

Knightsbridge Doctors

Knightsbridge Doctors - Basil Mansions

Inspection report

Knightsbridge Doctors - Basil Mansions
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Overall summary

We carried out an announced comprehensive inspection on 16 May 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 not providing safe care in accordance with the relevant regulations. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

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 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Knightsbridge Doctors – Basil Mansions provides a private general practice service.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Knightsbridge Doctors – Basil Mansions services are provided to patients under

Summary of findings

arrangements made by a government department. These types of arrangements are exempt by law from CQC regulation. Therefore, at Knightsbridge Doctors – Basil Mansions, we were only able to inspect the services which are not arranged for patients by a government department.

The practice manager was the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As part of our inspection, we reviewed 12 CQC comment cards completed by patients, where patients made positive comments about the service. They described the reception staff as welcoming, accommodating and very professional and the doctors as attentive, responsive and prompt. Other comments made were they had received a great service from the entire team and staff had most definitely been very caring and respectful.

Our key findings were:

- The clinic had clear systems to keep patients safe and safeguarded from abuse.
- There were arrangements in place for responding to medical emergencies.
- The provider had undertaken appropriate recruitment and monitoring checks for staff.
- The clinic had systems to keep clinicians up to date with current evidence-based practice.
- Staff had completed the necessary training.

- The practice had supported patients to lead healthier lifestyles.
- The practice responded to the needs of patients that wanted a same day doctor appointment at a convenient time.
- Results from blood tests and external diagnostics were sent to the patient in a timely manner using the patient's preferred method of communication.
- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

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

- Ensure care and treatment is provided in a safe way to patients.

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 systems and management of infection prevention and control to ensure it is effective and meets the recommendations of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.
- Review the procedure for seeking patient consent when carrying out minor surgical procedures to ensure it includes written consent.

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 not providing safe care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Requirement Notice at the end of this report).

- The clinic had clear systems to keep patients safe and safeguarded from abuse.
- There were arrangements in place for responding to medical emergencies.
- The provider had undertaken appropriate recruitment and monitoring checks for staff.
- We found areas where improvements must or should be made regarding infection prevention and control and the management of medicines.

Are services effective?

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

- The clinic had systems to keep clinicians up to date with current evidence-based practice.
- Staff had completed the necessary training.
- The practice had supported patients to lead healthier lifestyles.
- Referrals to specialist consultants occurred on the same day as the patient's appointment and referral letters were sent promptly.
- We found areas where improvements should be made regarding the obtaining of written patient consent for minor surgical procedures.

Are services caring?

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

- As part of our inspection, we reviewed 12 CQC comment cards completed by patients, where patients made positive comments about the service.
- For patients whose first language was not English, the clinic offered an interpretation service.
- Staff recognised the importance of patients' dignity and respect.

Are services responsive to people's needs?

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

- The practice responded to the needs of patients that wanted a same day doctor appointment at a convenient time.
- Results from blood tests and external diagnostics were sent to the patient in a timely manner using the patient's preferred method of communication.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Summary of findings

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
 - There were clear responsibilities, roles and systems of accountability to support good governance and management.
 - The provider took steps to engage with their patient population and adapted the service in response to feedback.
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Knightsbridge Doctors - Basil Mansions

Detailed findings

Background to this inspection

The service is located

Knightsbridge Doctors - Basil Mansions is located at:

15 Basil Mansions,

Basil Street

London

SW3 1AP

Knightsbridge Doctors - Basil Mansions provides a private general practice service. It provides most of the services offered at a NHS GP practice such as blood tests, referral to a specialist doctor and health screening to both adults and children. In addition, it offers immigration, visa medicals and travel health checks.

The premises consists of two reception rooms, doctors consultations rooms, a treatment room, a radiography room, and administration offices all located on the ground floor of an apartment building. The premises has two to three steps into the apartment building.

The practice is open on Mondays to Fridays from 9am to 5pm. When closed the practice operates an on-call doctor service.

Why we carried out this inspection

We carried out an announced comprehensive inspection at Knightsbridge Doctors - Basil Mansions on 18 May 2018. 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 continues to meet the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service.

How we carried out this inspection

This inspection was led by a CQC inspector, with support from a GP specialist advisor.

During our visit we:

- Spoke with the doctors, practice manager and nurse.
- Reviewed documents.
- Reviewed 12 CQC 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?

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

Are services safe?

