Doctorcall Limited

Doctorcall London

Inspection report

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Date of inspection visit: 27 June 2019
Date of publication: 03/09/2019

Ratings

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

Overall summary

This service is rated as Good overall. (Previous inspection March 2018 was not rated)

The key questions are rated as:

Are services safe? – Requires improvement

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 Doctorcall London on 27 June 2019 as part of our inspection programme. The inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 so that an overall rating could be given.

Doctorcall London is part of Doctorcall Limited. Doctorcall London offers a 24-hour medical visiting service across London and primary care appointments at

Summary of findings

its clinic in Harley Street. These services treat children and adults. There are arrangements in place for secondary referral to diagnostic and specialist services as appropriate.

The service manager is the registered manager for the location. 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.

Ten patients attending the clinic had completed Care Quality Commission comment cards. All the comments received were positive with several patients stating that they received excellent care and support for issues that had not been treated well elsewhere. Reception staff and clinicians were consistently described as friendly and caring.

Our key findings were:

- Systems were in place to protect people from avoidable harm and abuse.
- However, the practice had not identified and addressed all risks, particularly its readiness for medical emergencies and the safe management of medicines and prescribing.
- When mistakes occurred, lessons were learned and action was taken to minimise the potential for recurrence. Staff understood their responsibilities under the duty of candour.
- Staff were aware of current evidence-based guidance.
- Staff were qualified and had the skills, experience and knowledge to deliver effective care and treatment.
- Patient feedback indicated that patients were very positive about the service.
- The service was accessible to patients. The visiting doctors service was available 24 hours a day.
- There was clear leadership, staff felt supported and the staff team worked well together.
- There was a vision to provide a high quality, personalised service.
- There was scope to increase the scope and impact of quality improvement activity.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way for service users

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Review the quality improvement programme with a view to increasing the scope and impact of clinical audit and other improvement work.
- Consider sharing individual-level clinical performance information with the individual clinicians concerned to encourage improvement.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Doctorcall London

Detailed findings

Background to this inspection

Doctorcall London provides an independent 24-hour visiting doctor service in London. The doctors carry out home or hotel visits inside the M25 on request. The provider also runs a clinic in central London (Doctorcall, 121 Harley Street, London W1G 6AX), one in the City of London (Dr Kelly & Associates, 65 London Wall, London, EC2M 5TU) and another in Manchester (Doctorcall, 2-4 Exchange Street, St Anne's Square, Manchester, M2 7HA) all of which offer primary care consultations with a doctor.

This inspection covers the visiting doctor service and the provider's clinic in Harley Street in central London. Both the clinic and visiting doctor services are available to children and adults.

On average, the provider sees between 100 and 200 patients a month. There is a focus on providing screening services, travel vaccination and treatment for acute issues, rather than long-term conditions, although some patients use the service as their main source of ongoing primary care. The provider also provides medical checks and consultations under contract to corporate employers and agencies and in line with certain industry (eg 'oil and gas') requirements. One of the clinic-based GPs has a special interest in sexual health and HIV. There are arrangements in place for patients to be referred by the provider to other services for diagnostic imaging and specialist care.

The Harley Street clinic is open from Monday to Friday from 8am to 5pm and on Saturday from 10am to 1pm. The clinic is located in a converted property. The consultation rooms and office areas occupy the second floor which is accessible by stairs and a lift. There are good transports links nearby.

The service currently contracts with 18 self-employed doctors (male and female) to provide the visiting doctor and clinic services. The service employs an administrative team and a practice manager who works across both the London clinics. The visiting service is additionally supported by a separate call-centre and staff. The medical director has overall responsibility for the service.

Doctorcall London is registered with the Care Quality Commission to provide the regulated activities: diagnostic and screening procedures and treatment of disease, disorder or injury.

