

Medical Express Clinic

Inspection report

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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?

Requires Improvement 

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 key questions are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced desk-based focus review of Medical Express Clinic on 29 April 2021. This inspection was not rated but we identified a breach in regulation relating to Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014. The full report for the April 2021 inspection can be found by selecting the 'all reports' link for Medical conducted as part of our inspection programme of independent health providers.

This inspection was a full comprehensive inspection carried out on 30 March 2022 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach of regulation identified during the April 2021 desk review of the service.

Our key findings were:

- The service had systems in place which kept patients safe. These included checks on patients attending the service and risk assessments conducted to ensure staff and patients were safe whilst attending the centre.
- Staff at the service had the skills and knowledge to provide effective care, but there was evidence that not all patient needs had been assessed.
- The service obtained consent to care and treatment in line with legislation and guidance, but this was not documented.
- Feedback on the service revealed high levels of patient satisfaction.
- Provision of services at the clinic considered patient demand and included timely access appointments which included face-to-face, telephone and video consultations.
- There was a focus on innovative, learning and improvement.

The areas where the service **must** make improvements:-

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

The areas where the service **should** make improvements: -

- Ensure that up to date information is held on staff files (including performers checks).

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Medical Express Clinic

Medical Express Clinic provides consultations with independent doctors from premises located at 117a Harley Street, London, W1G 6AT. The service provides consultations with independent doctors, blood tests and a variety of health screening services.

This fee-paying service provides the above range of health services to children and adults.

The service is registered with the Care Quality Commission to undertake the regulated activities for the provision of surgical procedures, family planning, diagnostic and screening procedures and the treatment of disease, disorder or injury.

The service is located in a two-storey building with the entrance on the ground floor which allows for easy access for those with mobility issues. On this floor, there is a clinical consultation room, along with the service manager's office and the patient waiting room. There is a second consultation room on the first floor.

The registered manager of the service is the lead GP consultant. Consultations are undertaken by the lead GP along with three other GP consultants who are all registered with the General Medical Council (GMC). Other staff working at the service include healthcare assistants (who also undertake administrative duties) and a service manager.

Appointments are available as follows: -

- 9am – 6pm Monday, Tuesday, Wednesday, Thursday and Friday
- 10am – 2pm Saturday and Sunday

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the service and in line with all data protection and information governance requirements.

During our inspection we:-

- Looked at the systems in place relating to safety and governance of the service.
- Viewed key policies and procedures
- Conducted interviews with staff
- Reviewed clinical records

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

We found the service to have systems and procedures in place to keep patients and staff safe and that there was evidence that the information to deliver safe care was available.

Safety systems and processes

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

- The service conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and on-going training.
- The service had systems to safeguard children and vulnerable adults from abuse. Policies regarding safeguarding were regularly reviewed and were up to date. The service had not needed to raise any recent safeguarding concerns to the appropriate authorities but staff we spoke with were fully aware of procedure of how to do so if required. Staff took steps to protect service users from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Staff files we checked showed staff had received up-to-date safeguarding training, but this was not always training appropriate to their role. For example, the GP staff file we checked showed child safeguarding training had been achieved to level two where the recommended level for GP's is level three. The non-clinical staff file we checked had received training to a minimum of level two.
- The service had systems in place to assure that adults accompanying a child had parental authority. Staff we spoke with told us that no procedure would be undertaken on a child under 18 without the written consent, proof of identity and attendance of at least one parent prior to treatment commencing.
- The service carried out staff checks at the time of recruitment. 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). We viewed two staff records and found current DBS checks attached to their record. DBS checks were undertaken for staff who had face-to-face contact with patients.
- There was an effective system to manage infection prevention and control. We inspected one procedure room and found this to be in a clean and well-maintained condition. The service manager was able to show us that controls were in place such as IPC audits, fire risk assessments and Legionella controls. The staff records we examined did not show that staff had received required training in subjects such as fire safety and infection control, although this training was confirmed via discussion with the service manager.
- The service 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 service had procedures in place to access medicine and patient safety alerts and updates which were applicable to the safe operation of the centre.
- Records at the service showed that not all staff files were up to date with necessary training. For example, we were unable to locate recent basic life support, mental capacity act or information governance training for the lead GP at the service.
- Staffing for the service was planned around the scheduled patient appointments. We were told that staff were happy to cover for each other at short notice so that there were enough staff to ensure that the service could continue to operate, thereby minimising the need for appointment cancellations.

Risks to patients

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

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed. The service manager told us that there was a system in place where clinical and non-clinical staff could be contacted to provide cover for other colleagues if required at short notice.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff, the service assessed and monitored the impact on safety and changes were discussed at the following team meeting.
- 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.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients, however systems in place did not facilitate a joined-up approach to patient record keeping.

