

# DocTap Headquarters

## Inspection report

97-99 King Street  
London  
W6 9JN  
Tel: 02071833254

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

### Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Overall summary

**This service is rated as Good overall.** (The service was previously inspected in June 2018, when it was meeting the then current standard)

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 DocTap Headquarters as part of our inspection programme.

The service provided access to private GP services from one location and seven branches across London.

A director 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.

## Our key findings were:

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service gave patients timely support and information.
- The provider understood the needs of their patients and improved services in response to those needs. Waiting times, delays and cancellations were minimal and managed appropriately.
- The service focused on the needs of patients.

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

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

## Our inspection team

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

## Background to DocTap Headquarters

The service conducts clinics at its location address, DocTap Hammersmith, 97-99 King St, London W6 9JN. It also delivered services from a further six branches, located at:

- DocTap Victoria - Address: Keencare pharmacy, 6 Lower Belgrave St, London SW1W 0LJ
- DocTap Bond Street - Address: 50 - 54 Wigmore Street, London W1U 2AU
- DocTap Kings Cross - Address: 344 - 354 Gray's Inn Road, Kings Cross, WC1X 8BP
- DocTap Canary Wharf - Address: Room 21, 37th Floor, 1 Canada Square, London E14 5AB
- DocTap Clapham - Address: (until 10th Feb 2023)
- DocTap London Bridge - Address: 31 Union Street, London Bridge, London SE1 1SD
- DocTap Austin Friars - Address: 14 Austin Friars, London EC2N 2HE

A seventh branch, DocTap Clapham, located at 168 Lavender Hill, Battersea, SW11 5TG, ceased operation shortly before our inspection visit.

During this inspection we visited the following location and branches: DocTap Hammersmith, DocTap Victoria, DocTap London Bridge, DocTap Austin Friars and DocTap Bond Street.

### How we inspected this service

The service is registered with CQC under its provider organisation DocTap Ltd. The provider first registered with CQC in February 2016. The service, DocTap Headquarters, is located at 97-99 King Street, Hammersmith, South West London which is within the London Borough of Hammersmith and Fulham. The area is well served by public transport with bus, train and underground access nearby.

The service is registered to provide the registered activities of Diagnostic and screening procedures; Maternity and midwifery services; and Treatment of disease, disorder or injury.

The service provides primary medical care services to fee-paying patients. Services include GP consultations, specialist referrals, diagnostic tests, STI testing, sick notes and medical letters and advice.

The service is open from 8.00am – 7.00pm Monday to Friday and 8.00am to 5:30pm on weekends.

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

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

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

# Are services safe?

## **We rated safe as Good because:**

- The service had systems to safeguard children and vulnerable adults from abuse.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. The service had decided to carry out Disclosure and Barring Service (DBS) checks 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.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. 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. For example, we saw evidence the service conducted regular legionella testing at its location and branches. We noted one issue at one branch, requiring the service to insulate domestic water supply hot water pipes. The service had resolved the issue within 3 months of the report.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## **Risks to patients**

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for locum staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

# Are services safe?

## 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.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service did not keep stocks of prescription stationery, prescriptions were printed at time of prescribing using plain paper.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. 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. For example, a clinician realised after a consultation that they had prescribed the incorrect dose of a medicine. This was immediately brought to the attention of the clinical lead. The service contacted the patient and the dispensing pharmacy. It was able to stop the patient from inadvertently taking the incorrect dose and reissue a correct prescription.

# Are services safe?

- 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?

## We rated effective as Good because:

- We saw no evidence of discrimination when making care and treatment decisions.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Patients received coordinated and person-centred care.

## 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 the service**

- The provider assessed needs and delivered care in line with relevant and current evidence based best practice guidelines.
- 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.
- Arrangements were in place to deal with repeat patients. For continuity, and following an appointment, patients are offered any needed follow-up appointments with the same clinician.
- Staff assessed and managed patients' pain where appropriate.
- The service made use of technology to improve. For example, the service used cloud storage at several remote locations to avoid any potential disruption.

