

The Hill Centre Ltd

# The Hill Medical Centre

## Inspection report

Northfield House  
2a Northfield Road  
London  
N16 5RN

Tel: 020 8800 5066

Website: [www.hillmedicalcentre.co.uk](http://www.hillmedicalcentre.co.uk)

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### Overall summary

We carried out an announced, comprehensive inspection on 10 January 2019 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 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.

CQC previously inspected the service on 3 October 2017 and asked the provider to make improvements because it was not using clinical audits to drive improvements in patient outcomes. We judged the provider had breached Regulation 17 (1) (Good governance) of the Health and Social Care Act 2008. At our 10 January 2019 inspection, we checked this area and found the area of concern had been resolved.

The Hill Medical Centre was established in 2011 and registered with the Care Quality Commission in 2013. The practice operates a private GP service for patients providing consultations and private prescriptions.

The principal 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 20 completed Care Quality Commission comment cards all of which were positive about the staff at the practice and the services received. We did not speak with patients directly at the inspection.

# Summary of findings

## Our key findings were:

- The provider had acted since our last inspection and introduced a programme of regular audits to assess, monitor and improve the quality of the service.
- The practice reviewed the effectiveness of the care it provided and acted to ensure care and treatment were 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 positive.

- Practice management and governance arrangements supported the delivery of high-quality and person-centred care.

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

- Review protocols to ensure that periodic water temperature monitoring is undertaken in accordance with the service's recent Legionella risk assessment.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

# The Hill Medical Centre

## Detailed findings

### Background to this inspection

The Hill Medical Centre was established in 2011. The provider registered with the Care Quality Commission in 2013 to provide Diagnostic and Screening procedures and; Treatment of Disease, Disorder, Injury (TDDI).

The service is open from 10:30am-6.30pm. GP consultations are available weekdays from 1.30pm-6.30pm. The practice undertakes approximately 4000 GP consultations per year.

The service is predominantly accessed by patients from the local Jewish community. Within the building, there are 22 practitioners who rent rooms and offer services to the public including acupuncture, homeopathy, hypnotherapy, nutritional therapy, osteopathy and psychotherapy. All services are provided from the first floor of the building.

The cost of the service for patients is advertised on its website and detailed on patient consultation forms.

The service employs one male and one female doctor (who are both on the GMC register), a practice manager and a

business partner. The principal GP (male) undertakes five sessions at the Centre and two sessions as an NHS GP at a local practice. The female GP is employed on a locum basis and has a part time role as an NHS GP.

The principal GP is the registered manager in place. 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.

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 saw evidence that most infection prevention and control protocols were in place (for example, staff had received recent training and an audit had recently taken place). However, a formal legionella risk assessment had not been undertaken. Shortly after our inspection we received confirmation an assessment and water sample test had been undertaken which indicated that the Legionella bacterium was not present in the service's water system.
- Staff demonstrated they understood their safeguarding responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had adequate arrangements to respond to emergencies.

### 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. 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. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- 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. 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.

- 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.
- We looked at systems for managing infection prevention and control (IPC) risks. For example, staff had received recent training and an IPC audit had taken place in September 2018. On the day of our inspection, we were told that the provider's landlord had advised that a Legionella risk assessment was not required because of the absence of water tanks in the building. Our concern however was that a formal risk assessment had not been undertaken regarding the presence of the Legionella bacterium in the building's hot and cold water systems.
- Shortly after our inspection we received confirmation a Legionella risk assessment had been undertaken. The service told us that in accordance with the risk assessment, they would immediately commence periodic water temperature monitoring, to ensure that temperatures were not conducive to allowing Legionella bacterium to proliferate.
- The provider ensured facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- There were systems for safely managing healthcare waste.

### 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 agency 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.
- The service had adequate arrangements to respond to emergencies including emergency oxygen and a defibrillator (an electronic device that analyses life threatening irregularities of the heart and can deliver an electrical shock to attempt to restore a normal heart rhythm).

# Are services safe?

- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

## 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 kept prescription stationery securely and monitored its use.
- The service carried out medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- 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 is a different approach taken from national guidance there is a clear rationale for this that protected patient safety.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of patients including children.

## Track record on safety

We looked at the service's safety record.

- There were comprehensive risk assessments in relation to safety issues such as health and safety; and Control of Substances Hazardous to Health (COSHH).
- 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 acted to improve safety in the service. For example, following an electricity power cut which had temporarily disabled the phone system, the practice had reviewed business continuity protocols to ensure a mobile phone number was available if a power cut happened again in the future.
- 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.

The practice had systems in place to ensure when there were unexpected or unintended safety incidents, affected people received reasonable support, truthful information and a verbal and written apology.

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

- The provider had acted since our last inspection and introduced a programme of

audits to assess, monitor and improve the quality of the service.

