Dr Kelly & Associates - London Wall

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?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good **overall.** (Previous inspection April 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 Location Dr Kelly & Associates – London Wall 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.

Dr Kelly & Associates - London Wall is part of Doctorcall Ltd. It provides private primary healthcare appointments to adults over 18 years of age and has arrangements in place for secondary referral to diagnostic and specialist services as appropriate.

The practice 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.

Six patients had completed Care Quality Commission comment cards. All comments received were positive and examples of these included that they received clear explanations about their treatment and any tests. Patients said that they were satisfied with the service and advice they received.

Our key findings were:

- Systems were in place to protect people from avoidable harm and abuse.
- When mistakes occurred, lessons were learned and action was taken to minimise the potential for reoccurrence. Staff understood their responsibilities under the duty of candour.
- Staff were aware of current evidence-based guidance.
- Information to confirm that non-clinical staff who carried out chaperone duties had enhanced Disclosure (DBS) checks was not available.
- The service could not demonstrate that all staff files contained the required evidence to confirm that safe recruitment practices were followed at all times.
- Risk assessments had not been completed for recommended emergency medicines not held at the service.
- Systems for the safe management of controlled drugs prescriptions were not in place.
- Staff were qualified and had the skills, experience and knowledge to deliver effective care and treatment.
- Patient feedback indicated that patients were very satisfied with the service.
- There was clear leadership and staff felt supported and the service team worked well together.
- There was a clear vision to provide a high quality, personalised service.

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.
- Ensure specific information is available for each person employed.

(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 service quality improvement programme with a view to establishing an effective clinical audit process to review and improve patient outcomes.
- Review the process for recording and maintaining information related to Disclosure and Barring (DBS) checks carried out to confirm that appropriate DBS checks have been completed.
- Consider reviewing the performance of clinical staff to include a review of consultations, prescribing and referral decisions.

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 team inspector and a GP specialist adviser.

Background to Dr Kelly & Associates - London Wall

Dr Kelly & Associates – London Wall became part of Doctorcall Ltd (the provider) in July 2017, upon the retirement of the previous registered provider. It has operated from premises at 65 London Wall, London, EC2M 5TU since 1989. The service is registered with the Care Quality Commission to provide the regulated activities: Diagnostic and screening procedures and Treatment of disease, disorder or injury. It provides healthcare to adults over 18 years of age. Services are offered to individual patients who pay for their healthcare, but most of the service (approximately 80%) is provided under corporate healthcare and employment arrangements or medical insurance. There is a focus on providing screening services and treatment for acute issues, rather than long-term conditions such as diabetes.

The provider offers consultations, travel vaccinations, sexual health services including cryotherapy and health screening services. On average, the provider sees 250 patients a month. There are arrangements in place for patients to be referred by the provider to other services for diagnostic imaging and specialist care. The provider also operates from another location in London and one in Manchester. It offers a 24-hour doctor private consultation service to patients.

The premises at London Wall are leased. The provider's offices and four consultation rooms are on the third floor, accessible by lifts. There are good transports links nearby. The clinic is open from Monday to Friday with consultations normally available between 8.00 am and 6.00 pm. Consultations are 15 minutes long and are usually by appointment, although walk-in patients can often be accommodated.

The clinic currently operates with two doctors, one female and one male, who work four and five days a week respectively. The doctors have the appropriate General Medical Council registration. The doctors are supported by an administrative team of three staff, a practice manager, and two administrators who have combined roles as a receptionist and a secretary.

Before visiting, we reviewed a range of information we hold about the service and asked the provider to send us some information about the service which we also reviewed.

How we inspected this service

During our visit we, spoke with the staff who were present, including the practice manager, two of the doctors on duty and administrative staff. Reviewed documentary evidence relating to the service and inspected the facilities, equipment and security arrangements. We reviewed seven 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. Reviewed six comment cards completed by patients attending the clinic in advance of the inspection and

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?

We rated safe as Requires improvement because:

- Full recruitment information was not available to demonstrate that safe recruitment practices had been carried out.
- Prescriptions for controlled drugs were not securely monitored.

