

Citydoc Medical Limited

CityDoc Westend

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 26 April 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Citydoc Westend provides travel vaccinations, sexual health services and doctor consultations to the whole population.

The female clinician 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.

Fifteen people provided feedback about the service.

Our key findings were:

- The service had systems and processes to minimise most risks to patient safety.
- The service had adequate arrangements to respond to medical emergencies.
- There was a process for reporting and investigating significant events and incidents, however it was not effective.

Summary of findings

- Staff received essential training, and adequate staff recruitment and monitoring information was retained. Although the receptionist had not received basic life support and safeguarding training at the appropriate level for their role.
- There was some evidence of quality improvement activity.
- Patient feedback indicated that staff were caring and courteous and treated them with dignity and respect.
- The service responded to patient complaints in line with their policy.
- The service had good facilities and was equipped to treat patients and meet their needs.
- There were systems in place to collect and analyse feedback from patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

We identified regulations that were not being met and the provider must:

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

You can see full details of the regulations not being met at the end of this report.

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

- Review the training requirements of reception staff to ensure patient's are safe in the waiting area.
- Review the arrangements for not requiring patients to provide identification when registering with the service.
- Review consent procedures in relation to adult attending with children and consent to inform a patient's NHS doctor.
- Review the arrangements for informing patients of out of hours services.
- Develop a clear vision and set of values for the service including a strategy and supporting business plans to deliver them.

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.

- There were systems and processes in place to keep patients safe and safeguarded from abuse. All clinical staff had undertaken safeguarding training relevant to their role.
- We observed the service premises to be clean and there were systems in place to manage infection prevention and control (IPC), which included a recent IPC audit.
- There were arrangements in place to respond to medical emergencies.
- There were safe systems and processes in place for the prescribing and dispensing of medicines.

We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not check the identification of patients on registering with the clinic.

Are services effective?

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

- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- There was some evidence of quality improvement activity.
- There were formal processes in place to ensure staff received an annual appraisal. Clinicians underwent annual external professional appraisal with the designated body of membership and all had a date for revalidation in the next three years.

We found areas where improvements should be made relating to the effective provision of treatment. This was because the provider did not have procedures to ensure that the adult attending with a child has parental responsibility to consent to care and treatment and the provider had not assured themselves that reception staff had completed training to support patient safety in the waiting area.

Are services caring?

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

- Feedback from patients was positive and indicated that the service was caring and that patients were listened to and involved in decisions about their care and treatment.
- All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced.
- We observed that staff were courteous and very helpful to patients and treated them with dignity and respect.
- Systems were in place to ensure patients' privacy and dignity was respected.

Are services responsive to people's needs?

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

- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs. Appointments were usually available the same day.
- The premises and facilities were appropriate for the services delivered.
- Staff told us that they had access to interpreting services for those patients whose first language was not English.
- There was a complaint resolution procedure, which set out the process and management of complaints in line with the clinics complaints policy.

Summary of findings

We found areas where improvements should be made relating to the responsive provision of treatment. This was because the provider did not make patients aware of out of hours GP services.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- There was not a clear vision or set of values for the service and no formal strategy or supporting business plans to deliver a vision.
- There were clinical governance and risk management structures in place, however improvements were needed in the systems for managing significant events and incidents, ensuring clinicians were up to date with current evidence based guidance and there was no business continuity plan for major incidents that could affect the delivery of the service.
- Clinical meetings were not formalised and no evidence of shared learning from incidents, significant events, complaints and audit reviews.
- There was a management structure in place and staff were aware of their own roles and accountabilities.
- There were systems in place to collect and analyse feedback from patients.
- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

CityDoc Westend

Detailed findings

Background to this inspection

Citydoc Westend is situated at 25 Wimpole Street, London, W1G 8GL and is part of a national provider of private healthcare services. It is one of three central London GP clinics. The clinic consists of one consultation room and a shared reception area and waiting room.

The clinic provides travel vaccinations (including anti-malarials, yellow fever and typhoid), children's vaccinations (including chicken pox, group B meningitis and BCG vaccines), sexual health screening, GP consultations and blood tests.