Our findings

Safety systems and processes

- The practice had clear systems to keep patients safe and safeguarded from abuse. Staff had not reported any safeguarding alerts within the last twelve months. However, the staff described the reporting system for raising any safeguarding concerns and felt confident about using it. The practice had a safeguarding policy in place that instructed staff to alert the Local Authority should a safeguarding concern arise. The doctors had completed level three safeguarding training and the nurse level two. The receptionists and secretaries had completed an awareness course (level one). Adults and children who had a medical assessment for a visa application had to submit written and photographic evidence of identity.
- The practice carried out The doctors had completed their revalidation by the General Medical Council (GMC). (The GMC is the statutory body responsible for licensing and regulating medical practitioners.)
- Staff who acted as chaperones were trained for their role and had received a 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.) Signage was located in receptions and doctors consulting rooms and documents were completed on registration to inform patients about the availability of a chaperone.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. For example the legionella and health and safety risk assessments were carried out in 2017. In addition, the radiography equipment had an equipment performance test annually.
- There was a system to manage infection prevention and control and the practice appeared clean and tidy. The practice manager carried out a monthly audit and explained that the curtains and carpets were cleaned regularly. The practice used single use clinical equipment. However, the management of infection control at the practice would have benefited from some improvements. For example, the practice did not have a consistent cleaning schedule that evidenced when the

carpets and curtains had been cleaned. The sinks in the consulting rooms and flooring in the treatment rooms did not meet the current recommendations. Staff continued to use linen on the consultation and radiography beds. At the time of the inspection the practice manager stated they would put a cleaning schedule in place and remove the linen on the consultation beds.

- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

- The practice operated an on call system telephone when the practice was closed that provided patients direct access to a doctor or directed to their own NHS GP.
- The practice employed permanent GPs to work in the service, alongside the provider GPs and did not use locum doctors.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- The clinical staff had professional indemnity arrangements in place, however the practice manager did not have a system in place to check that GPs were not working over their agreed time within their policies. The practice manager agreed to implement this immediately.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Such as for visa applications.
- Clinicians made timely referrals in line with protocols.
- The practice staff asked patient's for their GPs' details, but would not routinely contact the GP unless the patient consented or in urgent circumstances.

Safe and appropriate use of medicines

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The practice did not store controlled drugs on the premises.
- The practice offered travel vaccines. We found staff access and used the London School of Hygiene and Tropical Medicine for guidance and The Green Book issued by Public Health England for guidance. However, although we found the nurse had recorded in the patient notes when they had given a vaccine, the doctor had not always provided written authorisation for the vaccine. Following the inspection the provider confirmed that the nurse would use the current Public Health England patient group directives for all routine immunisations and contemporaneous patient specific directives for travel vaccinations. (Patient Directions (PGD/PSD) provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor prescriber).

Track record on safety

- The provider had sight of the last fire risk assessment and fire equipment check carried out by the property owner and one in place for the specific premises. The rooms had details of what action to take should a fire occur. The practice manager acted as the fire warden. However, the overall property assessment did not include that the consultation rooms stored oxygen, the practice manager agreed to act on this.
- The service had a policy on the safety and suitability of premises and equipment.

Lessons learned and improvements made

- The provider and staff understood their responsibility to raise concerns, to record safety incidents, concerns and near misses, and report them internally and externally where appropriate.
- The provider had not reported a significant event at the service in the last twelve months. However, the provider had policies (critical, medication and adverse incidents) in place that instructed them about the actions to take should one occur. They could also clearly describe what actions they would take if an incident occurred.
- The clinical staff were aware of and complied with the requirements of the Duty of Candour.
- The provider had arrangements in place to receive and comply with patient safety alerts, recalls and rapid response reports issued by the independent doctors federation and the governments drug and medical device alerts. We saw evidence that the service reviewed patient safety alerts and considered which were applicable to the service.
- The provider was aware of their responsibility to notify the CQC of all incidents that affected the health, safety, and welfare of people who used services.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

- Patients' immediate and on going needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had recently purchased a new computer software programme. The programme enabled staff to search the patient records and identify patients who may need a medicine review or change following receipt of a safety alert.
- The practice had advised and enabled one patient who travelled abroad regularly to assess their own medication level in their blood.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

- The provider had carried out clinical audits of the prescribing of vitamin D, which was clinically appropriate and responsive to the patients' needs in 2015, 2016, and 2017, which had resulted in identifying patients with low vitamin D and prescribing the necessary supplement.
- The medical assessments carried out for visa applications were audited to ensure the doctor had followed correct procedures and carried out the necessary tests.

Effective staffing

- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The radiographer was supervised by a senior radiographer at a local hospital on the 9 May 2018.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with on going support. This included an induction process, appraisals, coaching and mentoring, clinical supervision and support for revalidation.

Coordinating patient care and information sharing

- Patients normally contacted the clinic for an appointment by telephone. At registration, staff took the patient's NHS GP details and the NHS GP contacted with patients' consent if needed.
- Parent and guardian information was sought for children. Where the clinic offered visa medicals photographic proof of identity was required.
- The provider informed patients about any test results within three days, by letter or by telephone should they be urgent.
- Staff sent referral letters and obtained appointments promptly, mostly on the same day as the patient's appointment.
- For patients who require end of life care the provider had details of private nursing services if requested.

