

## Courtfield Private Practice Limited

# Courtfield Private Practice

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 19 September 2018 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.

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.

Courtfield Private Practice is an independent health service based in Kensington where GP services are carried out to private patients.

#### **Our key findings were:**

- Systems were in place to keep patients safe and safeguarded from abuse.
- There were systems in place for clinical staff to be kept up to date with evidence based guidelines and practices.
- Medicines were managed and monitored in a way that kept patients safe.
- There was a programme of quality improvement including clinical audits.
- There were systems to update external bodies such as GPs and consultants of care and treatment being provided.
- All members of staff were up-to-date with training relevant to their role.
- There were comprehensive risk assessments to mitigate current and future risks.
- Policies and procedures to govern activity were in place and reviewed annually.
- Emergency equipment and procedures kept patients and staff safe.

# Summary of findings

- Systems were in place to protect personal information of patients.
- There was a system for checking parental responsibility for adults attending with a child, but this did not include checking photographic identification.

There were areas where the provider could make improvements and should:

Review the system for establishing parental responsibility of adults attending the service with children.

# Courtfield Private Practice

## Detailed findings

### Background to this inspection

Courtfield Private Practice operates under the provider Courtfield Private Practice Ltd. The provider is registered with the Care Quality Commission to carry out the regulated activities of treatment of disease, disorder or injury and diagnostic and screening procedures.

Dr Timothy Ladbrooke 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.

The service consists of one male and one female GP Director and five GP associates. There is a practice manager, a finance manager and a team of seven reception and administration staff members. The service is complimented by a team of osteopaths and three adult and child psychiatrists, who rent a room from the service.

The service is open Monday, Tuesday, Thursday and Friday from 8am, Wednesday 7:30am and Saturday from 8:30am to 1pm. The service closes on a Monday at 8:30pm, Tuesday, Thursday and Friday at 6:30pm and Wednesday at 8:30pm. Appointments last for half an hour and appointment times are as follows:

- Monday 8:30am to 1pm and 3pm to 7pm
- Tuesday 8:30am to 1pm and 2:30pm and 6pm
- Wednesday 7:30am to 1pm and 2:30pm to 8pm
- Thursday 8:30am to 1pm and 2:30pm 6pm

- Friday 8:30am to 1pm and 2:30pm to 6pm
- Saturday 8:30am to 1pm

The service uses a separate organisation to provide out of hours care to its patients.

Patient records are all computer based. The service refers patients when necessary to other private and NHS providers as well as back to the patient's NHS GP.

Prior to the inspection we reviewed information requested from the provider about the services they were providing. The inspection was undertaken on 19 September 2018 and the inspection team was led by a CQC inspector, who was supported by a GP and practice nurse specialist advisor. During the inspection, we spoke with GPs, the practice manager, reception and administration staff members and a patient. We viewed a sample of key policies and procedures, patient records, made observations of the environment and infection and prevention control measures and reviewed completed CQC patient comment cards.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

# Are services safe?

## Our findings

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

### Safety systems and processes

The service had clear systems and processes to keep patients safe and safeguarded from abuse.

- Policies including safeguarding policies were regularly reviewed and were accessible to all staff members. Where necessary policies included the contact details of external bodies such as local authorities.
- The service had access to appropriate documentation for staff working at the practice, this included references and Disclosure and Barring Service (DBS) checks. 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 members had received up-to-date training appropriate to their roles including safeguarding training.
- Posters were displayed in the patient wait area advising that chaperones were available if required and staff members were trained to carry out the role and had been DBS checked.
- There was an effective system to manage infection and prevention control (IPC). An IPC audit had been completed and actions that had not been rectified had a timeline for completion. A legionella risk assessment had been completed and the associated actions were carried out monthly. There was a system to enable communication between members of the service and cleaning members of staff.

### Risks to patients

There were effective systems to monitor and manage risks to patient safety.

- The service had adequate arrangements to deal with emergencies, there was a defibrillator, oxygen cylinder and emergency medicines. These were regularly checked and all staff knew where they were located.
- All staff members received regular basic life support training.

- Electrical equipment had undergone portable appliance testing to ensure they were safe and in good working order and clinical equipment had undergone calibration to ensure the clinical efficiency.
- When there were changes to the service this was disseminated to all relevant staff members.
- All clinical staff had their own professional indemnity cover.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

- Individual care records were recorded and managed in a way that kept patients safe.
- Referral letters and documentation to other services contained all the necessary information.

### Safe and appropriate use of medicines

Medicines were used in a safe way by the service.

- The systems for managing and storing medicines, including vaccines, medical gasses, emergency medicines and equipment, minimised risk.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with current national guidance.
- The service had systems to monitor the prescribing of controlled drugs.

### Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- There was a system for peer review and the GPs informally met together each lunchtime to discuss the days clinical cases.

### Lessons learned and improvements made

The service had systems to learn and make improvements when things went wrong.

- The provider was aware of the Duty of Candour, there was a policy to support this and we were given an example of when this was used.

## Are services safe?

- There was a significant events policy and recording and reporting forms. There had been two significant events recorded in the last 12 months, we saw that as a result of these, action was taken and lessons were learned and shared with all relevant staff members.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

The service had systems to keep up-to-date with current evidence based practice. We saw that the GPs assessed needs and delivered care and treatment in line with current legislation and standards and guidance supported by clinical pathways and protocols.

