

Medical Prime

Inspection report

123 Cannon Street
London
EC4N 5AX
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection October 2018 – not rated in line with our methodology at that time).

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

As part of our inspection programme we carried out an announced comprehensive inspection at Medical Prime on 17 September 2019 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.

Our key findings were :

- The service had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the systems in place supported learning and improvement.
- Staff involved patients with their procedures and treated them with kindness, dignity and respect.
- Patients found it easy to get an appointment at a time that was convenient to them.
- There was a strong focus on continuous learning and improvement.
- Policies and procedures were service specific and reviewed regularly.
- The service was up to date with and adhered to local and national guidance.

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Our inspection team

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

Background to Medical Prime at Cannon Street

Medical Prime is a private GP service in central London. The service is led by a sole female GP with a special interest in women's health who is trained in a variety of specialities including elderly care, accident and emergency, chest medicine and general medicine. In addition, the GP holds a postgraduate diploma in obstetrics and gynaecology and an advanced certificate in menopause care.

The service provides education sessions for corporate clients and private GP consultations for men and women including:

- Health and medical screening certificates
- Men's health
- Women's health (including menopause services, cervical smear testing and family planning)
- Sexual health
- Blood tests
- Referrals to diagnostic services

The service is located within central London in a four-storey mixed-use building. Medical Prime is on the first floor of the building within a private dental practice and is accessible by both stairs and lift. The service is

registered with CQC to deliver the regulated activities of: Diagnostic and screening procedures, Maternity and midwifery services and Treatment of disease, disorder or injury.

We gathered and reviewed pre-inspection information before inspecting the service. On the day of the inspection we spoke with the sole GP practitioner, two members of non-clinical staff (including the service manager of the dental practice and a local pharmacist. We also reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment, induction and training records, significant event analyses and patient feedback.

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

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

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

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

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

- All safety and safeguarding processes had a service specific policy and were adhered to.
- Staff were trained to the required safeguarding level for adults and children and were aware of the service policy. All policies were accessible and had a date for review.
- Staff displayed knowledge of the Mental Capacity Act 2005 and its applications.
- The GP had received an enhanced Disclosure and Barring Services (DBS) check, according to clinical policy. 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.
- Staff had been trained to undertake chaperone duties and patients were made aware they could request a chaperone. There were notices in the waiting room and in consulting rooms advising patients that chaperones were available.
- The GP was registered with the appropriate professional body and was engaged with ongoing professional revalidation processes.
- The service had a building risk assessment and undertook the relevant checks for the waterborne infection Legionella. Legionella is a term for a bacterium which can contaminate water systems in buildings.
- The premises were clean, tidy and décor was in excellent condition. There was evidence of frequent cleaning confirmed by a cleaning schedule and checklist. Infection prevention and control and cleaning regimes were reviewed regularly to ensure best practice was maintained.
- Equipment was single use and within the expiry date.
- Staff immunity status was monitored, and all staff were up to date with their own immunisations.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Staffing levels were sufficient for the demands of the service. All sickness and absences were covered by the staff themselves.
- Staff felt they had received a good induction to the clinic and were confident in the training and support they received.
- Staff spoken to on the day were familiar with the emergency procedures regarding the safety of the building and also any medical emergencies. They were aware of the location of emergency equipment and emergency medicines. All the medicines and equipment were appropriate, accessible and fit for use. The service also had its own stock of emergency medicines. We saw evidence there was an effective system in place for ensuring the emergency medicines were available and in date.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Non-clinical staff demonstrated knowledge in identifying the red flags symptoms for severe infection including sepsis.
- The service had all the appropriate indemnity arrangements in place to cover all potential liabilities.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Information to deliver safe care and treatment

The GP had the information needed to deliver safe care and treatment to patients.

- All patients to the service had to undertake an initial assessment in order to ensure their medical history and needs were completely understood and noted. Notes and records were securely accessed and stored.
- Patients were required to present identification when registering. For children under the age of 16, the service required an adult with parental responsibility and photographic identification to be present during registration.
- The care records we saw showed that information needed to deliver safe care and treatment was available.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

Are services safe?

- The service did not stock vaccines or adopt Patient Group Directions (PGDs) as there were no non-medical prescribers working at the clinic. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The service had reviewed its antimicrobial prescribing and took action to support good antimicrobial stewardship in line with local and national guidance.

Track record on safety

The service had a good track record on safety.

- There had been one significant event at the service for the last 12 months. We saw evidence the significant event had been documented and analysed with an improvement made as the result of learning. There was a clear, service specific policy in place should there be the need to report any in the future.

- There were comprehensive risk assessments in relation to safety issues for example, annual fire risk assessments, health and safety risk assessment, annual infection prevention and control audits, annual portable appliance testing, annual calibration of medical equipment and risk assessments were in place for any storage of hazardous substances.

Lessons learned and improvements made

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. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- Staff understood their duty to raise concerns and report incidents and near misses.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. We reviewed the log held of all relevant medicines and safety alerts and actions undertaken for relevant alert.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The GP had systems to ensure she was kept up to date with current evidence-based practice. We saw evidence the GP assessed and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patient outcomes were monitored using personalised treatment programmes, in-depth information and after care advice.
- The service monitored these guidelines through risk assessments, audits and random sample checks of patient records.
- Reception staff knew to contact clinical staff for any patients presenting with high risk symptoms such as chest pain or difficulty in breathing.