How we inspected this service

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

During our visit we, spoke with staff including the supervisor, the service manager, the medical director, two of the doctors on duty and administrative staff. We reviewed documentary evidence relating to the service and inspected the facilities, equipment and security arrangements. We reviewed a sample of patient records with one of the doctors. We needed to do this to understand how the service assessed and documented patients' needs, consent and any treatment required. We also reviewed ten comment cards completed by patients in the days leading up to the inspection.

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.

Requires improvement

Are services safe?

Our findings

We rated safe as Requires improvement because:

The provider had systems to identify and manage most risks and keep patients safe. However, it did not have comprehensive processes in place to manage medicines safely and its emergency arrangements lacked clarity. The visiting doctors did not routinely check parental authority in relation to children using the service.

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse but did not routinely check the parental authority of adults accompanying children.

- The provider conducted safety risk assessments. It had accessible safety policies, which were regularly reviewed and communicated to staff. Policies and procedures 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 policies for safeguarding children and adults referred to updated categories of abuse which included for example, female genital mutilation, modern day slavery and sexual exploitation.
- All clinicians and staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The service did not have effective systems in place to check that adults accompanying young patients (children) had parental authority. We were told there were plans in place to introduce this. We interviewed one of the visiting doctors who told us that they were not checking parental authority in home or hotel settings and were unclear about what evidence would be sufficient.
- Staff who acted as chaperones were trained for the role and had received an enhanced Disclosure and Barring (DBS) check. (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).
- The service had not identified any concerns about potential abuse in relation to patients. The managers and medical director were clear about the need to work with other agencies to support patients and protect them from neglect and abuse should any concerns arise.
- The service had systems in place to carry out all necessary recruitment checks for contracted clinicians and employed staff.
- 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.
- There was an effective system to manage infection prevention and control. The service had systems in place for audits, which included for example, hand-washing and environmental safety checks for example including water sampling.
- The service had considered the safety of clinicians working in the visiting doctors service and had a tailored lone working policy and procedures in place, for example, to track doctors' location while on duty.

Risks to patients

There were systems to assess, monitor and manage most risks to patient safety but the arrangements in place to respond to medical emergencies lacked clarity.

- The provider had arrangements in place to respond to major incidents, including an up to date risk-assessed business continuity plan.
- 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 two patients had independently presented to the service with symptoms of sepsis and had been appropriately managed and directed to NHS urgent care facilities. These cases were selected for review at a subsequent internal case conference meeting and appropriate guidelines ('NEWS') circulated to all clinical staff as a reminder of the importance of identifying, assessing and responding to potential cases appropriately.

Requires improvement

Are services safe?

- Emergency equipment (which included oxygen, a defibrillator, pulse oximeters, oxygen masks and tubing, and some medicines) were available and accessible to treat patients in an emergency.
- Records we looked at showed that the emergency equipment was regularly checked although the records were not completely clear, for example the staff were not using consistent notation for recording the status of the oxygen cylinder.
- The service had reviewed the emergency medicines it considered appropriate to hold at the clinic. The clinic list did not include some medicines that are recommended for consideration in primary care settings. For example, there was no naloxone, glucagon/glucagel, midazolam or rectal diazepam in the emergency medicines kit.
- The emergency medicines that the visiting doctors actually stocked was not reviewed or checked.
- We were shown an emergency medicines risk assessment which did not include sufficient rationale for some of these omissions. For example, the rationale for not stocking glucagon/glucagel was completed simply as 'NA'. We were told that some of these medicines were available in the clinic's dispensing formulary and could be accessed in an emergency. However, we remained concerned that in an emergency situation, the lack of clarity about what was stocked and where it was located could delay effective treatment. The service had not carried out a simulation exercise to check staff response to a medical emergency.
- All staff had received annual basic life support training.
- There were sufficient staff. The service contracted with a pool of clinicians and employed sufficient staff across both clinic sites in London to provide cover for planned and unplanned absences.