- GPs met daily to discuss the days complex and unusual cases.
- Patients' needs were fully assessed. This included their clinical needs and their physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Clinicians reminded patients of the remit of the service and where you seek further help and support.

### Monitoring care and treatment

The service had a programme of quality improvement activities and used this to routinely review the effectiveness and appropriateness of the care provided. For example, the service reviewed their prescribing of benzodiazepines and anxiolytics to ensure that these were not being prescribed without a medication review within a 12 month period. The service found that with the exception of one out of 15 patients these medicines were prescribed in line with guidance. We saw that guidance and learning was discussed with all relevant members of staff.

### Effective staffing

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

- The service understood the learning needs of staff and provided protected time and training to meet them.

- All the doctors had completed revalidation and took part in annual appraisal process.

### Coordinating patient care and information sharing

The service worked together with other health professionals to deliver effective care and treatment.

- We saw evidence that showed all appropriate organisations including NHS GPs and consultants were kept informed and consulted where necessary on care and treatments given to patients.
- Patients received coordinated and person-centred health assessments.

### Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The service identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.
- Staff discussed care and treatment with patients and their carers as necessary.

### Consent to care and treatment

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

- The service understood the requirements of legislation and guidance when considering consent and decision making, but the system to ensure that adults attending with children had parental responsibility did not include the checking of photographic identification.
- Consent to care and treatment was appropriately documented in the patient record.

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

- We observed the consulting rooms to be spacious and clean and consulting room doors were kept closed during patient consultations to ensure confidentiality.
- The patient waiting area was away from the front desk to ensure patient confidentiality and prevent conversations being overheard and there was a separate area where private conversations could take place.

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

- We viewed a sample of patient records which indicated that treatment options were discussed with patients and they were given the opportunity to input into the decisions about their care.

- We received 13 completed Care Quality Commission comment cards, all of which were extremely complimentary about the standard of care received. There was a common theme of friendly, timely and attentive care with thorough information provided.

### **Privacy and Dignity**

The service respected and promoted patients' privacy and dignity.

- Staff we spoke with recognised the importance of patients' dignity and respect.
- The service complied with the Data Protection Act 1998 and staff had received training in information governance.
- Chaperone posters were displayed in the patient waiting area.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

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

- The premises were suitable for the services provided.
- The service provided free sanitary products in all the toilets on the premises.
- The service recognised that it had a larger than expected number of patients who experienced mental health issues and organised for child and adult mental health services to operate on their premises giving access to their patients.
- Patients could access information about the service through a variety of sources including a website and leaflets.
- Health assessments and treatments were personalised to reflect individual patient needs.

### Timely access to the service

The service was open Monday, Tuesday, Thursday and Friday from 8am, Wednesday 7:30am and Saturday from

8:30am to 1pm. The service closed on a Monday at 8:30pm, Tuesday, Thursday and Friday at 6:30pm and Wednesday at 8:30pm. Appointments lasted for half an hour and appointment times were as follows:

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- Friday 8:30am to 1pm and 2:30pm to 6pm
- Saturday 8:30am to 1pm

The service used a separate organisation to carry out its out of hours care to its patients.

- Patients had timely access to initial assessments and ongoing treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The appointment system was easy to use.

### Listening and learning from concerns and complaints

- There was a clinical and non-clinical lead for managing complaints.
- The service had a complaints policy and information about how to complain was displayed in the patient waiting areas and was detailed on the service's website.
- The service had received no complaints in the last 12 months.

# Are services well-led?

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

## Our findings

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

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

On the day of inspection, we saw that leaders had the capacity and skills to deliver high quality and sustainable care. They ensured staff had access to a suite of processes and procedures to govern activity.

Leaders were knowledgeable about issues and priorities relating to the quality and future of their service. They understood the challenges and were addressing them.

### **Vision and strategy**

The provider had a clear documented vision and strategy to deliver easily accessible, high quality and sustainable care, whilst promoting preventative measures and good outcomes for patients.

- All staff we spoke with understood the services values and their role in delivering them.

### **Culture**

There was a positive and professional working culture at the service. Staff told us that they would be comfortable to raise any concerns and make suggestions on how to improve the service. The provider was aware of their responsibility in relation to the duty of candour and had a protocol to ensure compliance with this.

### **Governance arrangements**

- There was a clear staffing structure and all members of staff knew and understood their roles and responsibilities including in respect of safeguarding.
- Clinical staff and members of the management team all had areas of responsibility which they led on and all staff were aware of these roles.
- Structures, processes and systems to support good governance and management were effective.
- Policies and procedures to govern activity were established and regularly updated and accessible to all staff members.

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

- There were comprehensive risk assessments including fire safety, infection and prevention control and health and safety.
- Processes to manage current and future risk were thought through and documented.
- Clinical staff met daily to discuss their complex cases.

### **Appropriate and accurate information**

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance and performance information was combined with the views of patients.
- Quality and sustainability was discussed by all relevant staff members.
- The service manually gathered information and used it to monitor performance and the delivery of quality care.
- There were robust arrangements in line with data and security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management.

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

The service carried out patient satisfaction surveys twice a year, which asked questions about the quality of the service received, outcomes of consultations and follow ups. The service was consistently rated positively by patients about the services provided.

### **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement at all levels within the service.
- The practice designed their own electronic clinical system and continued to work on it to make improvements.
- Clinicians met daily to discuss complex cases and share learning.