

The Oakley Partnership LLP

The Oakley Partnership

Inspection report

52 Bishops Way
Sutton Coldfield
West Midlands
B74 4XS
Tel: 0121 308 8876
Website: www.topmedicalpractice.co.uk

Date of inspection visit: 1 December 2017
Date of publication: 26/01/2018

Overall summary

We carried out an announced comprehensive inspection on 1 December 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The Oakley Partnership provides a private medical service to adults and children. Services include a private general medical service, immunisations such as child immunisations and travel vaccinations, weight loss injections, bio-identical hormone therapy, alcohol dependency support, sexual health services, BCG service (Tuberculosis) vaccination and screening and, private GP consultations. The practice team consists of a single handed doctor, a practice nurse, practice manager and a team of three support staff with reception and administration roles.

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.

The practice is open for appointments Monday to Friday. Appointments can be booked Monday 9am to 5.45pm, Tuesday 9.30am to 5pm, Wednesday 9.30am to 5pm, Thursday 9am to 5pm and Friday 9.30am to 4pm. Patients make appointments with the practice directly by telephone.

The practice is not required to offer an out of hours service. Patients who need medical assistance out of

Summary of findings

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.

As part of our inspection we reviewed comment cards where patients and members of the public shared their views and experiences of the service. There were 39 completed CQC comment cards, patients commented that they were satisfied with the care provided by the practice. Staff were described as caring, friendly and helpful.

Our key findings were:

- The service was providing safe, effective, caring, responsive and well led care in accordance with the relevant regulations.
- There were systems in place for the overall management of significant events and incidents. Risks to patients were assessed and well managed.
- There was an overarching governance framework which supported the delivery of good quality care.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback. Comment cards and satisfaction surveys highlighted that patients were pleased with the care provided by the doctor and staff were described as friendly, helpful and caring.
- Staff felt supported and were confident in raising concerns and suggesting improvements. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care.
- The provider supplied unlicensed medicines against valid special clinical needs of an individual patient where there was no suitable licensed medicine available.

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.

- There was an effective system in place for recording, reporting and managing significant events and incidents.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. There was an open culture in which all concerns raised by staff were valued and used for learning and improvement.
- The practice had systems and processes in place to minimise risks to patient safety, this included an effective system in place to demonstrate what action had been taken with alerts and safety updates received from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Risks to patients were assessed and well managed. The practice had adequate arrangements in place to respond to emergencies and major incidents.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety and reflected best practice guidelines.

Are services effective?

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

- The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE). The practice also followed travel guidance from MASTA (Medical Advisory Service for Travellers Abroad).
- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines and learning from various sources and used this information to deliver care and treatment that met patients' needs
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The practice had an effective tracking and monitoring system in place which allowed them to track every vaccine administered to patients through batch numbers.
- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their physical records. The practice shared relevant information with other services in a timely way.
- All staff actively engaged in activities to monitor and improve quality and outcomes.

Are services caring?

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

- We observed a calm and friendly atmosphere at the practice during our inspection.
- We saw that members of staff were courteous and very helpful to patients and treated people with dignity and respect.
- Patients we spoke with told us they were satisfied with the care provided by the practice; they said staff were helpful and professional. Patients told us that they felt involved in decision making about the care and treatment they received.

Summary of findings

- The practice had completed an in house patient satisfaction survey. A total of 24 questionnaires were completed during August and October 2017. The results demonstrated that 100% of patients rated the level of treatment received as good to excellent.

Are services responsive to people's needs?

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

- Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care.
- Patients could access appointments and services in a way and at a time that suited them. The practice offered appointments five days a week.
- There was an efficient referral process. The practice offered an efficient pathology system where results for patient's blood tests were sent and received within a 24 hour timeframe.
- The practice offered a range of clinical services which included travel, a sexual health clinic, phlebotomy (taking of blood), a range of immunisation clinics and private GP care.
- The practice had an effective system in place for handling complaints and concerns.

Are services well-led?

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

- The practice had an overarching governance framework which supported the delivery of good quality care. Governance and performance management arrangements were proactively reviewed and reflected best practice.
- Practice specific policies and protocols were well organised and accessible to all staff in the practice. There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Staff we spoke with spoke positively about working at the practice. They said they felt valued, supported and that they worked well as a team. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

The Oakley Partnership

Detailed findings

Background to this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service.

Our inspection team consisted of a CQC Lead Inspector, a GP Specialist Advisor and a nurse specialist advisor.

The inspection team:

- Carried out an announced inspection at The Oakley Partnership on 1 December 2017.