The opening hours are Monday to Friday 9am to 5pm and Saturdays 9am to 2pm. The clinical team comprises of a male doctor, a female doctor who is the registered manager and medical director and a nurse. The male doctor provides sessions on Mondays, Tuesdays and alternate Fridays and Saturdays, the female doctor provides sessions Wednesdays and alternate Fridays and Saturdays and the nurse works Thursdays. There is a

shared receptionist who is employed by another healthcare service in the same building. They provide a meet and greet service for walk-in patients, process payments and carry out chaperoning duties if needed. The clinic has over 1,000 registered patients and consults up to 200 patients a month.

The inspection team was led by a CQC inspector and included a GP specialist advisor.

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

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

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

Are services safe?

Our findings

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

Safety systems and processes

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

- The provider had systems to safeguard children and vulnerable adults from abuse. There was a lead member of staff for safeguarding and clinical staff were trained in safeguarding children and adults to level 3. Safeguarding policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. Although clinical staff were trained to the appropriate level in safeguarding the receptionist had not received any basic safeguarding training.
- The provider carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. 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).
- 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 (IPC). There was an IPC protocol and staff had received up to date training. Regular IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. There were systems for safely managing healthcare waste.
- There was a health and safety policy and the service had undertaken risk assessments to monitor the safety of the premises, including substances hazardous to health, legionella and water hygiene. (Legionella is a term for a particular bacterium, which can contaminate water systems in buildings).
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw evidence of the most recent portable appliance test (PAT) and medical equipment calibration tests completed in the last 12 months.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety for most areas.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Clinical staff understood their responsibilities to manage emergencies on the premises and they had received annual basic life support training. However, the receptionist had not received any basic life support training.
- The management company for the premises was responsible for arranging annual health and safety and fire risk assessments and we saw the records for this. This included annual fire drills for the premises. There were also a variety of other risk assessments in place to monitor safety of the premises such as a legionella assessment.
- The clinic did not have a comprehensive business continuity plan in place for major incidents such as power failure or building damage.
- Clinical staff had appropriate indemnity insurance in place and they were registered with the appropriate regulatory bodies.
- There was an effective system for managing pathology tests and results processed through an independent clinical laboratory diagnostic service. Test results received were reviewed and actioned by clinicians in a timely way.
- There was no system in place to ensure that adults accompanying child patients had the authority to do so.
- There was no policy requiring patients to provide identification when registering with the service to verify the given name, address and date of birth provided and this had not been risk assessed.

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 available to relevant staff in an accessible way.

Are services safe?

- Patients care records were kept secure only accessible to staff through an encrypted computer system which was password protected. Information was stored on an external server managed by a professional company.
- The provider had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. There was a dedicated vaccine storage refrigerator with an integral thermometers and with a second thermometer independent of mains power. Records we reviewed demonstrated daily monitoring of the minimum, maximum and actual temperatures, with none falling outside the normal operating ranges for vaccine storage.
- There were systems in place to check the expiry date of all medicines stocked in the practice. All the medicines we checked were in date.
- The provider had adopted Patient Group Directions (PGDs) authorised by the clinician to allow the nurse to administer travel vaccines in line with legislation. (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).
- The clinic operated a dispensing service with a limited supply of medicines (antibiotics and anti-malarials). There were no controlled drugs stocked. Dispensary medicines were stored in a secure area, in a locked cupboard with controlled access. There were standard operating procedures in place for the ordering, prescribing, dispensing, storing and record management of dispensary medicines. The service, dispensed medicines in the manufacturer's original packaging complete with the patient information leaflet. All medicines were dispensed with the appropriate label and by the prescribing clinician, or by the nurse through

Patient Specific Directions (PSDs) authorised by the clinician. (PSDs are written instructions from a prescriber for the supply or administration of medicines to individual patients).

- Private prescriptions were generated from the electronic patient record system with the name and address of the practice, and were signed by the prescribing clinicians before issue. The provider kept prescription stationery for controlled drugs securely.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, health and safety and fire risk assessments, where completed for the premises.