- 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. Patients clinical records were handwritten and stored in a locked non-fireproof cabinets at the location. The records are moved to another local location after a year and the service had a system in place to retain medical records in line with GDPR guidance. Alongside patient paper records, the service also stored patient test results on an electronic clinical database. Test results were printed, and a hard copy placed in the patient's written file. There was a separate online appointment system. This system automatically created a patient record when an appointment was confirmed, but this system was not linked to the test result system. This meant that the service had three different systems to view to obtain patient information. Access to electronic records was by secure passwords to members of staff.
- The service had systems for sharing information with staff and other healthcare providers (when applicable) 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, emergency medicines and equipment minimised risks. Equipment such as the defibrillator and oxygen, were stored appropriately and checked regularly.
- Staff administered medicines to patients and gave advice on medicines administered in line with legal requirements and current national guidance. Processes were in place for checking and recording of medicines kept on site.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. This audit was conducted by GP's at the service peer reviewing clinical notes to check that guidelines were being adhered to.

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 owned its location and we saw that risk assessments were in place to ensure the safety of staff and patients whilst in the building.

Are services safe?

- The service monitored and reviewed activity (such as incidents) within the service. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. Any activity relating to incidents that occurred at the service were discussed at the next team meeting.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting 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. We viewed a recent accident/incident form about an incident that occurred at the service. The form was completed with the relevant details of the incident and the action taken as a result of the incident. Learning from the incident was discussed informally at the end of service that day and again at the next team meeting.
- The service was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty within the service. The service told us that they would give affected people reasonable support, truthful information and a verbal and written apology if something went wrong with the care they provided.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service manager was responsible for ensuring that any safety alerts received at the service was cascaded to relevant members of staff for their attention and action.

Are services effective?

We rated effective as Requires improvement because:

Whilst we found the service to have systems in place to allow the provision of effective care and treatment, there was evidence that national guidance was not always followed and there was no evidence on patient records that their mental capacity had been assessed before commencing treatment.

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence based practice. We saw evidence that not all clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- Patients' immediate and ongoing needs were assessed; however, the inspection team were not fully assured that a patient's clinical needs and their mental and physical wellbeing were part of that assessment. We viewed a patient record who had been diagnosed with (and prescribed medication for) a mental health condition, but there was limited information on their record to indicate that national guidelines regarding monitoring of this type of patient (recording of weight and height, monitoring of heart rate or adherence to treatment) was being done and documented. We asked the lead GP at the service about this and they informed us the physical monitoring would be conducted at the next face-to-face appointment.
- Clinicians had enough information to make or confirm a diagnosis. This was achieved through discussion either by an in-person face-to-face consultation at the service location or remote video consultation with patient.
- 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 used information about care and treatment to make improvements. The service made improvements using completed audits. Clinical audits were used to have a positive impact on quality of care and outcomes for patients. The service regularly conducted monitoring of prescribing as part of the service GP peer-review audit of clinical notes.

Effective staffing

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

- All staff were appropriately qualified. The service had an induction programme for all newly appointed staff conducted by the service manager and the lead GP (for clinical staff).
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The service understood the learning needs of staff and used team meetings to discuss. In-house training was encouraged. Up to date records of skills, qualifications and training were maintained. We viewed two staff files and found these files were not complete with relevant information. For example, there were no records in the staff files we checked that confirmed information governance or mental capacity act training had been undertaken.

Coordinating patient care and information sharing

Are services effective?

Staff worked together to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. We saw evidence of this through the patient records we viewed. An example of this was the referral of a patient at the clinic (on multiple medication) to an external specialist consultant for their advice following the receipt of blood tests which revealed potential new conditions to be formally diagnosed.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines used as part of the procedure with their registered NHS GP (if applicable) on each occasion they used the service. If the patient refused, the service would record this on the patient record. A paper copy of the consent form was also available for patients to give their GP if requested.
- The service had risk assessed the treatments they offered. 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. There were clear and effective arrangements for following up on people who had been referred to other services.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance, but this was not documented.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. We were told that where appropriate, the service assessed and recorded a patient's mental capacity to make a decision. However, there was no evidence that this assessment had been undertaken on the patient notes we viewed. We were also told that if a child (under the age of 18) attended the service, consent would be sought from a parent before any treatment could commence. Due to the lack of records showing that assessment for mental capacity had been undertaken, we were unable to verify that the service monitored the process for seeking consent appropriately.

Are services caring?

We found the service respected patient privacy and dignity. Patients were involved in decisions about their care and treatment and the service treated patients with kindness, respect and compassion.

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. The service monitored patient satisfaction by asking users of the service to complete a Trust Pilot review of their experience. We viewed 33 online reviews for the service which had been posted over the last 12 months, 30 of which were positive five-star reviews and three were negative one-star. We saw that the service responded with an explanation to each negative review that had been posted during this period. The service told us that had not yet completed any analysis of the service Trust Pilot reviews to identify any trends from the responses posted.
- Staff understood patients' personal, cultural, social and religious needs. They displayed a non-judgmental attitude to all patients.
- The service gave patients timely support and information. Patients had access to aftercare at the clinic.

