

Harley Walk-in Clinic Ltd

The City Walk-in Clinic

Inspection report

Renown House
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London
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London

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Ratings

Overall rating for this service

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. (Previous inspection December 2018 – when it was found to be meeting the relevant standards)

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 City Walk-in Clinic on 13 June as part of our rating inspection programme for independent health services. A copy of our previous inspection report can be found by going to <https://www.cqc.org.uk/location/1-5418275062> and selecting the Reports tab.

The City Walk-in Clinic is a private healthcare service providing general practitioner appointments and services.

Summary of findings

The managing 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.

As part of this inspection patients of the service were asked to give feedback to CQC about their experiences of using the service. We received responses about the service from thirty-one people. All comments we received were positive about the service with patients mentioning: staff were courteous professional and caring, the clinic was always clean when they visited and all their questions were answered.

Our key findings were:

- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- We saw no evidence of discrimination when making care and treatment decisions.
- Interpretation services were available for patients who did not have English as a first language, and between them staff spoke a wide range of languages.
- The provider understood the needs of their patients and improved services in response to those needs.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.

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

- Review and consider how to implement a system to retain medical records in line with guidance in the event the service ceases trading.
- Consider making a hearing loop available for the benefit of patients with impaired hearing.
- Consider preparing a business plan to assist in forming and reviewing its future plans for development of the service.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

The City Walk-in Clinic

Detailed findings

Background to this inspection

The City Walk-in Clinic is a provider of private general practitioner services. The service is located in Renown House, 33-34 Bury Street, London, EC3A 5AR. The provider offers the following services: doctor and nurse appointments, specialist referrals, radiology referrals, phlebotomy and medical testing, sexual health testing, pre-employment and visa screening, general health screening and occupational and adult vaccinations.

In addition to The City Walk-in Clinic, the provider has a separate location at 13 Queen Anne Street, London, W1G 9JH and known as Harley Walk-in Clinic. The Harley Walk-in Clinic is registered with CQC as a separate location so was not inspected as part of this inspection. Further information CQC holds about the Harley Walk-in Clinic can be found on the CQC website at: <https://www.cqc.org.uk/location/1-5418274884>.

The service is open Monday to Friday from 7.30am to 6.30pm.

The clinical team at the service consists of two female full-time GPs, a female part-time GP and practice nurse.

The service is registered with CQC to undertake the following regulated activities: Treatment of Disease, Disorder or Injury and Diagnostic and Screening Services. Patients could book appointments on the same day or in advance. The service did not manage patients with long term conditions or immunisations for travel or childhood immunisations.

How we inspected this service

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice nurse.

During this inspection we:

- Spoke with a range of staff including a doctor, a nurse, the registered manager and the practice manager.
- Looked at the systems in place for the running of the service.
- Looked at rooms and equipment used in the delivery of the service.
- Viewed a sample of key policies and procedures.
- Explored how clinical decisions are made.
- Reviewed thirty-one CQC comment cards which included feedback from patients about their experience of 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?

Our findings

We rated safe as Good because:

- The service had systems in place to assure that an adult accompanying a child had parental authority.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The service kept written records of verbal interactions as well as written correspondence.

We identified one area where the provider could and should:

- Review and consider how to implement a system to retain medical records in line with guidance in the event the service ceased trading.

Safety systems and processes

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

- The service conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. 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.
- It 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 service 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 an effective system to manage infection prevention and control.
- It's landlord last undertook legionella testing in May 2018, at which time it found no issues with the water supply requiring rectification.
- The provider ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The service 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.
- 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 to cover all potential liabilities

Information to deliver safe care and treatment

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

- The service did not have a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event they ceased trading.
- 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.

Are services safe?

- 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. The service kept prescription stationery securely and monitored its use. The service had recently commenced electronic prescribing.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered and gave advice to patients 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. Leaders and managers supported them when they did so. There had been one significant event recorded in the last twelve months. We found the service had dealt with it appropriately and had used learning from the event to improve services.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned, and shared lessons identified themes and took action to improve safety in the service.
- 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:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- It 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. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

- We saw no evidence of discrimination when making care and treatment decisions.
- The service used information about care and treatment to make improvements.
- Where patients needs could not be met by the service, staff redirected them to an appropriate service for their needs.

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 (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards.
- 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. Patients records were retained on the secure electronic patient information system.
- Staff assessed and managed patients' pain where appropriate.
- The service had recently introduced a cloud-based patients' records system, this benefitted security by moving records storage off-site, and meant that all patients could be seen at either of its clinic locations.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed 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 conducted two completed (two-cycle) clinical audits in the last two years.