## Monitoring care and treatment

### **The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. The service made use of multiple sources of information to make improvements, for example, the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The service had completed four 2-cycle (or more) audits within the last 18 months. For example, the service had audited its prescribing of novel anticoagulants. During the first cycle, it found all prescribing was within its prescribing guidelines. However, some prescriptions were issued for periods in excess of one month. The service reviewed this and amended its guidelines to limit such prescribing to a maximum of one month. On re-auditing the prescribing of novel anticoagulants nine months later, it found all prescribing was within its updated guidelines. Novel oral anticoagulants (NOACs) are medicines used to help prevent strokes in patients with atrial fibrillation.

## 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.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- 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.

# Are services effective?

## Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, we saw evidence of appropriate referrals to specialist services, including urgent two week wait letters. The letters were generated and a copy given to the patient and a copy was emailed to them. In addition, the system generated a reminder to the patient to follow up on the referral. A 'two week wait' referral is a request from a GP to ask for an urgent hospital appointment, because the patient has symptoms that might indicate they have cancer.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately, this included when patients moved to other professional services, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service monitored the process for seeking consent appropriately.

## 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.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, patients presenting with sexually transmitted infections were provided with appropriate information to enable them to access genitourinary medicine (GUM) clinics.

## 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.



# Are services caring?

## **We rated caring as Good because:**

- The service gave patients timely support and information.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- 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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that 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 that 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?

## We rated responsive as Good because:

- The provider understood the needs of their patients and improved services in response to those needs. Waiting times, delays and cancellations were minimal and managed appropriately.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

## 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 provider understood the needs of their patients and improved services in response to those needs. A number of patients required translation services to communicate effectively. The service had recently upgraded to an established online translation service to facilitate consultations with patients who would benefit from the same.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service placed alerts onto its systems to ensure vulnerable patients were treated appropriately.

## Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

## Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaints policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, following a consultation a patient experienced additional symptoms, which indicated a different diagnosis. The service reviewed the issue and updated its guidance to clinical and non-clinical staff who may encounter patients with the need for changed diagnoses. This guidance was distributed to all relevant staff and incorporated into its operating procedures.

# Are services well-led?

## **We rated well-led as Good because:**

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service focused on the needs of patients.
- Staff were clear on their roles and accountabilities.

## **Leadership capacity and capability**

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## **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 and external partners.
- 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. For example, a patient verbally raised a concern and was invited to make a formal complaint. Although the patient did not raise a formal complaint, the service investigated the issue. The service fully reviewed the issue, there was no finding of fault.
- 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 that 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, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

# Are services well-led?

- 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 and managers.

## 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 established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- 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.

## 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 regularly ran a range of clinical audits. For example, during an audit of antibiotic prescribing, the practice had found that all prescribing for patients with sexually transmitted infections was in line with National Institute for Health and Care Excellence (NICE) and British Association of Sexual Health and HIV (BASHH) guidance. The service committed to re-running the audit to ensure it continued to prescribe appropriately. During the second cycle of the audit, the service identified one prescription issued outside of the guidance to first test the patient. However, there were appropriate extenuating circumstances. The service reviewed the results consulting with relevant staff and reinforcing its approach in line with national guidance. The service had continued to regularly run the audit. Although it prescribed these medicines infrequently, any deviation from national guidelines was reviewed and discussed with clinicians.
- 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.**

# Are services well-led?

- 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.

## **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.
- There were systems to support improvement and innovation work, for example, the service was continuing to develop its patient access app to enable to specify a range of criteria including their preferred clinician.
- Staff could describe to us the systems in place to give feedback. There were meetings for clinical, non-clinical and all staff. In addition, staff had regular 1:1 meetings during which they were encouraged to raise any issues. 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.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.