

Richard Meir Dawood

Fleet Street Clinic

Inspection report






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Ratings

Overall rating for this service

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. (Previous inspection February 2018. This inspection was unrated but met all required standards)

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 at the Fleet Street Clinic on 12 June 2019 as part of our inspection programme.

The service is registered with the CQC to provide a private GP service and travel vaccination 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 regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Fleet

Summary of findings

Street Clinic provides a range of occupational health assessments which are not within CQCs scope of registration. Therefore, we did not inspect or report on these services.

The lead doctor 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.

We received forty completed CQC comment cards. All were positive about the service commenting on the friendly and professional service received.

Our key findings were:

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.
- Patient feedback for the services offered was consistently positive.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

The areas where the provider should make improvements are:

- Consider enhancing the level 1 safeguarding training of non-clinical staff to level 2 safeguarding.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Fleet Street Clinic

Detailed findings

Background to this inspection

Fleet Street clinic is based at 29 Fleet Street, London, EC4Y 1AA.

At the Fleet Street Clinic patients can access private GP care, dental services (which were not inspected at the visit) and travel medicine services (including vaccinations). The practice provides services for patients with pre booked appointments as well as a walk in service. Appointments can also be arranged through their employer. The provider also provides services which are not regulated by the CQC.

The practice is situated in an old Victorian property in Central London. Most of the building is accessible to people who use a wheelchair or mobility aid. Provision is made for consultations and treatment to be carried out on the ground floor. The area is well served by public transport.

Five GPs work at the practice (divided between general GP services and travel services), two Occupational Health GPs, five nurses, two dental staff, practice manager and administration staff.

Consulting hours are 8.45am to 8.00pm Monday to Thursday and 8.45am to 5.30pm on Friday. Appointments were available within 24 hours. Patients could book by telephone, e-mail or by walking into the practice.

We previously visited the Fleet Street Clinic on 14 February 2018. This practice was not rated but we found that the practice was meeting all the regulations.

We Inspected again on 12 June 2019. The team was led by a CQC inspector, with a GP specialist advisor.

Before the inspection we reviewed any notifications received from and about the service, and a standard information questionnaire completed by the service.

During the inspection, we received feedback from people who used the service, interviewed staff, made observations and reviewed documents.

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 rated safe as Good because:

Safety systems and processes

There were systems, processes and practices in place to keep people safe and safeguarded from abuse. Safeguarding procedures were documented, and staff were aware of the practice lead. Staff had received training appropriate to their role (for example, safeguarding children level three for GPs) and understood their responsibilities. Clinical staff were trained to safeguarding level 3 and non-clinical staff had received level 1 safeguarding training.

Notices advised patients that chaperones were available. Chaperones had received training for the role and had received a Disclosure and Barring Service (DBS) check in line with the provider's policy for all staff. 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.

Recruitment procedures also checked on permanent and locum staff members' identity, past conduct (through references) and, for clinical staff, qualifications and registration with the appropriate professional body. Medical and nursing staff were supported with their professional revalidation.

We observed the practice to be clean and there were arrangements to prevent and control the spread of infections. The practice had a variety of other risk assessments and procedures in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Equipment was monitored and maintained to ensure it was safe and fit for use.

Risks to patients

Staffing levels were monitored and there were procedures in place to source additional trained staff when required.

There were effective systems in place to manage referrals and test results.

Risks to patients (such as fire) had been assessed and actions taken manage the risks identified.

There were arrangements in place to respond to emergencies and major incidents:

- Staff records we checked (two clinical staff, three non-clinical) showed that these staff had completed annual basic life support (BLS) training, in line with guidance.
- There was oxygen, a defibrillator, and a supply of emergency medicines. A risk assessment had been carried out to determine which emergency medicines to stock. All were checked by the practice through regular monthly checks of expiry dates to make sure they would be effective when required. We found that all checks were up to date and medicines were within their use by date. There was a business continuity plan for major incidents such as power failure or building damage. This contained emergency contact details for suppliers and staff.

Information to deliver safe care and treatment

There was an electronic record system, which had safeguards to ensure that patient records were held securely. Paper based records were held securely in locked cabinets.

Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included investigation and test results.

- There were arrangements in place to check the identity of patients. Systems were in place to check the identity of adults attending with children which included the provision of photographic identification and review of the child's red book, where appropriate.

Safe and appropriate use of medicines

From the evidence seen, staff prescribed and gave advice on medicines in line with legal requirements and current national guidance.

Most patients attended only for travel vaccinations or the care of acute conditions, and were referred to consultants or their NHS GP for follow up as appropriate. The practice did not prescribe high risk medicines.

Prescriptions were generated from the patient record system and sent to the Fleet Street clinic's own in house pharmacy for dispensing.

Are services safe?

Medicines stocked on the premises were stored appropriately and monitored.

Track record on safety

There were systems in place for reporting incidents. The practice had a number of procedures to ensure that patients remained safe and had recently initiated an overarching incident reporting policy. The practice had recorded 13 significant events in the past twelve months which had been shared in a practice meeting to aid learning.

We found that there was a clear policy for handling alerts from organisations such as MHRA. Alerts are received by post or email to the head nurse for travel vaccinations who would then disseminate appropriate alerts to the relevant members of staff for actioning. Alerts were then logged electronically.

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. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

Effective needs assessment, care and treatment

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

- The provider 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 and guidelines set by the International Society of Travel Medicine.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

The service had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided.