- One audit had reviewed appropriate follow-ups of patients seen during February to March 2018. During that period 263 patients who met the criteria had been seen, of those forty-four percent (115) had been followed-up. The service agreed to make further efforts to improve its follow-up of patients.
- The audit was re-run during February to April 2019. In that period 232 eligible patients were seen, and fifty-one percent (119) had received follow-ups.
- The service noted that some patients had not been followed-up because: they had been referred to other services, declined tests or were advised to see their NHS GP. In addition, one of the doctors worked part-time, so was not able to meet the time-limit the service had set for follow-ups of these patients. The service was continuing to work to improve its follow-up response, including how best to deal with follow-ups for the part-time GP.

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 and nursing) were registered with the appropriate professional body, including: General Medical Council (GMC) Nursing and Midwifery Council 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.
- 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.

Are services effective?

(for example, treatment is effective)

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. We saw evidence of referrals to specialist services.
- 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. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with General Medical Council (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. 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.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated caring as Good because:

- Interpretation services were available for patients who did not have English as a first language, and between them staff spoke a wide range of languages.
- Staff recognised the importance of people's dignity and respect.

We identified one area where the provider could and should:

- Consider making a hearing loop available for the benefit of communicating with patients with impaired hearing.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- 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.

- Staff communicated with people in a way they could understand, for example, communication aids and easy read materials were available. However, the service did not have a hearing loop for the benefit of patients with impaired hearing.
- Interpretation services were available for patients who did not have English as a first language. The service had access to a telephone translation service and used an online written translation programme where necessary. The service also had multi-lingual members of staff who spoke a range of languages.
- Patients were told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, 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.

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?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

- The provider understood the needs of their patients and improved services in response to those needs.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- Referrals and transfers to other services were undertaken in a timely way.

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, patients of the service who had a long-term condition, such as asthma or diabetes, received a reminder to contact their service, or their NHS GP, when the annual flu immunisation was available.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. However, the building the service occupied did not provide access for wheelchair users. The service had risk assessed the option of installing a ramp but had found this was not possible in the location it occupied. Accordingly, patients booking to attend the service for the first time were advised of access restrictions and offered an appointment at the providers other location which did afford wheelchair access.

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 the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. The service had established working relationships with a range of specialist services.

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. 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. Patients were able to make complaints to the Independent Doctors Federation. During the inspection the service told us it was also considering an application to join another independent medical complaint handling organisation which would independently review complaints where the patient remained dissatisfied following an internal review.
- The service had a complaints policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. The service had received one complaint in the last 12 months. We saw evidence the complaint had been appropriately handled, the patient had received a satisfactory explanation of the issue, and the doctor involved had reflected on the matter which was discussed in a clinical meeting.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

- Leaders at all levels were visible and approachable.
- The service focused on the needs of patients.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.

We identified one area where the provider could and should:

- Consider preparing a business plan to assist in forming and reviewing its future plans for development of the service.

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- 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 provider had effective processes to develop leadership capacity and skills, including planning for the future leadership 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, however it did not have a business plan to direct future progress and to achieve its priorities.
- The service developed its vision, values and strategy jointly with staff and external partners. In response to requests, it had developed seminars on health topics which it delivered to a range of corporate clients.
- 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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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 these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff who needed one had received an appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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 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.

Are services well-led?

Good 

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

- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves 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. 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. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses, for example the service had recently introduced a new patient records system and was intending to use it to gather and audit a greater range of information for the benefit of patient care and service development.
- The service submitted data or notifications to external organisations as required.
- There were robust 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, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The service undertook regular patient surveys. During its 2019 survey the service asked patients to respond to a number of questions and received seventy-one responses. Amongst the responses it found:
 - Sixty-six (93%) patients found communications with administrative staff good or excellent.
 - Seventy (99%) of those completing the survey found the advice given to be helpful (on a scale from slightly to very helpful), one patient found the advice unhelpful.
 - Sixty-four (90%) of patients considered they were given enough choice about their treatment plan.
- Staff could describe to us the systems in place to give feedback. There were regular staff and clinical meetings, staff had regular six-monthly appraisals, one to ones and leaders were approachable when staff wished to raise any concerns or issues.
- The service was transparent, collaborative and open with stakeholders about performance.

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.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. The service conducted a range of audits, including: record keeping and patient follow-up for the treatment of patients with suspected urinary tract infections.
- The service was in the process of re-developing its website and had recently introduced a new cloud-based

Are services well-led?

Good 

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

patient records system. The service intended to make use of its greater capabilities to extend its audit activity

for the benefit of providing enhanced care to patients, and to monitor and improve the services it offered, including: further standardising the approach taken by all clinicians.