

Purecare Limited

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 16 November 2017 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

Background

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

Purecare Limited provides GP consulting services in the North Kensington Area of London. The service is operated by a provider who offers other services, such as pharmacy and aesthetic medicine. The GP consulting service has access to a clinical room within the building. At the time of our inspection there was a GP who was in a contract with the providers and was offering patient consultations as required by patient demand. This GP was not on the specialist register. No other staff were employed at the clinic.

The clinic operated on a Tuesday and Thursday between 2pm- 6pm depending on the need for appointments.

The provider who is a pharmacist is the CQC 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.

Summary of findings

We spoke to no patients on the day of our inspection as no patients were booked to attend the clinic. Prior to our inspection we sent comments cards for patients using the clinic to give us their feedback. We received comment cards that had been completed giving positive feedback. However this feedback also related to the pharmacy and the aesthetic part of the service.

Our key findings were:

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

- Maintain arrangements for providing patients with room shields/curtains in the examination room.
- Maintain the availability of oxygen on premises.
- Develop a policy of dealing with sepsis and blood test results.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- Staff were aware of current evidence based guidance.
- Staff understood their responsibilities for safeguarding.
- There was a policy in place for reporting and recording significant events.

Are services effective?

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

- The clinic assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services caring?

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

Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

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

- Information about how to complain was available and easy to understand.

Are services well-led?

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

- The clinic had a number of policies and procedures to govern activity.
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Detailed findings

Background to this inspection

The inspection on 16 November 2017 was led by a CQC inspector and a CQC GP specialist advisor.

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 found that this service was providing caring services in accordance with the relevant regulations.

Safety systems and processes

- We saw that the clinic had a policy to report and investigate incidents. However they told us there had been no incidents since the GP consulting services started to operate.
- The provider had received safeguarding training. The GP was trained to Safeguarding level 3 and they demonstrated that they were aware of their role in safeguarding and explained the process they would follow to report safeguarding concerns. However at the time of our inspection we were told that no children had attended the service as yet.
- The clinic had a chaperone policy in place. There were notices displayed in the examination room to advise patients that chaperones were available if required. The provider told us that the reception staff member who had recently left had been trained and was acting as a chaperone. We were told that since they left no clinics had been run; and the new staff being sourced was to be trained to act as a chaperone.
- The provider had a policy they planned to work with when employing staff at the practice; we saw the checks that had been completed prior to them engaging the GP who was providing services. The checklist which included proof of professional registration, indemnity insurance, references, DBS check/ performers list, proof of identity and evidence of NHS annual appraisal.

Risks to patients

- The clinic had arrangements in place to respond to emergencies and major incidents.
- The provider and GP had received annual basic life support training and there were emergency medicines available in the treatment room.
- The clinic had a defibrillator available on the premises and these were checked on a regular basis to ensure they were in good working order. However we were told that they was a portable oxygen cylinder on the premises that was shared with the pharmacy services.

This could not be located during our visit. The provider ordered oxygen cylinders during our visit and we received confirmation of these being on premises the next day after our inspection.

- The clinic had a business continuity plan in place for major incidents such as power failure or building damage.
- The clinic had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health including a legionella risk assessment.
- All electrical and medical equipment at the premises were newly purchased. The provider was yet to contact a company that would provide calibration services.
- The provider understood the need to manage emergencies and to recognise those in need of urgent medical attention. The GP knew how to identify and manage patients with severe infections, for example, sepsis. However the clinic had developed a policy specific for dealing with sepsis.

Infection control

- We observed the premises to be clean and tidy. There was an infection control protocol in place and the provider and the GP had received up to date training.
- Infection control audits were undertaken for the services as a whole.

Safe and appropriate use of medicines

- We checked emergency medicines stored in the treatment room and found they were stored safely. The clinic had access to supplies kept in in the pharmacy section of the service. The clinic used blank prescription sheets and these were completed and authorised by the GP only. They were securely kept in the treatment room that was lockable.

Lessons learned and improvements made

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:

Are services safe?

