The GP Clinic London

Inspection report

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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 to people's needs?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall.

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 of The GP Clinic London as part of our inspection programme. The GP Clinic London provides consultations with an independent GP. Services include primary care consultations, health screening and access to diagnostic testing and specialist referral as required. The service is open to patients of any age. The GP Clinic London has not previously been inspected.

Our key findings were:

- The service had clear systems in place to safeguard patients at risk of abuse or neglect.
- Patients' immediate and ongoing needs were fully assessed.
- Care records were written and managed in a way that kept patients safe.
- Patients were treated with compassion, kindness, dignity and respect.
- The service actively sought and acted on feedback from patients using the GP service to improve the service. We saw evidence of positive feedback from patients.
- The service used information about care and treatment to make improvements and introduce innovation.
- The service was accessible. Patients were able to consult with a GP within an appropriate timescale for their needs.
- The GP service was underpinned by clear systems of governance and processes for managing risk, issues and performance.

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

- Document the rationale for not holding opiate medicines on the premises for use in an emergency.
- Update the prescribing policy to specify which higher risk medicines would not be prescribed without that information being shared with the patient's NHS GP.
- Review measures to obtain more focused patient feedback and data on the outcomes of clinical care.

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Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC inspector**.** This team included a GP specialist advisor.

Background to The GP Clinic London

The GP Clinic London is an independent primary healthcare service which is located at 25 Harley Street, London, W1G 9QW. The service offers consultations with a GP with onward referral for diagnostic and specialist assessment as appropriate. The service has a focus on preventative care.

The GP has contracted with the landlord (specialising in the provision of clinical facilities and part of a separate registered healthcare provider group) for consulting space which is currently located on the first floor of the building. The service is accessible to patients with mobility issues.

The service is run by an individual provider (male) who is currently the sole practicing GP. The service does not yet employ any other staff although it was in the process of recruiting a service manager at the time of the inspection. The service has access to reception and nursing staff (who are trained on chaperoning) and an on-call emergency medical service in the building by arrangement with the landlord. The GP is listed on the GMC GP register.

The service is open to patients of any age although currently most patients are adults. The service provides primary care services including consultations for acute or longer-term conditions; health screening; contraceptive advice; travel health; and childhood immunisations. The GP can refer patients for blood testing and other diagnostic testing on site or in the locality. Most patients are seen on the premises or by telephone or video consultation as preferred and clinically appropriate. The GP offers home or hotel visits.

Patients can self-refer to the service and book appointments by telephone or online. Patients pay per chargeable activity or on a 'membership' basis which provides a tailored package of services for an annual fee.

The GP contracts with an independent primary care on-call service to provide out-of-hours cover when the service is not open. The GP personally provides 24-hour cover for patients with membership. The service provides clear information for patients about what to do if they experience a serious medical emergency, that is, immediately attend A&E or call an ambulance.

The GP also offers occupational health services which fall outside the scope of regulation and were not covered in the inspection.

The service is registered with CQC to provide the following regulated activities: treatment of disease, disorder or injury; and diagnostic and screening procedures.

How we inspected this service

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. We used the following methods to inspect the GP service:

- We carried out an announced site visit on 2 March to inspect the environment, facilities and interview the GP
- During the visit we also reviewed a sample of clinical records
- We reviewed documentary evidence supplied by the service during and following the visit
- We reviewed publicly available information for example, on the service's website.

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.

Good

Are services safe?

We rated safe as Good because:

The service had systems in place to keep patients and staff safe. We found there were clear policies and procedures in relation to safeguarding; infection prevention and control; recruitment; medicines optimisation and the implementation of safety alerts. There were systems in place to report and learn from incidents and errors. The service was prepared for medical emergencies.

We identified the following areas for improvement:

- The GP was able to explain the rationale for not holding opiate medicines on the premises for use in an emergency. This risk assessment should be documented.
- The prescribing policy noted that higher risk medicines would not be prescribed without that information being shared with the patient's NHS GP but did not outline any specific types of medicines to which guidance applied. The policy should be update with this information, particularly if the service recruits additional prescribing clinicians.