Involvement in decisions about care and treatment

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

- We were told by the service that if a patient did not have English as their first language, they would ask for a member of the family to attend the discussion with the consultant so that the service were able to have a clear understanding of what procedure was required. If it was the case that a family member was not available, then interpretation services would be obtained for patient. The service had members of staff who spoke different languages including Arabic.
- We were told by the service that if a patient had learning disabilities or complex social needs, family or carers were appropriately involved.

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:

We found the service offered timely access to appointments, had systems in place to address patient complaints and concerns and made reasonable adjustments to allow all patients access to services.

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 understood the needs of their patients and would improve services in response to those needs (if required). We saw evidence of this via user feedback on Trust Pilot and in the response by the service when an incident occurred at the clinic.
- 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. A hearing loop was available at the service and the service was located on the ground floor, allowing patients with mobility issues access to services provided.

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 appointments which included face-to-face, telephone and video consultations. Appointment times varied according to the nature of the consultation.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- We saw that the appointment system was easy to use. Appointments could be made through contacting the service by telephone, email or using the online booking page on the clinic website. Once registered with the clinic, the service issued patients with a unique log-in where patients could manage appointments and see correspondence from the service.
- The service opened seven day a week at the following times: - 9.00am – 6.00pm Monday to Friday and 10.00am – 2pm Saturday and Sunday.

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. This was highlighted on the practice website and on the service's information leaflet.
- The service had a complaints policy and procedures in place. The service had not received any formal written complaints during the previous 12 months. They did respond to any negative comments left on Trust Pilot about the service providing an explanation when users identified issues with the service they received. Complaints and feedback received was a standing agenda item for discussion at the service's monthly staff meeting.

Are services well-led?

We rated well-led as Good because:

The service had policies in place to enable the service to run effectively and the vision to deliver good quality care and outcomes for patients. The culture at the service allowed staff to feel comfortable when raising concerns and service engaged regularly with stakeholders to ensure an overall quality service.

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 service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. The service manager told us that they were hoping to employ another GP consultant in the near future to assist with the clinical governance 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 (where relevant). The service spoke with the inspection team about the vision and values of service and how they hope to expand the provision of services as well as the potential expansion of their current location in the future.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

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. A staff member we spoke with told us that they enjoyed their role and that the service manager and lead GP were visible and approachable.
- The service focused on the needs of patients. This was evidenced through the provision of a variety of services available at the clinic.
- The service told us that they would act on behaviour and performance inconsistent with the vision and values.
- The service told us that openness, honesty and transparency would be expected from all staff when responding to any incidents and complaints. This was evidenced in the service response to the sole incident we viewed. The service 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. All members of staff were considered valued members of the team.

Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity, however there was no evidence that staff had received equality and diversity training in the staff files we viewed. Staff told us that they felt they were treated equally.
- There were positive relationships between all staff members. This was evidenced through staff providing cover for each other (sometimes at short notice) and attendance at social events arranged by the service.

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 promoted interactive and co-ordinated person-centred care. An example of this is the working arrangements in place between the service and the company who conducts patient blood testing on behalf of the service. The inspection team were told that if the test results were required by a specific timescale (outside of agreed service level timescales), this would be indicated to the blood testing service. The blood testing service would confirm to the service whether this timescale was achievable or give an approximate time to the service when they could deliver the results, which enabled the service to keep patients informed as to when they could receive their results.
- Staff were clear on their roles and accountabilities and would refer to senior colleague where applicable.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We noted that the service had a variety of service protocols which staff could refer to. These were available in both hard copy and on the service's shared computer system.
- 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 arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The inspection team were concerned that the service did not encrypt sensitive patient data before sending it to patients via email. The service was registered with the information commissioner's office (ICO).

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, however there was scope to improve monitoring of risk. We noted that the onus was put on clinical staff to inform the service manager of any changes to their registration. The onus of regular risk monitoring (which includes regular checks of clinical staff registration) is a function which should be undertaken by the service manager.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and patient notes. Leaders had oversight of safety alerts, incidents, and complaints.
- The service 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, staff and external partners (when required) 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.
- Staff could describe to us the systems in place to give feedback. Feedback could be given through an independently verified review website. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The service was transparent, collaborative and open with stakeholders about performance.

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. Staff training was encouraged and relevant training arranged when a training need had been identified.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. Performance reviews of the service usually happened daily with an ad-hoc discussion between the service manager and the lead GP, as well as during the monthly team meetings.

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 Surgical procedures Family planning services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service had not fully assessed the risks to the health and safety of service users of receiving care or treatment. This is in relation to the lack of monitoring (as recommended in national guidelines) of persons with mental health disorders. We found limited evidence on patient records that recommended monitoring of this type of patient had been undertaken by the service.