- Spoke with staff and patients
- Reviewed patient survey information and completed CQC comment cards
- Reviewed the practice policies and procedures

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

Safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and information was on display on the noticeboards in reception.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three.
- Chaperones were available if required. All 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 practice had systems in place for knowing about notifiable safety incidents. Safety was monitored using information from a range of sources, including Public Health England (PHE) guidance and safety updates from the Medicines & Healthcare Products Regulatory Agency (MHRA).
- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place and staff had access to appropriate hand washing facilities and personal cleaning equipment. The practice carried out monthly cleaning audits to monitor the standard of cleanliness of the premises. The treatment room was carpeted; however the provider had plans for a refurbishment of the premises and the cleaning of the carpets was part of the infection control audits.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice nurse was the infection control clinical lead who regularly liaised with the local infection prevention team to keep up to date with best practice. There was a protocol in place, we saw records of completed audits

and that action was taken to address any improvements identified as a result. Staff had received up to date infection control training and infection control training was also included in the induction of new staff.

Risks to patients

Risks to patients were assessed and well managed.

- There was a health and safety policy available and a range of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had completed fire risk assessments and had regular fire drills. Fire alarms were checked weekly and all fire equipment was checked by an external contractor on an annual basis.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Information to deliver safe care and treatment

Information needed to deliver safe care and treatment was available to the relevant staff in a timely manner.

- The practice kept a clinical record for each patient that attended a consultation. All vaccines patients received were documented including the batch number and a copy of the details was given to the patient for their records.
- We reviewed five patient records and found the records to be clear, well documented and in line with relevant guidelines for record keeping.

Safe and appropriate use of medicines

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice kept a stock of travel vaccines which were checked daily to ensure sufficient stock was available.

Are services safe?

The practice used MASTA (Medical Advisory Service for Travellers Abroad) data to provide up to date information on travel vaccine requirements and prescribing advice.

- Vaccines requiring cold storage were stored appropriately and the vaccination fridge temperatures were recorded and monitored in line with guidance by Public Health England.

Medicines can also be made under a manufacturers specials licence. Medicines made in this way are referred to as 'specials' and are unlicensed. MHRA guidance states that unlicensed medicines may only be supplied against valid special clinical needs of an individual patient. The General Medical Council's prescribing guidance specifies that unlicensed medicines may be necessary where there is no suitable licensed medicine.

At The Oakley Partnership we found that patients were treated with unlicensed medicines. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines

may not have been assessed for safety, quality and efficacy. We found notes had been made on the patient records to confirm that the use of unlicensed medicines had been discussed with the patients.

Track record on safety

The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. The practice told us they had no incidents or significant events documented, but an accident book was in place and all staff were aware that this had to be completed and any concerns were to be reported directly to the practice manager or the GP.

The practice had systems in place for knowing about notifiable safety incidents. Safety was monitored using information from a range of sources, including Public Health England (PHE) guidance and safety updates from the Medicines & Healthcare Products Regulatory Agency (MHRA). This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE). The practice also followed travel guidance from MASTA (Medical Advisory Service for Travellers Abroad). The practice monitored that these guidelines were followed through an up-to-date medical history, a clinical assessment and recording of consent to treatment.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines and learning from various sources and used this information to deliver care and treatment that met patients' needs. The practice had adapted the guidelines to ensure the needs of their practice population were being met and to support clinical reviews of patients. For example: Patients completed a symptom questionnaire before seeing the GP for specific conditions and blood tests were organised to ensure the provider has assured themselves that they have enough information before considering treatment.
- The practice was able to operate an efficient pathology system where results for patient's blood tests were sent and received within a 24 hour timeframe.

Monitoring care and treatment

The practice monitored guidelines were followed through risk assessments and random sample checks of patient records. This included an up-to-date medical history, a clinical assessment and recording of consent to treatment. There was no evidence of clinical audits, however the practice were able to demonstrate how they monitored patients on treatment. For example, patients on hormone replacement therapy had to complete a questionnaire on how the treatment had affected them when attending for their next review and this was discussed as part of their consultation before further medicines were prescribed.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had a comprehensive induction programme for newly appointed members of staff that covered topics such as safeguarding, infection control, fire safety, health and safety and confidentiality.
- Induction programmes were also tailored to reflect the individual roles to ensure that both clinical and non-clinical staff covered key processes suited to their job role.
- The doctor was up to date with their yearly continuing professional development requirements and we saw evidence to confirm that the last appraisal had been completed in August 2017. We saw records which demonstrated that the doctor attended various training updates.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, coaching and mentoring. For example: the practice nurse was studying a nurse practitioner prescribing course.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at staff meetings.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place to ensure enough staff were on duty... The practice shared records with us which demonstrated that the appropriate recruitment checks were completed for staff prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. This included care and risk assessments, care plans, medical records and investigation and test results.

The systems to manage and share the information that is needed to deliver effective care were coordinated across services. The practice shared relevant information with

Are services effective?

