

# King-Lewis Family Practice

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at King-Lewis Family Practice on 20 October 2022 as part of our inspection programme.

King-Lewis Family Practice is an independent provider of GP services to adults and children.

The medical director 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.

## **Our key findings were:**

- There was an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and monitored. However, infection prevention and control procedures should be improved.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- There was a system in place to receive safety alerts issued by government departments such as the Medicines and Healthcare products Regulatory Agency (MHRA); however, there was no system in place to evidence the actions taken.
- Staff had the skills, knowledge, and experience to deliver effective care and treatment. Staff assessed patients’ needs and delivered care in line with current evidence-based guidance.
- To ensure and monitor the quality of the service, the service completed audits which showed the effectiveness of the service; however, the provider had not undertaken any completed cycle clinical audits where improvements were implemented and monitored.
- Information about services and how to complain was available in the provider’s website and they were easy to understand.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs. However, the premises were not suitable for people who used a wheelchair; the provider informed us that patients with mobility impairments and wheelchair users could be seen in the local private hospital.
- The service held a range of policies and procedures which were in place to govern activity; staff were able to access these policies.

# Overall summary

- We saw there was leadership within the service and the team worked together in a cohesive, supported, and open manner.
- The service proactively sought feedback from patients, which it acted on.

The areas where the provider **should** make improvements are:

- Improve infection prevention and control arrangements in place.
- Implement a system to monitor the implementation of medicines and safety alerts.
- Undertake appraisals on a regular basis.
- Undertake completed cycle clinical audits where improvements were implemented and monitored.

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a specialist advisor.

## Background to King-Lewis Family Practice

King-Lewis Family Practice is located at Chelsea Consulting Rooms, 2 Lower Sloane Street, London SW1W 8BJ.

The provider offers private GP services to adults and children including medical consultations, health screening, childhood immunisations, travel advice and vaccinations and genetic testing.

The clinical team at the service is made up of one male clinical lead and medical director. The non-clinical practice team consists of a medical secretary.

The service is open between 9am and 6pm Monday to Thursday and between 9am and 5pm on Friday. The provider uses an external service for out of hours cover.

### How we inspected this service

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre-inspection information which we reviewed.

During our inspection we:

- Spoke with the clinical lead/medical director remotely through video conferencing.

During our site visit we:

- Spoke with staff (clinical lead/medical director and administrator).
- Reviewed personnel files, practice policies and procedures and other records concerned with running the service.
- Reviewed a sample of records.
- Looked at information the service used to deliver care and treatment plans.

To get to the heart of clients' 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?

## **We rated safe as Good because:**

*The provider had systems and procedures which ensured that users of the service and information relating to patients were kept safe. Information needed to plan and deliver care was available to staff in a timely and accessible way. Infection prevention and control procedures in place were not consistent; however, the provider had addressed our concerns immediately following the inspection.*

## **Safety systems and processes**

### **The service had systems to keep people safe and safeguarded from abuse.**

- The service had systems to safeguard children and vulnerable adults from abuse. It had appropriate safety policies, which were regularly reviewed and communicated to staff. However, the safeguarding policies did not have local safeguarding contact details; the provider informed us that they use the NHS safeguarding mobile application to raise any safeguarding concerns.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a system to manage infection prevention and control (IPC), there was an IPC lead and the provider undertook regular IPC audits; however, IPC procedures could be improved. We found that the disposable curtains were not replaced regularly; cleaning schedules were not consistently signed by cleaners; sharps bins were not consistently dated and used sharps bins waiting for collection were stored with new equipment; spill kits were not available to clean spillages of blood or bodily fluids. Following the inspection, the provider informed us that they had changed the disposable curtains the day after the inspection, sharps bins would be dated and stored appropriately with other clinical waste and they had ordered and obtained spill kits the day after the inspection.
- The provider undertook a legionella risk assessment in February 2022 and had acted on the recommendations.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The provider carried out appropriate environmental risk assessments and acted on the recommendations.

## **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 staff tailored to their role.
- Staff 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, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. However, the practice did not stock paediatric defibrillator pads; following the inspection, the provider informed us that they had obtained the paediatric defibrillator pads.

# Are services safe?

## 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 provider informed us that they lost access to their patient management system on 4th August 2022 as a result of a cyberattack; however, the provider informed us that the company which investigated this issue had confirmed there was no data breach. As a result of this the provider operated a temporary diary and notes during August and September 2022; the provider had not regained access to the patient management system for nearly two months and from 29 September 2022 they started using a new electronic patient management system. The provider informed us that they maintained an email list of patients and that they contacted the patients and asked them to re-register with the service. They informed us that they had re-registered about 400 patients during the first two weeks of using the new electronic patient management system. 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 provider informed us that the new system is cloud-based and the data was backed up regularly to ensure no loss of patient data.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service 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 service learned and made improvements when things went wrong.

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

# Are services safe?

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. There was a system in place to review and act on medicines and safety alerts; however, there was no system in place to monitor the implementation of actions in response to medicines and safety alerts; following the inspection, the provider put a system in place and sent us evidence to support this.