Monitoring care and treatment

There was evidence of quality improvement and the practice routinely reviewed the effectiveness and appropriateness of the care provided. For example:

- The GP created a comprehensive symptom chart in relation to menopause care, patients were asked to complete the chart on the initial visit and all return visits. We reviewed a random sample of the completed patient charts and found that improvements in symptoms had been made in every case.
- The GP had a system in place to ensure consultation notes were peer reviewed for clinical effectiveness, we saw evidence to support this.
- We saw evidence of completed clinical audits, for example a recent audit on hormone replacement therapy.

Effective staffing

The GP had the skills, knowledge and experience to carry out their role.

- The GP understood the learning needs required to provide a private GP consultation service and ensured time was allocated to undertake the training required to stay up to date. The GP personnel file we reviewed confirmed this.
- We saw evidence that the GP was an active member of the Independent Doctors Federation

- The service provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings and coaching and mentoring.
- The service could demonstrate role-specific training and updating for relevant staff.

Coordinating patient care and information sharing

The GP worked together with other services to deliver effective care and treatment.

- Patients received specific care options appropriate to their needs.
- The service co-ordinated care in order to ensure the treatments and referrals were relevant to the needs of the client and in line with their underlying medical needs.
- We saw evidence of the service sharing information of treatment were shared with the patient's own GP in line with general medical council guidance.
- We spoke to a local pharmacist who told us prescriptions received were clear, patient feedback about the service was positive and the GP kept in contact to check availability of stock for patients. For example, we were told the GP always checked the availability of hormone therapy replacement products in advance of prescribing during the national supply shortage.

Supporting patients to live healthier lives

The GP ensured all the treatment and advice offered was in accordance to national guidelines and that all health advice was aimed towards ensuring patients were safe and aware of the best practice and prevention advice.

Consent to care and treatment

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

- The GP understood the requirements of legislation and guidance when considering consent and decision making. We saw evidence the GP was up to date with legislation and guidance. For example, by ensuring the most up to date guidance was available on the bespoke clinical system.
- The GP supported patients to make decisions. Where appropriate, mental capacity was assessed and recorded to support the patients decision making.

Are services effective?

- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Patient feedback reflected the GP treated patients with kindness, respect and compassion.

- We received eight completed CQC comment cards and patient feedback was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- Staff completed training on equality and diversity.
- The service gave patients timely support and information.
- Patient feedback was collected and analysed regularly and was consistently positive.

Involvement in decisions about care and treatment

The GP helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard; a requirement to make sure patients and their carers can access and understand the information they are given.

- Staff communicated with people in a way they could understand, for example, by providing easy to read information leaflets about the service.
- The website was used to inform patients of symptoms and treatments and included a section on what information the service required of them to prior to a consultation. For example, the menopause chart was available online for patients to complete.

Privacy and dignity

The service respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

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

- The service understood the needs of its patients and tailored services in response to those needs. For example, by providing patients with pre-bookable evening and weekends appointments upon request.
- The facilities and premises were appropriate for the services delivered.
- Information about the services provided and associated costs were available to patients on the website and the service information leaflet.

Timely access to care and treatment

Patients were able to access care and treatment from the service within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times and delays were minimal and managed appropriately.
- The service was available Monday, Wednesday and Thursday from 10am to 6pm. Appointments could be made for Tuesdays, Fridays, evenings and weekends if arranged in advanced.

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 complaint policy and procedures were in line with recognised guidance. The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

Leadership capacity and capability;

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

- The GP had the experience to deliver the treatment that was offered and to address and manage any risks associated with it.
- The GP was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were able to address them.
- Service specific policies were implemented and were available and reviewed regularly.
- There were appropriate arrangements for identifying, recording and managing risks.

Vision and strategy

The service had a clear vision and strategy to deliver high quality treatment and advice to patients the majority of whom were living and working in the London area.

- The service had a comprehensive business plan in place.
- The service encouraged a holistic approach to care where appropriate. Advice and guidance was delivered according to national guidelines.
- The service had financial management in place and was realistic regarding targets and objectives.

Culture

The service had a culture of high-quality care.

- Staff we spoke with told us they felt respected and valued.
- There was a focus on tailoring advice and treatment to each client on an individual basis.
- There was a culture of openness and honesty, this was demonstrated through the reporting and management of incidents. The GP was aware of and had systems in place to ensure it complied with the requirements of the duty of candour.
- The service operated safely, with consideration given to potential emergency situations and how staff would manage them.
- Patients were encouraged to be involved in their own care and were given the appropriate choices and options in the clinic in order to make an informed decision.

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 GP was clear on their role and accountability and had established policies and procedures to ensure the service was being operated safely with a patient centred approach.

Managing risks, issues and performance

There was a clear and effective process 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.
- Clinical audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The service had plans in place to deal with major incidents.
- The service considered and understood the impact on the quality of care of service changes or developments.

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.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service used information technology systems to monitor and improve the quality of care.
- 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.

Are services well-led?

Engagement with patients, the public, staff and external partners

The GP encouraged staff and patient feedback to support ongoing sustainable treatment.

- There were feedback processes and the service used its own feedback form to measure patient opinions.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Learning was shared where applicable.
- The GP provided educational seminars to assist organisations in providing menopause support for their employees. Feedback from the seminars was positive.