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 through the provider's patient record system and shared computer drives.
- The service kept secure electronic patient records of appointments and consultations. Any paper records were stored securely, prior to being added to the electronic records.
- Patients making an appointment at the clinic for the first time were asked to complete a new patient registration form with their contact details, date of birth, medical and family history and any current treatment or health conditions.
- The service requested patients' consent to share information about treatment or referrals with their NHS GP. We were initially told that this was strongly encouraged for any children who had an NHS GP. However we were subsequently told the service had developed this approach as a new policy but it had not yet been embedded in practice.

Safe and appropriate use of medicines

The service had systems for appropriate and safe handling of most medicines but there were gaps.

- The service manager had recently reviewed the controlled drugs policy and set up a log for monitoring the use of controlled drugs prescriptions.
- The service kept private prescription stationery securely on the clinic premises. However, visiting doctors' use of general prescription stationery was not actively monitored or restricted. For example, the visiting doctor we interviewed had two prescription pads.
- Following a recent clinical meeting, the contracted doctors had been told in writing that they also could request and keep controlled prescription pads for use when visiting patients. We were subsequently told that this information had been issued in error and no prescription pads had actually been distributed in this way. This had not yet been clarified with all of the doctors.
- Vaccines were stored appropriately. Fridge temperatures were monitored and recorded daily using the inbuilt fridge thermometer. The service had recently quickly identified a fridge fault through this monitoring procedure, disposed of all compromised vaccines and replaced the fridge.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance in so far as we could see. The medical director told us that no patients were prescribed high risk medicines. However,

one of the clinic-based doctors told us they were prescribing a high risk medicine (methotrexate) to one patient. They could not recall the patient's name so we were unable to check the medical record. The doctor verbally confirmed that all necessary tests were in place (blood test monitoring).

- Processes were in place for checking medicines held in stock and staff kept accurate records of stocks and expiry dates of medicines.
- Annual training in administering vaccines and dealing with anaphylactic reactions was provided to relevant staff.
- We reviewed a number of records which showed that relevant information (for example, medical history) was obtained before patients were issued with prescriptions.
- The service maintained its own dispensing formulary. This included commonly prescribed medicines and was potentially particularly helpful for patients using the visiting doctors service out of hours. The service routinely reviewed the medicines included in its formulary (for example, it had systems to check and respond to national medicines safety alerts). Medicines were only dispensed to patients in original packaging and with the original manufacturer's patient information leaflet.
- However, we were concerned that the service did not itself actively monitor its doctors' prescribing patterns and did not have any system in place to trigger a review of unusual prescribing by its doctors. During the inspection, we reviewed the medicines requested by the doctors for the last three months. We did not observe any obviously high risk or unusual prescribing over this period.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. Staff had access to the policies via the shared computer system and remotely via a mobile 'app' which had been developed for the visiting doctors service. Computerised systems including mobile devices and email messaging were encrypted.
- The premises were suitable (within the constraints imposed by an old building) and adequately maintained. The service manager had access to records to confirm that safety checks were carried out. Fire safety equipment had been inspected, the fire alarm was tested weekly and fire drills for the whole premises were conducted every six months. Two of the staff members were trained fire marshals and all staff had completed annual fire awareness training. Staff had also received training in manual handling and general health and safety in a healthcare setting.
- All electrical and clinical equipment in the clinic had been checked and calibrated to ensure it was safe to use and was in good working order. Visiting doctors were asked to provide evidence that items of personal medical equipment had been calibrated.

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 appropriate systems for reviewing and investigating when things went wrong.
- The medical director was the named lead for incident reporting and safety alerts, with both being co-ordinated by the service manager. We saw evidence that incidents, accidents and complaints were investigated and reviewed at staff, management and clinical meetings. We reviewed the minutes of the most recent meetings held, these were well documented and showed the topics discussed and learning.
- We reviewed the records of recent significant events and complaints in the past 12 months. and saw that these had been dealt with appropriately. For example, the service had acted when the electrical supply to the fridge had failed. The staff assessed the risk that vaccines were likely to have been compromised and disposed of and replaced this stock immediately. The electrical fault was repaired.
- National safety alerts were received via the NHS Central Alerts System, logged by the service manager and assessed with the lead doctor.
- The staff we interviewed understood the duty of candour and the responsibility to be open with patients. All patients received a written apology. The provider's policy was to ensure that patients were given reasonable support, a truthful explanation, an apology and, if appropriate, redress.

