

The Hill Centre Ltd

# The Hill Medical Centre

## Inspection report

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Date of inspection visit: 3 October 2017

Date of publication: 27/11/2017

### Overall summary

We carried out an announced comprehensive inspection at Hill Medical Centre on 3 October 2017.

Hill Medical Centre was established in 2011 and registered with the Care Quality Commission in 2013. Hill Medical Centre operates a private GP service for patients providing consultations and private prescriptions.

We found this service provided safe, caring, responsive and well led services in accordance with the relevant regulations. We found this service was not providing an effective service.

#### Our key findings were:

- There was no programme of continuous clinical and internal audit used to monitor quality and to make improvements.
- The service had clear systems to keep people safe and safeguarded from abuse.
- There were systems in place to mitigate safety risks including analysing and learning from significant events.
- There were appropriate recruitment checks in place for all staff.
- There were systems to ensure staff had the information they needed to deliver safe care and treatment to patients.

- The service learned and made improvements when things went wrong. The provider was aware of and complied with the requirements of the Duty of Candour.
- Patients were treated in line with best practice guidance and appropriate medical records were maintained.
- The service shared information about treatment with the patient's own GP with their consent.
- Staff we spoke with were aware of the organisational ethos and philosophy and told us they felt well supported and that they could raise any concerns.
- There were clinical governance systems and processes in place to ensure the quality of service provision.
- The service encouraged feedback from both patients and staff.
- Systems were in place to protect personal information about patients. The company was registered with the Information Commissioner's Office.

The areas where the provider must make improvement are:

- Ensure quality improvement initiatives are carried out including clinical audits and re-audits to improve patient outcomes.

# Summary of findings

The areas where the provider should make improvement are:

- Consider the installation of a hearing loop system to assist patients with hearing impairments.

**Professor Steve Field** CBE FRCP FFPH  
FRCGP Chief Inspector of General Practice

# 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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had adequate arrangements to respond to emergencies and major incidents.

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### **Are services effective?**

We found that this service was not providing effective care in accordance with the relevant regulations.

- There was no programme of continuous clinical and internal audit used to monitor quality and to make improvements.
- We saw evidence that GPs assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, for example, National Institute for Health and Care Excellence (NICE), however NICE does not recommend the use of IV Vitamin C for the treatment of cancer. We reviewed a sample of consultation records that demonstrated appropriate record keeping and patient treatment.
- There were induction, training and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment.
- The service had arrangements in place to coordinate care and share patient information appropriately with patient consent.
- The service's website contained information relating to complementary therapies offered at the Centre including acupuncture, homeopathy, hypnotherapy, nutritional therapy, osteopathy and psychotherapy.

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### **Are services caring?**

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

- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible on the service website and in the reception area.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

# Summary of findings

## **Are services responsive to people's needs?**

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

- The service offered patients a choice of GP consultations for 15 minutes and 30 minutes.
- Home visits were available for patients who requested these.
- The service sent text message reminders of appointments.
- Patients were able to request a female GP for their consultation and treatment.
- The premises had an entrance ramp to facilitate access to the Centre for patients with wheelchairs and there was a disabled toilet available.
- However there was no hearing loop system available to assist patients with hearing impairments.
- The service had an effective system 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 service had a clear vision to take care of their patients and to promote all aspects of their patients' health and well being as well as helping them through their illness.
- There was a clear leadership structure and staff felt supported by management. The service had policies and procedures to govern activity and held regular meetings.
- The service encouraged patient and staff feedback. Patients were requested to complete a patient satisfaction survey following each consultation. The practice manager was involved in discussions about how to run and develop the service, and was encouraged to identify opportunities to improve the service delivered.
- Systems were in place to ensure that all patient information was stored securely and kept confidential. There were systems in place to protect all patient information and ensure records were stored securely. The service was registered with the Information Commissioner's Office.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority.

# The Hill Medical Centre

## Detailed findings

## Background to this inspection

### Our Inspection team

The inspection was led by a CQC Lead Inspector. The team included a GP specialist adviser, and a second CQC inspector.

### Why we carried out 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 and to look at the overall quality of the service.

### How we carried out this inspection

We carried out an announced visit on 3 October 2017. During our visit we:

- Spoke with staff (GP, Practice Manager)
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences 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?

Please note that when referring to information throughout this report, this relates to the most recent information available to the CQC at that time.

### Background

Hill Medical Centre was established in 2011. The provider registered with the Care Quality Commission in 2013 to provide Diagnostic and Screening procedures and Treatment of Disease, Disorder, Injury (TDDI).

Hill Medical Centre is open from 10:30am-6.30pm. GP consultations are available from 1.30pm-6.30pm on weekdays. The practice undertakes approximately 4000 GP consultations per year. The service is predominantly accessed by patients from the local Jewish community.