- The service conducted a range of audits to ensure diagnosis and treatment were in line with national guidelines and organisational protocol.
- The service described multiple audit examples where practice had been reviewed and improvements made including extended appointment times for discussing test results.
- The service conducted an audit to into the effects of diarrhoea on travellers. The audit took a sample of 39 patients who had returned from a variety of locations who were suffering with diarrhoea. Samples were analysed and broken down into the different bacteria and viruses held within them. The practice changed

some of the vaccinations given to people going to these countries. A further sample of patients returning from the same countries were analysed and it was noted that there were improvements in the health of those patients returning. The audits showed good compliance with guidance. There was analysis and agreed action for all of the audits and re-audits had been scheduled, to check that improvement had been made.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The provider 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.
- All staff had received an appraisal within the last 12 months.
- Staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

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

Patients contacted the practice primarily for travel vaccinations; however, patients also visited the practice for routine medical concerns. If this was the case, patients were asked if they were registered with an NHS GP and whether their GP could be contacted. If patients agreed, we were told that a letter was sent to their registered GP. Clinical staff were aware of their responsibilities to share information under specific circumstances (where the patient or other people are at risk) and we were told of examples where GPs had succeeded in getting consent to share information, after explaining the risks to the patients if they did not.

Where patients required a referral (for diagnostic tests or review by a secondary care clinician) this was generally arranged directly through a private provider.

Are services effective?

(for example, treatment is effective)

GPs were expected to review test results received within one working day. Referrals to secondary care could be made on the same day as the GP consultation.

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.

- Where appropriate, staff gave people advice, so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, if a doctor had a concern, the patient's GP would be contacted to allow for further follow up.
- The practice promoted good travel health, including ways to prevent illness once patient had returned to the UK.

- Where patients needs could not be met by the service, staff redirected 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.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people
- Staff 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.

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

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 service was designed to offer quick, easy and efficient access to primary care and travel vaccinations, located in central London, to avoid patients having to wait or have undue time off work for an appointment. The service had an extensive internal referral pathway that was open to patients to enable them to receive tailor made services quickly and efficiently.

The service had developed a recall system to ensure that patients received on-going support.

Staff members had received training in equality and diversity. Consultations were available to anyone and to workers in London through their company's occupational health scheme. Staff from the practice would visit individual workplaces to undertake consultations when the need arose.

The facilities and premises were appropriate for the services delivered. GP and nurse appointments were available in the ground floor consultation and treatment rooms.

Timely access to the service

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

- Consulting hours were 8.45am to 8.00pm Monday to Thursday and 8.45am to 5.30pm on Friday. Appointments were available within 24 hours, many available the same day. Patients could book by telephone or e-mail or by walking in to the practice. Telephone answering was monitored to ensure that calls were answered swiftly.
- A walk in vaccination service was available.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. The service had developed point of care testing capabilities which enabled patients to be tested and receive instant results during a consultation. This enabled patients to receive person centred care with early diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Online booking was available which included an online scheduling system was available to patients to give them flexibility.
- Patients reported the appointment system was easy to use.
- The service's own customer feedback data showed satisfaction with how care and treatment could be accessed was consistently high.

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.

The provider encouraged and sought patient feedback. Every patient was sent a survey after their consultation and almost all rated their overall experience as good or very good. The practice collated the results to look for trends.

Information on how to complain was available in the waiting room and on the provider's website. There had been eleven complaints in the past 12 months. These were handled in accordance with the published process, and the final responses included details of the procedure if the complainant was dissatisfied with the outcome.

There was evidence of improvement in response to complaints and feedback, including training for staff, changes to data systems and updated policies. Staff received information about complaints at practice meetings.

Since the inspection the service had been accredited by the International Organisation for Standardisation which showed that the practice have good lines for patients to report complaints and complaints policy. The service audit complaints at regular management review meetings.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Staff told us leaders were visible and approachable, especially now that the management office operated from the same floor as the patient service.
- The provider had effective processes to develop leadership capacity and skills, including a comprehensive management training programme. Travel doctors and nurses had achieved the Certificate of Travel Health from the International Society of Travel Medicine.

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 developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. All staff were given protected time for professional development and evaluation of their clinical work. A 'lunch and learn' event was regularly held where staff could come and talk about specific cases in order to share learning.
- Staff were encouraged to participate in the development of services and were supported by management to do this. For example, a new mental health programme was being developed and arranged by staff members supported by management.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff, the service managers, clinicians and business leaders.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had adopted and established policies, procedures and activities to ensure safety and assured themselves they were operating as intended.

Are services well-led?

Good 

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

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. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The service was developing internal management systems for quality management which included a non-conformance policy looking at root cause analysis to form a development plan for the service. The service had recently been externally accredited for this work.
- The provider had plans in place and had trained staff 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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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 the public, patients, staff and external partners and acted on them to shape services and culture. For example, following comments from patients on the routine survey, same day testing for STI's was made available before 12noon. The practice website was then updated to make this change clear for patients. Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.
- Staff were active in contributing to new models of care and presenting at international conferences on travel medicine. The medical director was a founding member of the International Society of Travel Medicine and worked with external providers to improve the service and to develop national guidance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service. Staff told us that they were encouraged to consider and implement improvements. Staff were involved in annual practice reviews where they were able to help formulate practice aims and objectives for the following year.
- Incidents and feedback, including complaints, were used to make improvements. There was evidence of learning being shared from the service and from other services in the group.
- There was evidence that monitoring was used to identify areas for improvement, which were then acted upon. For example, after it was identified that some patients were waiting longer after their appointment time than expected, the causes were identified and addressed.

Are services well-led?

Good 

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

- The practice was involved in innovative projects. For example, sending a nurse to be part of an Ebola biosafety project in the Democratic Republic of Congo and providing medical support for a group of musicians embarking on a worldwide tour.