Lessons learned and improvements made

There was limited evidence that the clinic learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. However, although no significant events had been logged in the past year at the inspection we became aware of three significant events that had occurred (a delayed test result, a patient requesting a repeat prescription of a controlled drug and a patient refusing to let the clinician inform their NHS doctor on new significant medication). The delayed test result had been received as a complaint which had been investigated and action taken to prevent recurrence however the clinic had not considered it as a significant event. At the inspection we discussed these shortfalls with the lead clinician for significant events who acknowledged that improvements were necessary.
- Staff were able to cite examples of patient and medicine safety alerts they had acted on. There was an effective system in place to receive and act on them.
- The provider was aware of the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The provider did not have a system in place to identify updates in current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines and incorporate them into practice. Individual clinicians accessed updates on a need to know basis rather than proactively. There was some evidence of attendance at external educational meetings and shared learning. For example, we saw evidence that clinicians had attended meetings on the current NICE guidance for Irritable Bowel Syndrome and Ear, Nose and Throat updates. However, recent updates were not always accessed. For example, the clinician we interviewed was not aware of recent NICE guidance from July 2017 on the faecal immunochemical test (FIT) test recommended for patients at risk of developing bowel cancer. We also found that the guidance followed by the clinicians for antibiotic prescribing was not up to date.

Monitoring care and treatment

The provider could demonstrate some quality improvement activity with some evidence that they reviewed the effectiveness and appropriateness of the care provided. For example, there had been a cervical smear outcome audit. The initial audit identified one patient that should have been referred to a gynaecologist. Change was implemented after which a second cycle of the audit showed all patients had been referred appropriately. The provider had carried out other audits in relation to doctor and nurse consultations. The audits demonstrated that the clinicians were following national guidance for travel advice and sexual health advice.

Effective staffing

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

- Both of the doctors had a current registration with the General Medical Council (GMC) and held a license to practise. Each doctor underwent annual external professional appraisal with the designated body of

membership and all had a date for revalidation in the next three years. (All doctors working in the United Kingdom are required to follow a process of appraisal and revalidation to ensure their fitness to practise).

- The nurse had a current registration with the Nursing & Midwifery Council (NMC) and followed the required appraisal and revalidation processes. The provider supported staff to meet the requirements of revalidation through the provision of protected time to attend professional development days.
- The provider could demonstrate completion of role specific training for relevant staff. For example, the nurse could demonstrate how they stayed up to date with changes to travel vaccinations and cervical cytology.
- There was an induction programme for newly appointed staff.
- The nurse received an annual appraisal and completed training including fire safety awareness, infection control, chaperone, and information governance. All clinical staff received safeguarding and basic life support training. However, the provider did not have assurances that the receptionist had received safeguarding and basic life support training to ensure patient's were safe in the waiting area.

Coordinating patient care and information sharing

- Processes were in place to ensure test results were reviewed by clinicians in a timely manner and results were shared with patients without delay.
- The service made referrals to secondary care in a timely manner and patients were given the option of a referral to either private or NHS specialist care. Most of the referrals made were to the private sector.
- The provider had systems in place for seeking consent to share information with the patient's NHS doctor, if applicable. The service would notify the NHS doctor if the patient consented. The service captured details of a patient's NHS doctor at the point of registration.

Supporting patients to live healthier lives

The doctor and nurse told us that they provided patients with health advice following blood tests, sexual health screening and before travel.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Clinicians supported patients to make decisions by providing information about treatment options and costs.
- There was no system in place to ensure that adults accompanying child patients had the authority to do so and that consent to care and treatment was authorised by the child's parent or guardian.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- During our inspection, we observed that members of staff were courteous and very helpful to patients when in attendance at the clinic.
- Staff we spoke with demonstrated a patient centred approach to their work and with this also reflected in patient feedback.
- We received 15 comment cards completed by patients that were all very positive about the service experienced. Patients described that the practice offered a good service and that staff were very caring, considerate, courteous, attentive and kind.
- Results from the clinics patient satisfaction survey for 2017 showed that patients responded positively about the kindness, courtesy and helpfulness of staff.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and treatment.

- Results from the clinics patient satisfaction survey for 2017 showed that patients responded positively about their involvement in the care and treatment they received. This included positive responses to questions about the time and attention afforded to patients during consultations and clarity of information provided by clinicians. Patient feedback from the comment cards we received was also positive and aligned with these views.
- Standard information about consultation costs and fees for additional services was available on the clinic website and in the patient information leaflet. The service informed patients on an individual basis, about the cost of blood tests, vaccinations and prescriptions depending on the type.
- Translation services were accessible to support patients who did not have English as a first language.