Safety systems and processes

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

- The GP 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.
- Safeguarding policies were clear and included risks such as female genital mutilation, radicalisation and modern slavery. The GP had completed safeguarding training at the appropriate level for their role.
- The service had a system in place to check that an adult accompanying a child had parental authority.
- The service was able to electronically tag the notes of patients who were at risk of abuse. At the time of the inspection, the practice did not have any patients in this category.
- The GP was able to describe how they had safeguarded a former patient who was potentially at risk. We were assured that the GP would take steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The GP was clear about the role of other statutory agencies in relation to safeguarding and who to contact to escalate a concern.
- The GP carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. At the time of the inspection, the service did not directly employ any staff. However, the GP was able to demonstrate the checks and process they had carried out to date in relation to recruiting a service manager. They had also checked that staff provided through the service agreement with the building and facilities company (that is, reception and nursing staff) were appropriately qualified and trained, for example on chaperoning.
- The GP told us that all staff would be expected to undergo enhanced Disclosure and Barring Service (DBS) checks in line with the provider's 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).
- There was an effective system to manage infection prevention and control.
- The GP ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The building and facilities company had appropriate systems in place for managing clinical waste.
- The GP carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Good

Are services safe?

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. The GP was in the process of recruiting a service manager and in the longer term planned to expand the clinical team, initially by directly employing a nurse and another doctor as the service developed.
- The service did not need to use agency staff to cover vacancies or planned leave.
- The GP understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The GP knew how to identify and manage patients with severe infections, for example sepsis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. Emergency medical equipment was stored on crash trolleys in the basement and on the second floor and could be called by dialling "2222". An unexpected medical emergency had occurred recently in another area of the building and the clinicians (including the GP of this service) had responded immediately to the crash call.
- The emergency trolleys and crash team were provided by the building and facilities management company. The GP additional maintained their own stock of emergency medicines as recommended for a primary care service.
- The GP did not stock opiate medicines for use in an emergency. There were able to explain the rationale for not holding these medicines on the premises. However, this risk assessment should be documented.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

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

- 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 recorded in an accessible way.
- The service had systems for sharing information with other professionals and agencies to enable them to deliver safe care and treatment. Patients were encouraged to allow the service to share relevant clinical information with their NHS GP.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- The GP 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 issued prescriptions electronically. Vaccines were ordered on an individual basis, for example when a patient had indicated they would be travelling to an area where vaccinations were recommended.
- The service carried out medicines audit, for example of its prescribing of medicines that require ongoing monitoring, to ensure prescribing was in line with best practice guidelines.
- The GP told us they would not prescribe certain high-risk medicines, for example controlled drugs, to patients if patients refused to allow this information to be shared with their NHS GP. This was also stated in the prescribing policy although the policy did not explicitly specify the list of medicines that fell into this category.

Good

Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and there were accurate records of medicines.
- The GP told us they did not prescribe 'off-label' or 'unlicenced' medicines, that is when medicines are prescribed outside the terms of the medicine's product licence (for example, outside the specified dose or age group). Where there was a different approach taken from national guidance they told us there would always be a clear clincal and documented rationale for this that protected patient safety.

Track record on safety and incidents

- There were risk assessments in place 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 including near misses and other types of incidents. Documentation was stored electronically.
- We reviewed a recent incident when a patient had booked and attended for a vaccination which had not been ordered in advance. As a result of this incident the service had changed its booking system so that bookings for immunisations had to be made over the telephone to ensure vaccinations were ordered and the service was ready.
- 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.
- There was an incident reporting system. Any significant incidents were recorded and analysed by the GP. Where incidents involved a third party, the GP reported the issue to the organisation involved.
- The GP was aware of and complied with the requirements of the Duty of Candour. No notifiable safety incidents had occurred since the service had started operating.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

We rated effective as Good because:

Patients' needs were assessed and care was provided in line with national guidelines. There were processes in place to audit clinical aspects of the service. The GP and Staff were qualified and had the skills, experience and ongoing development to carry out their roles.