Requires improvement

Are services safe?

- 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 contracted clinicians.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

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

- Guidelines issued by the National Institute for Health and Care Excellence (NICE) and other agencies were reviewed for relevance and discussed and minuted at clinical meetings. Relevant guidelines were circulated to all clinicians following discussion at the meetings.
- We saw evidence that the doctors considered this guidance when assessing patient needs and delivering patient care. Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical well-being. Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- The service offered in-house blood testing and used diagnostic services run by other independent providers in the same area of London. The provider had developed links with a range of specialists to facilitate appropriate referrals. The provider was able to offer patients fast access to common investigations and tests. Records of patients' referrals were maintained on the electronic system and monitored.

Monitoring care and treatment

The service was involved in quality improvement activity but this was limited in scope and impact.

- The provider had some systems in place to monitor the quality of care and treatment. For example, audits of medical records, inadequate cervical smear tests and infection prevention and control.
- Within the last 12 months the medical director had re-audited a sample of over 100 patient records (including both adults and children) of patients presenting during one month with chest infection or related symptoms. The audit showed that medical record keeping had improved but gaps (for example, in medical history taking and recorded safety netting) remained. While the results of the audit had been widely shared. The clinicians we interviewed said they had never received individual feedback about their clinical record keeping and performance. We reviewed a sample of records during the inspection and while these were adequately completed, we also noted some gaps in the quality of safety netting advice recorded.
- The service used an electronic patient record system but this was not well designed to support clinical audit and review. This system was not designed to facilitate searches or reports on clinical management. Clinical and prescribing audits had to be designed and conducted involving manual searches.
- The clinical meetings included case reviews, discussions and opportunities for shared reflection, learning and educational sessions. Minutes were shared with all clinicians.

Effective staffing

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

- Staff had the skills and knowledge to deliver effective care and treatment.
- The provider had an induction programme for newly appointed staff and locum staff. This included mandatory training covering safeguarding, infection prevention and control, fire safety, health and safety and information governance.
- Doctors were observed and assessed by the provider's medical director as part of the recruitment process through a review of 20 medical records. The doctors we interviewed could not recall receiving any feedback from this exercise.
- Contracted doctors were expected to maintain their professional development in line with professional standards.
- The provider could demonstrate how it ensured role-specific training and updating for relevant staff. The learning needs of staff were identified through a system of appraisals and informal one to one discussion between staff members and their manager.

Good

Are services effective?

(for example, treatment is effective)

- The contracted clinicians were registered with the General Medical Council (GMC) and were up to date with revalidation. The service did not carry out any form of internal review or appraisal with clinicians following their recruitment.
- The training needs of administration staff were monitored by the practice manager and training records were maintained. Staff had protected time to complete mandatory training courses and received regular update training that included basic life support and moving and handling. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- 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.
- Patients received coordinated and person-centred care. This included when they moved between services, and when they were referred for specialist care.
- We were told by the medical director that the service did not see patients with long term conditions requiring continuing care. However, at least one clinician did have patients who consulted them regularly including for long term mental health conditions.
- The service had risk assessed the treatments they offered. For example, 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, certain medicines liable to abuse or misuse.

Supporting patients to live healthier lives

Staff supported patients to manage their own health and maximise their independence.

- The service offered a range of medical assessments and screening services with the aim of promoting healthy behaviours and lifestyles. Details of the range of services available were available on the website.
- Patients were encouraged to undergo regular health screening such as mammograms and smear tests.
- Clinical staff encouraged and supported patients to be involved in monitoring and managing their health. Where appropriate, patients were given advice, so they could self-care.
- 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.