- The service gave affected people reasonable support, truthful information and a verbal and written apology.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

- The GP providing care at the clinic told us they had access to guidelines from a variety of sources including NICE and used this information to deliver care and treatment that met peoples' needs.
- The GP had received appraisal from their NHS job and this had been provide before they started work at the clinic and they were due for revalidation in 2018.

Monitoring care and treatment

- The clinic were aware of the need undertake audit and evaluate care. However the GP contracted to provide services had not long been in post.

Effective staffing

- At the time of our inspection the clinic did not have any staff employed apart from the visiting GP who was self-employed. From our discussion with the GP they seemed to have the skills, knowledge and experience to deliver effective care and treatment. The GP was also working for another NHS practice in the Kensington area.

Coordinating patient care and information sharing

- The clinic saw patients who often required GP second opinions. They told us they usually did not need to liaise with other NHS GPs or hospitals. However we saw that the clinic worked with a local laboratory who dealt with patients blood test results. The clinic received these results and the contacted the requesting GP if there was need to follow up any of them urgently as notified by the laboratory service. We saw that they clinic had not developed a policy for this. They explained that at present the service was still in its early days but they would look to develop this further.

Consent to care and treatment

- The clinic had a consent policy.
- The clinic sought the consent of patients if they wanted their GP to be contacted with the relevant treatment that was provided to them. The GP also explained that they were aware of circumstances when they were required to share information without consent from the patients.
- The GP was aware of relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. They were also aware of consent and relevant guidance when providing care and treatment for children and young people.

Are services caring?

Our findings

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

Kindness, respect and compassion

The provider was aware of the need to treat people with kindness, respect and compassion. No patients were at the clinic of the day of our inspection and so we could not speak to them.

Involvement in decisions about care and treatment

The clinic explained that information about fees was provided to patients prior to any appointments being booked. The GP we spoke with was aware of their role in involving people in decisions about their care and treatment.

Privacy and Dignity

We saw that the room used for patient consultations provided privacy. However the consultation room did not have any screen shields or curtains to maintain dignity during examinations. We spoke to the provider about this and they advised us that the doctor left the room while the patient changed if need be. However they purchased screen shields soon after our inspection.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

- Patients attending the practice referred themselves for treatment; none were referred from NHS services.
- The service was available on Tuesdays and Thursdays only. Therefore patients attending this service were made aware of the availability of a doctor in advance.
- The consultation room was based on the first floor. We were told that patients who requested to be seen downstairs could use rooms in the pharmacy space available.

Timely access to the service

- Access to the service was explained to patients on the website and they were provided with information of other services they could access locally when the service was not operating.

Listening and learning from concerns and complaints

The clinic showed the system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance for independent doctors in England.
- We saw the policy that the service worked to when dealing with complaints.
- There was information on how to complain on the services website.
- At the time of our inspection, no complaint had been received at the service.

Are services well-led?

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

Our findings

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

Leadership capacity and capability;

- The provider of the service was a pharmacist. They demonstrated that they had the
- capacity and capability to run the clinic and ensure high quality care. They were also aware of their limitations and professional responsibilities.

Vision and strategy

- The clinic had set their vision. We saw that they had recently started operating and so they were plans to review the vision of the organisation to ensure it reflected the work they were planning to extend.

Culture

- The provider told us that they were aware of their responsibilities relating to openness, honesty and transparency. We saw that the provider had been in touch with the General Medical Council (GMC) to verify information on a practitioners limitations in working as part of their role in ensuring patients received safe care.

Governance arrangements

- The clinic had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place. We saw that

Clinic specific policies were available for use.

Managing risks, issues and performance

- The provider had systems in place to manage risks. For example we saw that the buildings had all the necessary checks completed.

Engagement with patients, the public, staff and external partners

- At the time of our inspection, no staff were employed at the service. However the provider had systems to ensure that they received feedback from staff. We saw that the GP services had just recently started; the provider had plans to ensure they conducted patient reviews similar to the ones carried out in the pharmacy and cosmetic side of the service.