with demonstrated an understanding. Shortly after the inspection the practice updated all dentists on their responsibilities in relation to consent to dental treatment.

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. The staff team included people from diverse backgrounds, in line with the local population.
- Staff treated patients with kindness and compassion.
- All of the 24 Care Quality Commission comment cards we received were positive about the service experienced in both the GP and dental areas of the service. They commented positively that staff were helpful, professional, kind and courteous. We observed staff dealing with patients in a polite and respectful manner; they were friendly towards patients at the reception desk and over the telephone.
- Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.
- Information folders and patient survey results were available in the waiting area for patients to read. However we noted the patient survey results did not indicate which aspect of the service it related to, or the number of responses received to provide some context to the feedback.

### 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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.

- The doctor advised us he spoke some of the languages of those in the local community. He also told us he allowed patients to use their family members as interpreters, for those who preferred that option to the interpreting services.
- The dentists told us they gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them and discussed treatment required with them. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options. Improvements could be made to ensure the dentists recorded this information in patients' dental care records.
- The practice's website provided patients with information about the range of dental treatments available at the practice. These included general dentistry, treatments for gum disease and more complex treatments. The scope of services provided by the doctor was also made clear on the website, as well as general information about services the doctor did not cover.
- Each dental treatment room had a screen so the dentists could show patients photographs and radiograph images when they discussed treatment options and to explain complex treatment.

### Privacy and Dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- There was a notice in the reception area about the practice's chaperone policy. However this needed to be updated, as it incorrectly referred to patients bringing a relative or friend with them to act as a chaperone.

# 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. They were usually able to offer same day or next day appointments, and had flexible opening hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. They had automatic opening doors, a hearing loop and all consulting rooms were wheelchair accessible. Baby changing facilities were available, and the practice told us they were able to offer a breastfeeding mother a private room if they required it. The practice had an accessible toilet with hand rails and a call bell.

### 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 told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the days of the inspection and patients were not kept waiting.

### Listening and learning from concerns and complaints

The practice had arrangements in place to appropriately respond to complaints to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- 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 not providing well-led care in accordance with the relevant regulations**

#### **Leadership capacity and capability**

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The registered manager had overall responsibility for the management and clinical leadership of the practice. The qualified dental nurse was responsible for the day to day running of the whole service.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate care.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. There was no practice manager in place; the registered manager told us they planned to train three existing members of staff to undertake supervisory roles.

#### **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. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The strategy was in line with health and social priorities. 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.
- Openness, honesty and transparency were demonstrated when responding to incidents and there

were arrangements in place to deal with complaints. 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 regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

#### **Governance arrangements**

There were improvements needed in the arrangements in place to support good governance and management.

- 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.
- The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.
- However there were no completed clinical audits by the doctor, or clinical supervision and peer support arrangements in place in respect of the GP service provision.
- Healthcare was not consistently delivered in line with current guidelines, and the care provided was not being audited.

#### **Managing risks, issues and performance**

The processes for managing risks, issues and performance were in need of improvement.

- There was an effective, process to identify, understand, monitor and address current and future risks including

# Are services well-led?

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

risks to patient safety. These included arrangements to monitor the quality of the service. The practice had not updated their most recent fire risk assessment to document actions taken; however, following the inspection, they provided evidence of completion of works relating to fire safety and confirmation that outstanding works were scheduled for completion.

- Improvements were needed in the processes to manage current and future performance. In respect of the private doctor service, performance of employed clinical staff could not be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of incidents. However there was no system in place to receive and disseminate for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- There was evidence of clinical audit in the dental service, which had a positive impact on quality of care and outcomes for patients. The practice carried out radiography audits annually following current guidance and legislation; randomly selected samples of dental radiographs had been graded as part of the audits. However there were no completed clinical audits in the private doctor service.
- 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 practice used information technology systems to monitor and improve the quality of care.
- They had arrangements in place to maintain data security standards

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

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

- The practice used patient questionnaires and verbal comments to obtain feedback from patients on the service. A summary of this feedback was displayed in the waiting area. However it did not indicate which aspect of the service, or the timeframe it related to.
- Staff views were sought through practice meetings.

## Continuous improvement and innovation

There were systems and processes for learning and continuous improvement. However improvements were needed

- There was a focus on continuous learning and improvement among the dental and non-clinical staff within the practice. However there was improvement needed in the private doctor service.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

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
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way for service users, as the registered provider did not assess and mitigate the risks to the health and safety of service users of receiving the care or treatment; specifically in relation to medicines prescribing in the private doctor service.</p> <p>This is in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have suitable systems and processes in place that assess, monitor and mitigate any risks relating the health, safety and welfare of people using services and others; specifically as there were no completed clinical audits by the doctor, or clinical supervision and peer support arrangements in place in respect of the GP service provision and the processes for managing patient safety risks were in need of improvement.</p> <p>This is in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>