- The service communicated with the patient's NHS GP with the patient's consent. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Staff understood the relevant consent and decision making requirements of legislation and guidance including the Mental Capacity Act 2005.
- Staff sought patients' consent to care and treatment in line with legislation and guidance. Written evidence that the patient had given informed consent was obtained before carrying out interventions or tests with greater risks.
- Staff supported patients to make decisions. They understood when and how to assess and record a patient's mental capacity to make a specific decision about their care.
- The service monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated caring as Good because:

Patients were treated with kindness and care and consistently described their experience at the service positively.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

- The provider delivered a caring and responsive service. Staff we spoke with told us they were committed to treating patients with dignity and respect.
- We received ten completed Care Quality Commission comment cards, all of which were positive about the service. Staff were consistently described as friendly and welcoming.
- Trained chaperones were available on request and all reception staff had received training in customer care.
- Staff displayed an understanding, sensitivity and non-judgmental attitude to all patients.

Involvement in decisions about care and treatment

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

- The service could provide a telephone translation service to patients who did not have English as a first language. The service contracted with clinicians who could speak a range of languages.
- The price lists for the various types of consultation, tests, treatment options and vaccinations were available in the waiting area and information was available on the Doctorcall website.
- The comment cards we received suggested that patients felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- The service ensured that patients were given all the relevant information they needed to make decisions about their treatment including information in advance about the costs.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consulting rooms were located away from the main waiting areas. Doors were closed during consultations and consultations could not be overheard.
- The staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private space to discuss their needs.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

The service understood and responded to the needs of patients using both the clinic and visiting doctors service.

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 its population and tailored services in response to those needs.
- The provider made it clear to the patient what services were offered and the limitations of the service.
- Appointments could be booked over the telephone, online or by patients attending the premises. Patients could book an appointment with a female or male doctor and telephone consultations were available. Patients within the M25 radius could make use of the 24-hour visiting doctor service.
- The facilities and premises were appropriate for the services delivered. The clinic consultation rooms were located on the second floor, accessible by stairs and a lift.
- There was a wheelchair on site which fit the lift to enable patients with mobility difficulties to access the service.
- There was a hearing loop in the clinic waiting area.

Timely access to the service

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

- Patients could usually be offered a same or next day appointments at the clinic if they wanted to consult with a doctor quickly. They could also book appointments in advance at a convenient time if they preferred.
- Patients using the on-call visiting doctors service were advised at the point of booking of the likely wait time. The service used a specially developed mobile 'app' which could estimate the allocated doctor's arrival time.
- Patients had timely access to an 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.
- The service operated Monday to Saturday with consultations normally available between 8am and 5 pm during the week and 10am to 1pm on Saturday.
- Patients could set up an online account, which they could use to access their medical histories and any correspondence they had had with the service, as well as booking appointments.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

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

- The provider had a complaints policy in place which was in line with recognised guidance. The service manager was the lead for complaints handling.
- Information about how to make a complaint was readily available for patients and displayed in the waiting area. This detailed the process for complaints handling and how to escalate the complaint if patients were unhappy with the response from the service.
- The provider had received six complaints in the past 12 months. We reviewed these and saw that they had been investigated appropriately and any necessary action taken. The service had implemented changes to prevent recurrence where appropriate. For example, the clinicians had discussed antibiotic prescribing and the benefits of providing prescriptions to be used if symptoms do not improve after a specified period.

Are services well-led?

Good

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

Our findings

We rated well-led as Good because:

There was visible leadership, a cohesive vision and the service had systems in place to learn from feedback, incidents and complaints and could demonstrate improvement. However, there were gaps in the management of some risks.

Leadership capacity and capability

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

- Doctorcall was led by the founding doctor who was the designated medical director and the clinical lead for the organisation. The service had appointed managers to support good governance and there was a clear organisational structure.
- The leaders had the capacity and skills to deliver high quality, sustainable care. The clinical lead successfully engaged clinicians (who were contracted rather than employed) in clinical meetings and learning sessions.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing identified risks.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The service had a clear vision and strategy to deliver high quality care and promote good outcomes.