Within the Centre there are 22 practitioners who rent rooms from the provider to offer services to the public including acupuncture, homeopathy, hypnotherapy, nutritional therapy, osteopathy and psychotherapy.

The cost of the service for patients is advertised on the website and detailed on the patient consultation forms.

The service employs two doctors on the GMC register, a practice manager and a business partner. The principal male GP undertakes five sessions at the Centre and two sessions as an NHS GP for a local practice. The female GP is employed on a locum basis and also has a part time role as an NHS GP.

The principle GP was the registered manager in place. 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.

### What people who use the service say

## Detailed findings

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received.

Patients stated they felt the practice provided a high standard of care; would recommend the practice to friends and family; and staff were helpful, caring and respectful.

# Are services safe?

## Our findings

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

### Safe track record and learning

There was a system for reporting and recording significant events.

- The GP and the practice manager told us they would inform each other of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence the service was aware of and complied with 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).
- We reviewed incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The service carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, as a result of a significant event relating to the failure of the clinical fridge, learning included more frequent temperature checks, a second temperature alarm with mobile phone alert function and to allow the vaccine supplier to hold onto the vaccines until one day before the patient appointment to reduce the risk of this incident reoccurring.

### Overview of safety systems and processes

The service 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. The GP was the lead member of staff for safeguarding.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3..
- A notice in the waiting room advised patients that 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 service also used a female practitioner who worked within the Centre and had received a DBS check and chaperone training, to provide chaperoning for patients who requested a female chaperone.

The service maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The GP was the infection prevention and control (IPC) clinical lead who accessed infection control guidance to keep up to date with best practice. There was an Infection Control policy in place and staff had received up to date training. The practice manager undertook bi-monthly, unannounced infection control audits and we saw evidence that action was taken to address any improvements identified as a result.

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).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. On occasions where the Doctor provided medicines for patients from the medicines stock, the Doctor produced a label for the box with the patient's name, address and date of birth; and the dosage instructions with the date dispensed. In addition, when the patient left the consultation room and

# Are services safe?

attended the reception area for payment, the Doctor telephoned the receptionist to confirm the medicine has been dispensed and the receptionist double checked to ensure the correct patient details are recorded on the medicine label and then charged the patient accordingly for their appointment.

- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- The practice manager undertook monthly medicines stock control audits to ensure an adequate stock of emergency medicines were available and medicines were fit for use.

We reviewed all three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

## Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment, a fire evacuation plan and carried out regular fire drills.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- The service had a variety of other risk assessments 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).

## Arrangements to deal with emergencies and major incidents

The service had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computer in the consultation room which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The service had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the Centre and staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this service was not providing effective care in accordance with the relevant regulations.

There was no programme of continuous clinical and internal audit used to monitor quality and to make improvements.

### Effective needs assessment

We saw evidence that GPs assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, for example, National Institute for Health and Care Excellence (NICE), however NICE does not recommend the use of IV Vitamin C for the treatment of cancer.

- The GPs were signed up to receive guidelines from NICE via email and used this information to deliver care and treatment that met patients' needs.
- The GPs attended 'GP Update' courses and discussed NICE guidelines with their NHS colleagues at practice meetings in their NHS roles.

### Management, monitoring and improving outcomes for people

There was no programme of continuous clinical and internal audit used to monitor quality and to make improvements to the service.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The service had an induction programme for newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the GP told us he had attended a minor surgery update course in 2016.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had received an

appraisal within the last 12 months. The practice manager was being supported by the practice to undertake a clinical assistant course and had recently completed cannulation training.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of external and in-house training.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.
- We saw evidence of written patient consent forms which were used for intravenous vitamin C infusions and minor surgery. Staff told us when patient enquiries are received regarding intravenous vitamin C infusions, they were advised this was not a treatment to cure cancer but an alternative therapy with the aim to boost the immune system. Patients are given an information leaflet for this treatment and the Doctor explained in more detail as part of the patient, the advantages and disadvantages of this treatment. We saw evidence of the information leaflet given to patients regarding this treatment.
- The cost of consultations and various treatments was advertised for patients on the website and detailed on the patient consultation forms.

### Coordinating patient care and information sharing

Patient consultation notes were not routinely shared with the patient's NHS GP or primary healthcare provider. The principal GP told us they wrote letters to hospital Consultants for patients with cancer regarding the alternative treatment they had received at the Centre. If the

# Are services effective?

(for example, treatment is effective)

GPs felt there were medical issues which should be brought to the attention of a patient's NHS GP/primary medical provider, they would request the patient's consent to provide this information.