# Are services effective?

## We rated effective as Good because:

*The provider had systems and procedures which ensured clinical care provided was in relation to the needs of patients. Staff at the service had the knowledge and experience to be able to carry out their roles. The service did not undertake any completed cycle clinical audits or quality improvement activities; following the inspection, the provider devised a programme of quality improvement and audits and shared with us.*

## Effective needs assessment, care and treatment

**The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.
- The clinical lead / medical director attended medical group meetings with other private GP providers in the area where they discussed general updates, clinical updates, complex clinical cases and governance issues.

## Monitoring care and treatment

**The service was involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. However, the provider had not undertaken any completed cycle clinical audits where improvements were implemented and monitored.
- For example, the provider undertook an audit to ascertain if patients with urinary tract infections were appropriately prescribed. The provider found that only 60% of the patients were prescribed first-line antibiotics according to evidence-based guidelines. Following the audit, the provider proposed changes including re-education of medical staff on first-line antibiotic prescribing and that the reason for prescribing outside of these guidelines should be recorded in the electronic patient management system.
- During the inspection, the provider informed us that they had developed a monthly program of audits due to start in November 2022; the topics included high risk medicines monitoring, management of long-term conditions including hypertension, atrial fibrillation, diabetes and cardiovascular disease.

## Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical) were registered with the General Medical Council and were up to date with revalidation.



# Are services effective?

- The provider 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.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

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

### **Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

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

### **Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

## **We rated caring as Good because:**

*The service sought to treat patients with kindness, respect and dignity. The service involved patients in decisions about their treatment and care. Staff we spoke with demonstrated a patient-centred approach to their work.*

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- Feedback from patients was positive about the way staff treat people. The service sought feedback from patients on the quality of care they received. The provider undertook a survey in September 2018 and received a response from 34 patients. The results indicated the following:
- 94% of patients indicated that the doctor was good or very good at being polite.
- 94% of patients indicated that the doctor was good or very good at making them feel at ease.
- 94% of patients indicated that the doctor was good or very good at listening to them.
- 91% of patients indicated that the doctor was good or very good at assessing their medical condition.
- 91% of patients indicated that the doctor was good or very good at explaining their condition and treatment.
- 91% of patients indicated that the doctor was good or very good at involving them in decisions about their treatment.
- 85% of patients indicated that the doctor was good or very good at providing treatment.
- 100% of patients indicated that they were confident about the doctor's ability to provide care.
- 90% of patients indicated that they are happy to see the doctor again.
- The provider also undertook a survey between July and October 2021 and the results in general were positive about the quality of clinical care received.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

## **Involvement in decisions about care and treatment**

### **Staff helped patients to be involved in decisions about care and treatment.**

- Interpretation services were available for patients who did not have English as a first language.
- Patients felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

## We rated responsive as Good because:

*The provider was able to provide all patients with timely access to the service. The service had a complaints procedure in place, and it used patients' feedback to tailor services to meet user needs and improve the service provided.*

## Responding to and meeting people's needs

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

- The provider understood the needs of their patients.
- The facilities and premises were appropriate for the services delivered. However, the premises was not suitable for wheelchair users; the provider informed us that patient with mobility impairments and wheelchair users can be seen in the local private hospital.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the provider had a hearing loop to support patients with hearing impairments.

## Timely access to the service

**Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- They offered video consultations to patients.
- The provider used a mobile application which allowed the clinician to send prescriptions electronically to a company who then arranged for payment from the patient and hand delivered the medicines.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way.

## Listening and learning from concerns and complaints

**The service 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 in the provider's website. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. There had been no complaints in the past 12 months.

# Are services well-led?

## We rated well-led as Good because:

*The service leader was able to articulate the vision and strategy for the service. Staff worked together to ensure that patients would receive the best care and treatment that would allow patients to lead active lives. There were good systems in place to govern the service and support the provision of good quality care and treatment. The service responded to the issues identified in the inspection and were able to address them immediately following the inspection.*

### Leadership capacity and capability

#### The leader had the capacity and skills to deliver high-quality, sustainable care.

- The leader was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The leader was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- The provider had plans to recruit a practice manager and an additional clinician in the next year.

### Vision and strategy

#### The service 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 service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

### Culture

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

- Staff felt respected, supported and valued.
- The service focused on the needs of patients.
- The leader acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could 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. However, we found that the appraisal for a non-clinical staff was overdue. Following the inspection, the provider informed us that the appraisal for the non-clinical staff would be undertaken on 9 November 2022. Staff were supported to meet the requirements of professional revalidation where necessary. They were given protected time for professional time for professional development.
- There was a strong emphasis on the safety and well-being of all staff.
- Staff had received equality and diversity training.

### Governance arrangements

# Are services well-led?

## **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 understood and effective.
- Staff were clear on their roles and accountabilities
- The leader had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The provider attended clinical governance meetings with other private GPs in the building where they discussed general issues in the building, significant events and clinical updates.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The service had information technology systems. All clinical records were completed on the computer.

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

### **There were processes for managing risks, issues and performance.**

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. However, risks in relation to infection prevention control was not effectively identified and dealt with.
- The service had processes to manage current and future performance. The leader had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance.

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

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

- Patients, staff and external partners' views and concerns were heard and acted on.
- Staff reported their views were heard and were happy to work at the service.

## **Continuous improvement and innovation**

### **There was evidence of systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement. For example, the provider implemented a new electronic patient management system following the loss of access to their old system due to a cyberattack; the provider informed us that the new system is cloud-based and the data was backed up regularly to ensure no loss of patient data.