

# The Tyburn Private Medical 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 The Tyburn Private Medical Practice as part of our inspection programme. It was the first inspection of the service, which was registered by the CQC in February 2021.

The service offers consultations with a general practitioner. In addition, the service provides access to laboratory blood tests, diagnostic screening and referrals to specialists under arrangements with third-party service providers.

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. There are some general 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 The Tyburn Private Medical Practice services are provided to patients under arrangements made by their employer or an insurance provider with whom the service user holds an insurance policy other than a standard health insurance policy. These types of arrangements are exempt by law from CQC regulation. Therefore, at The Tyburn Private Medical Practice, we were only able to inspect the services which are not arranged for patients by their employers or an insurance provider with whom the patient holds a policy other than a standard health insurance policy.

The lead GP 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.

We received feedback from 44 people about the service. All comments were very positive about the service and indicated that patients were treated with kindness and respect and the premises was always clean. Staff were described as helpful, caring, thorough and professional.

## **Our key findings were:**

- The service had systems to manage risk so that safety incidents were less likely to happen. When they did happen, the provider learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients were able to access care and treatment within an appropriate timescale for their needs.

# Overall summary

- The service had systems in place to collect and analyse feedback from patients.
- There was a clear leadership structure to support good governance and management.

Whilst we found no breaches of regulations, the provider should:

- Continue working towards completed audit cycles.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor who spoke with staff and completed clinical records reviews.

## Background to The Tyburn Private Medical Practice

The provider, The Tyburn Medical Limited, was registered by the CQC in February 2021 to provide the regulated activities of Diagnostic and screening procedures and Treatment of disease, disorder or injury.

The provider delivers regulated activities from the registered location at 22 Upper Wimpole Street, London, W1G 6NB.

The service provides private consultations with a general practitioner at the registered location and via telephone and video conferencing. Service users can access a wide range of blood tests and diagnostic screening via third-party organisations. The service is available to children and adults.

The service is open from 8:30am to 5:30pm Monday to Friday. Appointments can be booked by telephone or online via the service's website.

Details of the service are set out on the website - [www.thetyburn.com](http://www.thetyburn.com)

Staff comprise of two GPs (male and female), a practice manager and an administrator.

### How we inspected this service

Before the inspection we gathered and reviewed information from the provider. During inspection, we interviewed the lead GP and practice manager at the registered location. We reviewed a sample of service user records and consultations. We also received feedback from the administrator and patients who used the service.

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?

**We rated safe as Good because:**

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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).
- During the inspection we found the practice did not have evidence in relation to vaccination history / immunity for non-clinical staff who had direct contact with patients. Following our inspection, the practice acquired evidence of vaccination history / immunity status for these staff and shared this with us.
- 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 an effective system to manage infection prevention and control. Legionella risk assessments and maintenance were undertaken by the landlord of the premises and the provider had oversight of these assessments.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## **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.
- There were suitable medicines to deal with medical emergencies and these were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision. Equipment to deal with medical emergencies, such as an automated external defibrillator (AED) and oxygen, were accessible and stored and checked regularly by another healthcare provider located within the same building.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

## **Information to deliver safe care and treatment**

# Are services safe?

## **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 service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- 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, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- 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.
- There were effective protocols for verifying the identity of patients including children.

## **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.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons and took action to improve safety in the service. For example, there was evidence of action taken and lessons learned following a significant event where emergency medicines were not taken on a home visit.
- 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:

# Are services safe?

- The service gave affected people reasonable support, truthful information and a verbal or written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

**We rated effective as Good because:**

## **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. The GPs followed-up with medical patients after consultations to ensure they had no further queries.
- Staff assessed and managed patients' pain where appropriate.
- The service used technology to improve treatment and to support patients' independence. For example, where appropriate, telephone and video consultations were offered to registered patients and test results could be emailed to patients.

## **Monitoring care and treatment**

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

- The service used information about care and treatment to make improvements. The service made improvements through the use of audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The service had completed two audits in the last year. This included a medical records audit of consultations over a one-month period. The results showed most consultations met the parameters set by the audit. Areas for improvement included adapting the consultation template to ensure impression and a plan were recorded, and adding tick boxes to the template to specify the type of appointment (face-to-face, video or telephone) and confirm ID checks had been undertaken. The service had yet to undertake completed audit cycles but planned to do so.

## **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 were registered with the General Medical Council (GMC) and were up to date with revalidation.
- 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.

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

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



# Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, information and results were shared with specialists during referrals.
- 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. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- 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 some long term conditions. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, for palliative care.
- 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. There were clear and effective arrangements for following up on people who had been referred to other services.

## 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:**

## **Kindness, respect and compassion**

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

- The service reviewed feedback on the quality of clinical care patients received and general customer satisfaction.
- Feedback from patients was positive about the way staff treated people.
- 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. Information leaflets were available in easy read formats on request, to help patients be involved in decisions about their care.
- We reviewed patient feedback shared with CQC. All comments were wholly positive. Patients stated they 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, for example, communication aids and easy read materials were available on request.

## **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:**

## **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 and improved services in response to those needs. For example, telephone and video consultations were available to registered patients if clinically appropriate.
- The facilities and premises were appropriate for the services delivered.

## **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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- 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.**

- The service had a complaints policy and procedures in place.
- Information about how to make a complaint or raise concerns was available. This included informing patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- Staff informed us that the practice had not received any complaints in the last 12 months.

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability**

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

- The lead GP was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The lead GP also worked within the NHS and was able to apply this experience to all aspects of their private work.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The lead GP informed us that staffing levels were sufficient for the needs of the patients, and there were no current plans to change the leadership structure or recruit additional staff. This would be reviewed depending on patient demand and the growth of the service.

## **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 to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

## **Culture**

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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. The practice manager had received their regular annual appraisal in the last year and the administrator was due for appraisal this year.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.

## **Governance arrangements**

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

# Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- 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 service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and prescribing. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- 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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to 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.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

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

- The service encouraged and heard views and concerns from patients and staff and acted on them to shape services and culture. The service had developed professional relationships with other healthcare companies and secondary care organisations within the private sector.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

## Are services well-led?

- The service used digital innovations to facilitate practice systems and processes. For example, QR codes (a type of barcode) were utilised for monitoring emergency medicines and daily practice checks. Patients could also scan QR codes on their mobile devices and provide patient feedback via this method.