ZID Medical Services Limited

Private GP Care Birmingham

Inspection report

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Overall summary

We carried out an announced focused inspection on 25 July 2018 at GP Private Care Birmingham. This inspection was in response to a previous comprehensive inspection on 22 March 2018 where we found this service was not providing safe, effective and well led care in accordance with the relevant regulations and breaches of the Health and Social Care Act 2008 were identified.

You can read the report from our last comprehensive inspection on 22 March 2018; by selecting the 'all reports' link for GP Private Care Birmingham on our website at www.cqc.org.uk.

At this inspection 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 well-led?

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

CQC inspected the service on 22 March 2018 and asked the provider to make improvements regarding breaches identified in Regulation 12 of the Health and Social Care Act Regulated Activities Regulations 2014 Safe care and Treatment and Regulation 17 Health and Social Care Act Regulated Activities Regulations 2014 Good governance. We checked these areas as part of this focused inspection and found these breaches had been resolved.

This service is registered with the CQC under the Health and Social Care Act 2008 to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder and injury. This service offers a private consulting clinic specialising in GP consultations and a sexual health service.

Our key findings were:

- The provider had reviewed and embedded their systems and processes to keep patients safe. This included mitigating the risks previously identified in relation to unforeseen medical emergencies and the use of chaperones.

Summary of findings

- The provider had introduced an online satisfaction questionnaire to gather patient feedback of the services provided.
- The GP provider told us that they saw on average two patients a month currently and the regulated service offered accounted for less than 5% of the working week.
- Due to the low numbers of patients currently accessing the service, the provider had not completed any quality improvement activity, however they had a plan to monitor quality when more patients had utilised the service.
- The provider had updated their website to include a complaints form and the complaints process.

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 provider had reviewed their current processes for the management of emergencies on the premises and had an emergency medicine box in place.
- The provider knew how to identify and manage patients with severe infections including sepsis.
- If a chaperone was required, the provider requested assistance from the dental nurses where the consultation room was allocated. The provider had reviewed the checks and training of the nurses to ensure they were appropriate for carrying out the role.
- The provider had reviewed the risk assessments in relation to health and safety and fire completed by the dental practice to ensure they were appropriate for the GP service.

Are services effective?

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

- The provider told us that due to the low number of patients currently accessing the service, no quality improvement activity had been completed. However, the provider had identified systems and processes for monitoring the service when demands for the service increased.

Are services well-led?

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

- The provider had reviewed their governance arrangements, to ensure they supported the running of the service.
- The provider had introduced an online patient feedback questionnaire to gather patients' views.

Private GP Care Birmingham

Detailed findings

Background to this inspection

Private GP Care registered with CQC in October 2015 to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder injury. It is a private consulting clinic specialising in GP consultations and a sexual health service.

The service is run by a single handed GP. The provider rents a room at a private dental practice situated in Smethwick, an area of the West Midlands. The provider commenced the private GP business in August 2016 and sees a small number of patients.

The practice has no set opening times. Patients make appointments with the GP directly by telephone and a suitable date and time is organised for the patient to be seen at the practice premises. The practice is not required to offer an out of hours service. Patients who need medical

assistance out of corporate operating hours are requested to seek assistance from alternative services such as the NHS 111 telephone service or accident and emergency. This is detailed on the practice website.

Due to the low numbers of patients the provider sees, we did not have any completed comment cards where patients and members of the public shared their views and experiences of the service.

The inspection was led by a CQC inspector and included a second CQC inspector. Before visiting, we reviewed information we hold about the practice such as any notifications, the provider action plan following the previous comprehensive inspection on 22 March 2018 and other information received.

During our visit we:

- Spoke with the GP provider.
- Reviewed documentation made available to us for the running of the practice.
- Reviewed the actions the provider had taken to address the breaches previously identified in the following key questions:
- Is it safe?
- Is it effective?
- Is it well-led?

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

Are services safe?

Our findings

Safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Chaperones were available if required. The provider was able to request the support of the nurses who worked at the dental practice to act as chaperones. The provider had assured themselves that the staff who acted as chaperones were trained for the role 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).
- The premises appeared well maintained and arrangements were in place for the safe removal of healthcare waste. The provider had reviewed the risk assessments carried out by the dental practice where they rented the consulting room, to confirm these were appropriate for the GP service.

Risks to patients

- The provider had reviewed their processes to ensure effective arrangements were in place to manage emergencies on the premises. A box of emergency medicines had been purchased by the provider for use if an emergency arose and was situated in the consulting room.. The provider had access to emergency medical equipment at the dental practice if required.

Lessons learned and improvements made

The practice had systems in place to record and act on significant events and incidents, however the provider told us they had not implemented any improvements as there had been no events or incidents since commencing the service.

- The GP understood his duty to raise concerns and report incidents and near misses.

The GP was aware of the requirements of the Duty of Candour and told us he had a culture of openness and honesty.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring care and treatment

The provider had a plan to carry out quality improvement, but due to the low number of patients that had accessed the service this had not been implemented. The provider told us he saw on average two patients per month and did not have adequate numbers to demonstrate quality improvement activities. However, they had identified systems and processes in place to monitor the service as demand increased.

Are services well-led?

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

Our findings

Governance arrangements

There were systems of accountability to support the governance and management of the service.

- The provider relied on the established policies and procedures of the dental practice where he rented his consultation room to support the safety of the service. The provider had reviewed the governance arrangements in place, to ensure they were appropriate for the GP service.

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 provider had reviewed the risk assessments carried out by the dental practice, to ensure they were suitable for the GP service.
- The provider had carried out an assessment of emergency equipment required and had installed an emergency medicine box for unforeseen medical emergencies.

Engagement with patients, the public, staff and external partners

- The provider had implemented an online satisfaction questionnaire for patients to complete once they had used the GP service. The provider told us he regularly checked to see if any feedback had been given, but had not received any at the time of the inspection.