- The provider had a clear vision and credible strategy to deliver high quality care. The service aimed to provide high quality medical care by appropriately qualified doctors.
- 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, professional and sustainable care.

- There was an open working culture at the service. Staff said they were supported and valued. They told us they were able to raise any concerns and were encouraged to do so. Staff had confidence that these would be addressed.
- There were systems in place to ensure compliance with the requirements of the duty of candour with patients.
- There were processes for providing all staff with the development they needed.
- The service promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

The service could demonstrate clear responsibilities, roles and systems of accountability to support good governance and management.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Effective systems were in place to demonstrate that safety alerts were acted on and that NICE guidelines and updates were received and actioned in a timely manner.
- There were processes for providing all staff with necessary training and development.
- The medical director and doctors underwent external clinical appraisals as required and maintained their professional development and skills. The service did not organise internal appraisals or other forms of one-to-one review with clinicians.
- The medical director led regular clinical meetings to which all doctors were invited and expected to contribute. These were well documented and shared with all clinicians.
- The service held monthly management meetings which were documented.

Managing risks, issues and performance

There were some gaps in the management of risks, issues and performance.

- There was effective oversight of and learning from relevant safety alerts, incidents and complaints.

Are services well-led?

Good

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

- The provider had trained staff for major incidents and had a business continuity plan in place including contact details for the key contractors and utilities.
- There was, however, a lack of clarity around arrangements to manage medical emergencies in the clinic which could potentially delay the delivery of treatment.
- The service was not effectively managing all risks associated with prescribing and dispensing medicines. In particular, there were mixed messages around the distribution of controlled drugs prescription pads; monitoring of prescribing of higher risk medicines and monitoring for unusual prescribing in the visiting doctors service.
- There was, at times, a lack of clarity at senior levels about the nature of the service that was being provided (for example, the extent to which the service was providing ongoing care for patients with long term conditions) and thus the systems and processes that should be put in place to monitor these activities.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- There were arrangements in line with data security standards for the accessibility, integrity and confidentiality of patient identifiable data and other key records.
- Quarterly clinical meetings drew on the latest information on safeguarding, significant events and complaints. Outcomes and learning from these meetings were documented and shared for reference.
- The service submitted data or notifications to external organisations as required.

Engagement with patients, 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 listened to the views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The service had recently signed up to a well-known internet review programme which was publicly available. So far, the feedback received had been very positive and the service had achieved a 5-star rating.
- The provider involved patients, staff and external partners to support the service. Patient survey forms were available in the waiting area and upon on request.
- Staff said they were encouraged to share and discuss ideas for further improvement for example in meetings and one to one discussion.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation. However, there remained scope to expand clinical improvement activity and to ensure learning from was fully implemented.

- The provider had standardised its processes across its three locations to improve efficiency and facilitate cross-organisation working.
- Learning from incidents and complaints was shared and used to make improvements across all of the provider's clinics and the visiting doctors service.
- The service carried out some clinical improvement activity for example, clinical records audits. While recent audit showed improvement overall, the provider was not making full use of the results, for example providing individual feedback to clinicians about areas for improvement.
- The electronic record system was not designed to support clinical improvement activity, and this was a barrier to carrying out clinical audit.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: Arrangements to manage medical emergencies in the clinic lacked clarity and could potentially delay the delivery of treatment. The service was not effectively monitoring risks associated with prescribing and dispensing medicines and was not monitoring its prescribing activity. The service did not have effective arrangements in place to protect the security of prescription stationery. There was a lack of clarity about the range of services being provided by different clinic-based doctors (for example, in relation to long term conditions) and whether all risks were being appropriately monitored. The provider had not implemented an effective system to check that adults accompanying children had parental authority.