Supporting patients to live healthier lives

- When the doctors wrote to the patients to inform them about their treatment, or results, they would also include how the patients could live a healthier life. Such as smoking cessation or weight management.
- Clinicians provided patients who had travel vaccines information about the risks of the countries they were visiting.

Consent to care and treatment

- Clinicians understood the requirements of legislation and guidance when considering consent and decision-making. The doctors had recorded the patient's verbal consent in notes, but did not have their written consent when they carried out minor surgical procedures.

Are services effective?

(for example, treatment is effective)

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

Our findings

Kindness, respect and compassion

- As part of our inspection, we reviewed 12 CQC comment cards completed by patients, where all the patients made positive comments about the service. They described the reception staff as welcoming, accommodating, and very professional and the doctors as attentive, responsive, and prompt. Some commented they had received a great service from the entire team and staff had most definitely been very caring and respectful.
- The practice had a surveys available for patients to complete in the reception rooms. From 1 January to the 31 March 2018, 11 patients had completed the surveys where they scored the practice from one very unhappy to five very happy. When asked about the attitude of the reception staff and the consultation with the doctor out of a potential total score of 55, the practice had received score of 50.

Involvement in decisions about care and treatment

- The practice survey asked patients if the doctor or nurse explained the tests and treatments well. Out of a potential score of 55 the practice scored 51.
- The practice offered an interpretation service for patients whose first language was not English. This was arranged when the patient made their appointment.

Privacy and Dignity

- 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.
- 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?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice did not have full disability access, there were three small steps into the building. However, as an alternative to visiting the practice the doctors offered home visits.
- The practice had a hearing loop.
- The practice provided medical reports and certificates for foreign immigration visas.
- Staff provided patients with information about the services offered and the costs when the patient telephoned for an appointment. In addition, this information was included in the providers website.
- Patients could book for a longer appointment if they required one.
- Patients could request a doctor of their choice, so that they received a consistent approach to their care and treatment.
- The provider explained that they would visit patients in hotels if patients were traveling and required medical attention whilst in the country.

Timely access to the service

- Patients mostly booked appointments by telephone. Appointments were available from Monday to Saturday between 9am and 5pm. Same day appointments were available and patients could request a home visit where ever they were staying in the UK.

- Results from blood tests and external diagnostics were sent to the patient in a timely manner using the patient's preferred method of communication. Some results were available on the same day.
- Staff said appointments normally run on time, if delayed they would inform the patient of the reasons.

Listening and learning from complaints and concerns.

The practice 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.
- All complaints were referred to the practice manager, who would respond to them immediately and try to resolve them.
- The complaint policy and procedures were in line with recognised guidance. The practice explained they had not had a complaint in the previous year. We reviewed the complaints from 2016 to 2017 and saw the practice had responded promptly with an explanation and apology where appropriate. Most of the complaints were about bruising following blood tests. The doctors explained they now fully informed patients of the possibility of a bruise after taking blood.

Are services well-led?

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

Our findings

Leadership capacity and capability

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable.
- The practice had planned for the future leadership of the practice.

Vision and strategy

- Knightsbridge Doctors had an ethos of a commitment to providing the highest quality of medical care tailored to individual needs. With staff dedicated to exceed patient expectations in a friendly and relaxed setting. The ethos was described on the practice website.
- There were positive relationships between staff.

Culture

- Staff stated they felt respected, supported and valued.
- They were proud to work in the practice.
- The practice focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns. They had confidence that provider or practice manager would address them.
- All staff had received an annual appraisals in the last year.

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.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and complaints.
- The providers had established policies, procedures, and activities to ensure safety and assured themselves that

they were operating as intended, which staff had updated. However, we found some did not reflect the practices current practice. For example the medicines policy and consent.

Managing risks, issues and performance

- The provider had considered the risks to patients and to performance. They had procedures in place to manage risks to the patient's and staff.
- The practice had plans in place and had trained staff for major incidents.
- A clinical audit had a positive impact on quality of care and outcomes for patients.

Appropriate and accurate information

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice held written notes and they had recently moved to a new computer software programme enable them to monitor and improve the quality of care.
- The practice staff were aware of their responsibility to submitted data or notifications to external organisations and CQC as required.
- There were 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 provider took on board the views of patients and staff and used feedback to improve the quality of services.
- The practice had questionnaires available in the reception area for patients to complete. The registered manager collated and reviewed every three months to identify any themes.

Continuous improvement and innovation

- The doctor explained that the practice was reviewing how to improve the premises.
- The provider explained they were looking for new doctors to join the service to replace any doctors who were considering retirement.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: There was no proper and safe management of medicines. In particular: Although we found the nurse had recorded in the patient notes when they had given a vaccine, the doctor had not always provided written authorisation for the vaccine.