Effective needs assessment, care and treatment

The provider had systems to stay up to date with current evidence-based practice. We saw evidence that the clinician assessed needs and delivered care and treatment in line with current legislation, standards and guidance

- The GP assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service registered patients and kept ongoing records of advice, treatment and prescribing provided over time. The service was able to provide continuity of care.
- Staff assessed and managed patients' pain where appropriate.
- The GP could refer patients for blood tests and a wide range of other diagnostic investigations on site.
- The GP could readily refer patients for consultations with specialist clinicians at Portland Place Clinic or they could refer externally if appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, the service carried out a regular review of the completeness and clarity of clinical record keeping.
- The GP used a recognised electronic patient records system to write patient notes and issue private prescriptions.
- The service routinely sought patients' feedback about the service.

Effective staffing

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

- The GP was appropriately qualified. They had assured themselves that the nursing staff provided as part of the contract with the building management company provider were also appropriately qualified and trained, for example about recognising the signs of sepsis; safeguarding; and chaperoning.
- The GP was registered with the General Medical Council (GMC) and was up to date with revalidation. The GP was listed on the GMC GP register.
- The GP did not yet employ other staff but understood the need to maintain up to date records of skills, qualifications and training and provide performance appraisal and feedback.
- The GP, whose role included immunisation and reviews of patients with long term conditions, could demonstrate how they stayed up to date.

Good

Are services effective?

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. The GP referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, the GP ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- The GP risk assessed the treatments they offered. They had identified certain medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP for example, medicines liable to abuse or misuse.
- However, the prescribing policy was vague about the range of medicines where this approach applied.
- The service had relatively few patients in vulnerable circumstances. However, the GP was able to tailor the approach to individual needs and to coordinate care and treatment with other services if required.
- 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 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.

- The service had a strong focus on preventative health and wellbeing.
- Every patient aged over 25 was offered a health check. The GP had reviewed published health guidelines and the scientific evidence base to inform the appropriate content of health checks, which, for example, were tailored according to age and the patient's medical history.
- Patients were offered a pulse oximeter and a blood pressure monitor if they did not already have these.
- The service offered cancer screening for a range of cancers including blood tests that could detect markers of a range of different tumour types at an early stage.
- 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 fully met by the service, the GP directed 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.

- The GP understood the requirements of legislation and guidance when considering consent and decision making.
- The GP supported patients to make decisions. Where appropriate, they explained how they would assess and record a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent.

Good

Are services caring?

We rated caring as Good because:

The service treated patients with kindness and respect and took steps to protect patient privacy and confidentiality.

Kindness, respect and compassion

Staff treated treat patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people. The service asked patients to complete an online review. This feedback was positive. Patients described the service and the GP as thorough, professional and readily available and it was clear that patients valued seeing the same GP at each consultation.
- The GP took time to 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.

- The service provided patients with an electronic interface that allowed them to book appointments; review tests results; request repeat prescriptions and communicate with their GP and view their medical records.
- Translation services were available for patients who did not have English as a first language. We were told that to date most patients were able to communicate in English but the translation facility was available with information on how to access it available on the website.
- The service did not yet keep registers of patients with more complex needs but was able to add an electronic flag to the patient record so this would be evident to any members of staff having contact with the patient or their carer.
- GP appointments were long enough to enable the GP to explore patients' individual circumstances and involve carers and family members as appropriate.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read resources were available online.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The service was offered in a private room and was organised to minimise waiting in the reception area of the building.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

The service was accessible to patients with remote and face to face consultations available in line with patients' needs and preferences. Same day or next day appointments were available. The service was responsive to individual patients' needs and patient feedback was used to improve the service.

We identified one area for improvement:

- There was scope to obtain more focused patient feedback and data on the outcomes of clinical care.