(for example, treatment is effective)

other independent services when necessary and there were communication links between the practice and the patients NHS GPs. We also saw that patients were involved in the information sharing process by consenting to share information between NHS and private services.

Consent to care and treatment

- The practice sought the consent of patients if they needed to contact their GP. We saw that patients consent was clearly documented.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The practice offered full, clear and detailed information about the cost of consultations and treatments, including tests and further appointments.
- In circumstances where the patient does not consent to share their treatment information with their NHS GP, the provider monitors the treatment of patients through guidelines and evidence based outcomes.

Are services caring?

Our findings

Kindness, respect and compassion

We observed a relaxed and friendly atmosphere at the practice during our inspection. We saw that members of staff were polite and helpful to patients and treated people with dignity and respect.

Patients completed 39 CQC comment cards, positive comments were made to describe the service and staff were described as friendly, caring and helpful. Some of the comment cards we reviewed described the service as excellent and professional.

The practice had completed an in house patient satisfaction survey. A total of 24 questionnaires were completed during August and October 2017. The results aligned with many of the completed comment cards and demonstrated that 100% of patients rated the level of treatment received as good to excellent. We also saw that

the practice had received a number of positive comments through online feedback where patients left compliments and gave thanks to the team for the care and treatment received.

Involvement in decisions about care and treatment

Patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us 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. Patients told us they were satisfied with the care provided by the practice; they said staff were polite, helpful, caring and professional.

Privacy and Dignity

- Privacy screens were provided in the treatment room to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that the consultation and treatment room door was closed during consultations and that conversations taking place in these rooms could not be overheard.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone and face to face and online. The practice offered appointments five days a week.
- There was an efficient referral process and the practice also had direct access to a list of specialist consultants for patient's referrals at the local private hospital.
- The practice offered a range of clinical services which included travel clinics, weight loss injections, bio-identical hormone therapy, alcohol dependency support, sexual health services, BCG service (Tuberculosis) vaccination and screening, private GP consultations.
- The practice was able to operate an efficient pathology system where results for patient's blood tests were sent and received within a 24 hour timeframe through a private laboratory.

- The practice offered a range of payment options to patients. Vaccination fees were clearly displayed on the practice website. Patients were made aware of the required fees before treatment was commenced.
- Information was made available to patients in a variety of formats, through detailed leaflets available in the practice and on the practice's website.

Timely access to the service

The practice was open for appointments on weekdays. Appointments could be booked between

9am to 5.45pm on Monday, 9.30am to 5pm on Tuesday and Wednesday, 9am to 5pm on Thursday and 9.30am to 4pm on Friday.

Listening and learning from concerns and complaints

The practice had an effective system for handling complaints and concerns.

- Its complaints policy and procedures were appropriate and there was a designated responsible person who handled all complaints in the practice.
- The practice website also clearly explained the procedures if patients wished to raise concerns.
- The practice told us they had received no complaints, but would record any comments received. All feedback was discussed with the team during staff meetings.

Are services well-led?

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

Our findings

Leadership capacity and capability

The GP and the practice manager formed the management team at the practice. They worked closely with the practice team and conversations with the staff highlighted a supportive team environment. Staff at all levels were actively encouraged to raise concerns. Staff commented that the management team were friendly, caring and approachable. On the day of inspection the management team demonstrated they had the experience, capacity and capability to run the practice and ensure quality care.

There was a regular programme of practice meetings and these meetings were governed by agendas which staff contributed to, meetings were minuted and action plans were implemented to ensure any actions were acted on.

Vision and strategy

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

GPS Healthcare values were “Providing choice and delivering care”. The management team had objectives to achieve quality care which included service redesign, staff development and to promote patient engagement and empowerment.

Due to the growing number of patients, the practice planned to refurbish the premises to include additional consulting rooms. The management team were also reviewing the need to increase clinical staff and planned to offer sessions with a female GP in the near future.

Culture

Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.

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 provider did not have any safety incidents recorded, however there were policies in place and we were told that if they had any unexpected or unintended safety incidents:

- The service would give affected people support, information and a verbal and written apology

- Written records are kept of verbal interactions as well as written correspondence.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and regularly reviewed. Policies and documented protocols were well organised and available on the practices computer system.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Governance and performance management arrangements were regularly reviewed and reflected best practice.

Engagement with patients, the public, staff and external partners

The practice encouraged and valued feedback from patients and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. For example:

- It had gathered feedback from patients through online feedback and in-house patient surveys. We saw that all feedback was analysed and that actions were implemented as a result. We looked at records where patient feedback had been reviewed and analysed, all feedback was very positive.
- The practice had also gathered feedback from staff through meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels within the practice.

Staff development was a priority at the practice to encourage staff to further their skills and knowledge. The practice nurse was studying the advanced nurse practitioner course and was being supported by the GP.