Privacy and Dignity

The clinic respected and promoted patients' privacy and dignity.

- The consultation room was arranged in a way to maintain patients' privacy and dignity during examinations, investigations and treatments. Privacy curtains were provided in the consultation room.
- The consulting room door was closed during consultations and conversations taking place could not be overheard.

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 organised and delivered services to meet patients' needs.

- The clinic and toilet facilities were appropriate for the services delivered.
- The clinic and toilet facilities were accessible to those patients with mobility issues.
- Information about the clinic, the services offered and financial costs, was provided on the practice website and at reception.

Timely access to the service

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

- The service operated from 9am to 5pm Monday to Friday and 9am to 2pm Saturdays. Fifteen-minute consultation appointments were available throughout the day with longer appointments available whenever necessary. The service accommodated same day appointment requests through a walk-in service. Patients with the most urgent needs had their care and treatment prioritised.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- The appointment system was easy to use with appointments bookable by phone or through the clinic website.
- There were no out of hours arrangements in place other than NHS 111. However, it was not advertised to patients through the clinic website, information leaflet or the answerphone system.

Listening and learning from concerns and complaints

The clinic took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- There was a complaint resolution procedure, which set out the process and management of complaints in line with the clinics policy. This included details of the adjudication bodies where patients could send unresolved written complaints for review along with the processes involved. The registered manager was the designated person to handle complaints received.
- The complaint policy and procedures were in line with recognised guidance. One complaint was received in the last year. We reviewed the complaint and found that it was satisfactorily handled in a timely way.
- The clinic acted as a result of complaints to improve the quality of care. For example, a complaint about a delayed test result was investigated and a change of practice implemented to prevent recurrence.

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 not providing well-led care in accordance with the relevant regulations

Leadership capacity and capability

The clinic was led by the female clinician who was the medical director and the registered manager.

- The registered manager was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The registered manager was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

There was not a clear vision or set of values for the service and no formal strategy or supporting business plans to deliver a vision.

Culture

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

- The service had an open and transparent culture. Staff told us they felt confident to report concerns or incidents and were encouraged to do so.
- Staff stated they felt respected, supported and valued. They told us they were proud to work at the service and felt like part of a family.
- 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).

Governance arrangements

There was some evidence of systems in place and lines of accountability to support good governance management. However, improvements were necessary:

- There was a clear staffing structure and staff we spoke with were aware of their own roles and accountabilities, including in respect of safeguarding, infection control and reporting of incidents.

- The provider held quarterly governance meetings which were minuted. However, there was no evidence that clinical meetings, team education meetings or complaints, significant events and audit review meetings took place. We were told that staff meetings were informal. There was no evidence of shared learning from incidents and complaints at the Wimpole Street location.
- There was no system in place to regularly identify updates in current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines and incorporate them into practice. The antibiotic prescribing guidance shown to us was out of date.
- The provider had policies and procedures to support the operational management of the practice and to protect patients and staff. Policies were subject to regular review and updated when necessary.

Managing risks, issues and performance

There was some clarity around processes for managing risks, issues and performance. However, improvements were necessary:

- There was an effective, process to identify, understand, monitor and address current and risks including risks to patient safety. However, future risks were not managed well as the clinic did not have a business continuity plan in place for major incidents.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations.
- Practice leaders had oversight of national and local safety alerts, incidents, and complaints. However, the system in place for managing significant events was not effective.
- There was some evidence of quality improvement activity and action to change practice to improve quality.

Appropriate and accurate information

Appropriate, accurate information was effectively processed and acted upon.

Are services well-led?

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

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data records and data management systems.
- Staff were aware of the importance of protecting patients' personal information.

Engagement with patients, the public, staff and external partners

- The clinic encouraged feedback from patients and had a system to gather patient feedback on an on-going basis.
- The clinic engaged with staff through appraisal and informal discussion. Staff told us the provider was receptive to their feedback.

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>How the regulation was not being met:</p> <p>The provider did not have effective systems in place to manage incidents and significant events, to ensure updates in current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines were incorporated into practice and there was no business continuity plan in place for major incidents.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>