- The practice reviewed the effectiveness of the care it provided and ensured that care and treatment were delivered according to evidence-based guidelines.

### 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 in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

### Monitoring care and treatment

The practice was actively involved in quality improvement activity.

When we inspected in 2017, the practice did not use clinical audits to monitor quality and make

improvements. At this inspection, we saw evidence clinical audits and external audits were used to drive improvements in patient outcomes. For example, in October 2017, an audit of 49 patients with eczema showed that for all patients, the level of severity of their condition ranged from level 5 - level 9 (most severe). An October 2018 follow up highlighted the severity of the patients' condition now ranged from level 1 (least severe) to level 4.

We noted the patient records had been externally audited by a consultant dermatologist and that feedback was positive on the treatment approach (for example regarding completeness of patients' medical histories, frequency of

follow up consultations) and on how the positive outcomes had been achieved without recourse to high risk medicines (which are sometimes prescribed for patients with severe eczema).

In addition, audits had been undertaken on the repeat prescribing of Controlled Drugs and on Natural Desiccated Thyroid (NDT) medicines and we saw evidence these audits had also had a positive impact on quality of care and outcomes for patients.

### 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.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

### 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 such as a consultant dermatologist.
- 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.
- 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

# Are services effective?

(for example, treatment is effective)

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.

- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- 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. There were clear and effective arrangements for following up on people who have been referred to other services.

## **Supporting patients to live healthier lives**

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- 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.

## **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

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- We received 20 completed Care Quality Commission comment cards, all of which were very positive about the staff at the practice and the services received.
- We were told that any treatment including fees was fully explained to the patient prior to any consultation or treatment and that people then made informed decisions about their care.

### **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. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available to help patients be involved in decisions about their care.
- Patients told us through comment cards, that 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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

### **Privacy and Dignity**

The practice 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?

(for example, to feedback?)

## Our findings

- Patients could access services provided by the practice within an appropriate timescale for their needs.
- The practice was accessible for people with impaired mobility.
- There was a policy and procedure in place for handling complaints and concerns which were in line with recognised guidance.

### 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. For example, the practice routinely referred patients to complimentary therapies (such as acupuncture and hypnotherapy) based in the same building.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so people in vulnerable circumstances could access and use services on an equal basis to others. For example, offering appointments at quieter times in the day.

### Timely access to the service

Patients could 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 the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, some referral services were co-located in the same building.

### 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 complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. Three verbal complaints had been received in the previous 12 months and records confirmed that staff had discussed these complaints and any opportunities for learning.
- For example, protocols had been reviewed after a complaint had highlighted that the practice's 'virtual receptionist' off site messaging service had failed to forward a patient message.

# Are services well-led?

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

## Our findings

- The practice had a clear vision and credible strategy to deliver holistic approaches to medicine: using a combination of formal medicine and alternative medicine as was deemed clinically appropriate.
- The principal doctor had the capacity and skills to deliver high-quality, sustainable care.
- The practice had systems in place to manage risk so that safety incidents were less likely to happen.
- Practice management and governance arrangements enabled the delivery of high-quality and person-centred care.

### Leadership capacity and capability;

The principal doctor had the capacity and skills to deliver high-quality, sustainable care.

- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The principal doctor was visible and approachable. They worked closely with the practice manager and others; and prioritised compassionate and inclusive leadership.

### Vision and strategy

The service had a clear vision and credible strategy to deliver a holistic approach to medicine using formal medicine and alternative medicine as was deemed clinically appropriate.

- 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.

- 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 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 had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity.
- There were positive relationships between clinical and non-clinical staff.

### 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 joint working arrangements promoted interactive, co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- The principal doctor and practice manager had established appropriate policies, procedures and activities to ensure safety. Records showed they regularly met to assure themselves that they were operating as intended.

### Managing risks, issues and performance

There was clarity around processes for managing risks, issues and performance.

- Overall, there was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. However, we noted that risks associated with the Legionella bacterium were not well managed.
- The service had processes to manage current and future performance. Performance of clinical staff could be

# Are services well-led?

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

demonstrated through audit of their consultations and prescribing. Leaders had oversight of safety alerts, incidents, and complaints and we saw that these were reviewed at regular team meetings.

- Action had been taken since our last inspection to ensure that clinical audit had a positive impact on quality of care and outcomes for patients.
- The provider had plans in place for major incidents.

## **Appropriate and accurate information**

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in regular practice meetings where all staff had sufficient access to information.
- The practice monitored performance information at regular practice meetings.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- 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 public's, patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- Staff were able to describe to us the systems in place to give feedback (such as at regular practice meetings).
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

There was evidence of 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.

There were systems to support improvement and innovation work. For example, the principal doctor worked two sessions per week at a local NHS surgery and was therefore able to partake in training and quality improvement activity. They also spoke positively about how being co-located with other health care professionals at The Hill Medical Centre had supported their continuous improvement.