We asked the GP how they would mitigate the risk of double prescribing of medicines from private and NHS prescriptions. The GP told us all patients are requested to provide information on all medicines currently being taken prior to a prescription being issued.

## **Supporting patients to live healthier lives**

The service identified patients who may be in need of extra support and had information available at the reception and on the website relating to complementary therapies offered at the centre including acupuncture, homeopathy, hypnotherapy, nutritional therapy, osteopathy and psychotherapy.

# Are services caring?

## Our findings

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

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

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments.
- The consultation room door was closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex on request.

All of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

The Care Quality Commission comment cards we received indicated patients were involved in decisions about their care and treatment. We saw evidence of patient satisfaction with the care and treatment they received from the patient surveys given to patients following their consultation with the GP.

We saw evidence of patient information sheets relating to treatments offered at the Centre for patients with cancer.

Staff told us they didn't use an interpretation service for patients who did not have English as a first language. However, the principal GP was able to speak German, French, Spanish, Portuguese, and some Yiddish and the locum GP was able to speak Hindi, Gujarati, Urdu, and Marathi.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

- The service offered patients a choice of GP consultations for 15 minutes and 30 minutes.
- Home visits were available for patients who requested these.
- The service sent text message reminders of appointments.
- Patients were able to receive travel vaccines.
- Patients were able to request a female GP for their consultation and treatment.
- The service had developed good lines of communication with 'Hatzolah,' the local Jewish ambulance service.
- The premises had an entrance ramp to facilitate access to the Centre for patients with wheelchairs and there was a disabled toilet available.

However there was no hearing loop system available to assist patients with hearing impairments.

### Access to the service

The Centre was open between 10:30am and 6:30pm Monday to Friday. GP consultation appointments were available from 1:30pm and 6:30pm Monday to Friday but access via the website to request a consultation was all day every day.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The service telephone answerphone message instructed patients who had a medical emergency when the Centre was closed to ask for immediate medical help via '999'; to dial '111' for emergency medical questions or advice.

### Listening and learning from concerns and complaints

The service had a system for handling complaints and concerns.

- There was a complaints policy in place and the principal GP was the designated responsible person who handled all complaints in the service.
- We saw that information was available to help patients understand the complaints system through a posters displayed in the reception area.
- Verbal and written complaints were recorded. We saw evidence of a 'Complaint Log Sheet' which recorded the date the complaint was received; the date the complaint investigation commenced; and the date the practice replied to the patient to ensure all complaints were responded to within appropriate timescales.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, as a result of one patient complaint relating to an incorrect blood test result, the practice manager now double checked any blood test samples for patients who attend the Centre on the same day with the same surnames.

# 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 care in accordance with the relevant regulations.

### Vision and strategy

The service had a clear vision to take care of their patients and to promote all aspects of their patients' health and well being as well as helping them through their illness. This aim was displayed on the practice website. The service had a clear strategy which reflected the vision and was regularly monitored by the GP, Practice Manager and the business partner.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff. These were updated and reviewed regularly by the practice manager.
- Service meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

However, there was no programme of continuous clinical and internal audit used to monitor quality and to make improvements.

### Leadership and culture

On the day of inspection the GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised maintaining safety; offering a good service; and developing knowledge on treatments particularly for cancer, eczema and thyroid.

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). We saw evidence that the service had systems to ensure that when things went wrong with care and treatment:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- The service kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- The service held regular monthly meetings.
- There was an open culture within the service and staff had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes of meetings were available for service staff to view.

### Safety and Security of Patient Information

Systems were in place to ensure that all patient information was securely stored and kept confidential. There were policies and IT systems in place to protect the storage and use of all patient information. The service could provide a clear audit trail of who had access to records and from where and when. The service was registered with the Information Commissioner's Office.

We discussed with staff the process for the handling of patient information in the event of the company ceasing trading. Following our inspection the service made arrangements to incorporate a process within their business continuity plan for this.

### Seeking and acting on feedback from patients and staff

Patients were encouraged to provide feedback following each consultation. Once a month the practice manager and the GP discussed the patient satisfaction survey results and we saw evidence of meeting minutes. Patients could also contact the service directly to ask questions or raise a concern and the contact email and telephone number was clearly displayed on the service website.

### Continuous improvement

# Are services well-led?

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

The service consistently sought ways to improve. The practice manager was involved in discussions about how to run and develop the service, and was encouraged to

identify opportunities to improve the service delivered. The principal GP told us the service was currently considering plans to recruit additional complementary therapy practitioners to use the Centre in the near future.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Providers must have systems and processes such as regular audits of the service provided and must assess, monitor and improve the quality and safety of the service.</p> <p>There was no programme of continuous clinical and internal audit used to monitor quality and to make improvements.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>