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 GP provided services to patients with an ethos of providing a preventative health focused primary care service which was accessible and tailored to people's lifestyles and preferences.
- The facilities and premises were suitable for the services delivered and well equipped.
- Reasonable adjustments had been made so that people in vulnerable circumstances or with varying degrees of mobility or long-term health could access and use services on an equal basis to others. For example, there was a hearing loop at reception. The GP's consultation room was located on the first floor which was accessible by stairs or a lift.
- The service offered consultations to anyone who requested and paid the appropriate fee and did not discriminate.

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. Patients were able to access some diagnostic services, such as blood tests, within the same building.
- The telephone line was open Monday to Friday 8.30am to 6pm. The GP generally offered consultations between 2pm and 6pm but was flexible depending on patients' needs.
- Referrals and transfers to other services were undertaken in a timely way.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use. Patients could schedule appointments online if they wished.

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.
- The complaints policy included advising patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

Good

Are services responsive to people's needs?

- The service had complaint 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. To date the GP service had not received any formal complaints. There had been one case where a patient reported a long delay to the GP while waiting for a blood test. The GP contacted the blood test service and the immediate issue was resolved. The GP raised the issue as an incident with the nursing team (who provided the blood test service) to reduce the risk of recurrence.
- The GP routinely reviewed patient feedback comments for any areas of improvement.

Good

Are services well-led?

We rated well-led as Good because:

The service was underpinned by a clear vision, values and systems of governance and processes for managing risk, issues and performance.

Leadership capacity and capability;

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

- The GP was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges, for example in building up a relatively new independent GP service, and were addressing them, for example by developing links with independent doctors with similar interests.
- The GP understood the importance of developing their leadership skills as the service expanded and recruited more staff.

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 and supporting business plans to achieve priorities. The service was looking to move to larger premises and employ more clinicians as the service developed.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- The service focused on the needs of patients.
- There were systems in place to monitor performance and address issues or behaviours inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. The GP was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The service aimed to provide patients with a holistic experience through access to primary, diagnostic and acute services and more general advice. For example, the GP could refer patients to a personal trainer or dietician, for example, for advice on lifestyle changes.
- The GP was in the process of recruiting a service manager and had relevant policies and processes in place in relation to the management of staff. This included consideration of appraisal and career development conversations and protected time for professional development, updating and training and the promotion of equality and diversity in the workforce.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

Good

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out and tailored to the service.
- The GP was clear on their role and accountabilities and the role they saw recruited staff playing in the future.
- The GP had established proper policies, procedures and activities to ensure safety and provide assurance that these were operating as intended.
- There were positive working relationships between the GP and the building services and facilities company and their staff, including the reception and nursing staff.

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. Clinical performance was monitored through audit of consultations, prescribing and referral decisions. The GP had oversight of safety alerts, incidents, and complaints.
- The GP was carrying out clinical audit on areas where they currently had enough data, for example, prescribing of drugs that require ongoing monitoring.
- The GP had plans in place 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.
- The information used to monitor performance and the delivery of quality care was accurate.
- 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 patients and acted on them to improve.
- The service routinely requested feedback following patient consultations. We saw evidence of wholly positive feedback about the service from the most recent analysis of comments. The service did not yet collect or analyse data or feedback about clinical outcomes and this is something that could be improved as the service develops.

Continuous improvement and innovation

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

Good

Are services well-led?

- There was a focus on innovation, continuous learning and improvement. The service had invested in new technology enabling patients to connect remotely to the GP for examination and consultation. Patients were issued with a portable imaging device that was designed to stream images (for example, of the ear or throat) in real time to the GP.
- The GP service made use of reviews of incidents, patient feedback and external guidelines, for example, following safety alerts.
- The GP had an interest in dermatology and had completed additional training on this.
- The GP was in the process of developing the systems in place to support call and recall for children for childhood immunisations as demand for this service had increased. The GP was developing a register of children and when they needed to be called according to the current UK immunisation schedule.
- The GP service sought opportunities to collaborate and develop clinical networking – nationally and internationally.