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse. We saw that the policies for safeguarding children and adults made reference to updated categories of abuse which included for example, female genital mutilation, modern day slavery and sexual exploitation.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring (DBS) check, however the practice manager could not confirm that these staff had enhanced DBS checks completed. (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 found that the chaperone procedure did not indicate where staff should stand when undertaking the chaperone role. The practice manager updated the procedure the day following the inspection and forwarded a copy to confirm this.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The majority of staff had worked at the service for many years. The practice manager told us that personnel files were held at head office. We found that the service had a matrix that detailed recruitment checks completed by the provider. However, staff personnel records were not available at a local level to confirm that safe recruitment practices were followed. For example, the practice manager could not access the personnel records of a member of staff who had transferred internally within the organisation to confirm that references, work history, identity checks and the completion of enhanced DBS checks had been sought and obtained prior to employment. The practice manager reassured us that a system would be developed to provide appropriate evidence that safe recruitment practices had been followed.
- 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 individual audits, which included for example, handwashing and environmental safety checks, sampling for example, flushing of taps and shower heads. The service had completed a legionella risk assessment. Records available showed that water temperatures were monitored and recorded and water samples were regularly sent for laboratory analysis.

Risks to patients

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

- The provider had arrangements in place to respond to emergencies and 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 sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need.

Requires improvement

Are services safe?

- Equipment which included oxygen, a defibrillator, pulse oximeters, oxygen masks and tubing, and appropriate medicines were available and accessible to treat patients in an emergency. Records we looked at showed that the emergency equipment was regularly checked.
- We saw that all staff had received annual basic life support training.
- Staff told us that there were sufficient staff. Staff provided cover for each other at times of absence. For example, when one of the doctors was absent the other ensured that patient results were acted on.

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 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.
- There were effective protocols for verifying the identity of patients.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely but did not have systems in place to monitor controlled drugs prescription stationery received and issued at the service. The practice manager set up a log for monitoring the use of controlled drugs prescriptions. A copy of the log was forwarded to us and the service planned to write a policy to work alongside this.
- Vaccines were stored appropriately. Fridge temperatures were monitored and recorded daily using the fridge built in thermometer. A second internal thermometer was used to check and calibrate fridge temperatures.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of stocks and expiry dates of medicines. Annual training in administering vaccines and dealing with anaphylactic reactions was provided to relevant staff.
- The medicine systems used at the service ensured patients were made aware of possible side effects or when prescribed medicines might have adverse interactions. Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately.
- Detailed information about patients for example, identity and medicine history was obtained before patients were issued with a repeat prescription. Patients who required a repeat prescription were told that they would be required to attend review appointments at intervals.
- The service did not stock all the suggested emergency medicines at the service for example, medicines to treat heart failure, asthma and epilepsy. A risk assessment had not been completed to demonstrate why and to mitigate any risk.

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.
- The premises were leased by the provider. The management and maintenance of the premises was undertaken by the landlord. The practice 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 we

saw that 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.

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.
- One of the doctors was the named lead for incident reporting and safety alerts, with both being co-ordinated by the practice manager. We saw evidence that incidents, accidents and complaints across the three locations were investigated and reviewed at quarterly corporate level clinical meetings. The outcome and learning was shared with all staff through emails or hard copies of the meeting minutes. We reviewed the minutes of two most recent meetings held, these were well detailed and showed the topics discussed and learning across all locations. However, the minutes did not demonstrate which location the incident, complaint or clinical issue was related to.
- We reviewed the records of the two significant events that had occurred at the London Wall location in the past 12 months. and saw that both had been dealt with appropriately. One of the events involved someone attempting to obtain medicines fraudulently. The pharmacist made the service aware of their concerns and the incident was reported to the police.
- National safety alerts were received via the NHS Central Alerts System, logged by the practice manger and assessed with the lead doctor. Patient records searches were run to
- identify anyone who might be affected by an alert.
- The staff we interviewed understood the duty of candour and the responsibility to be open with patients. The service was able to provide a recent example which involved the recall of three patients for repeat smear tests due to inadequate sampling. All patients received an apology. The provider's policy was to ensure that patients were given reasonable support, a truthful explanation and an apology.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all clinical and relevant staff including sessional and agency staff when used.

Good

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

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

- Guidelines issued by the National Institute for Health and Care Excellence (NICE) and other agencies were reviewed for relevance, discussed at quarterly clinical meetings and recorded on the corporate computer system. 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 wellbeing. 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. Clinicians operated a buddy system to action test results requested by colleagues.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The provider had some systems in place to monitor the quality of care and treatment. For example, audits of medical records, medicines, inadequate cervical smear tests, infection prevention and control. However, these had been completed at the other provider locations and were not specific to the London Wall location. At the last inspection in April 2018 the service advised that there were plans to introduce a formal and structured approach to increase the frequency and scope of audit across all locations. We found that this had not yet been developed to include clinical audits specific to this location.
- The provider shared the outcome of audits and used the outcomes to benchmark, compare and share learning across all locations. The quarterly corporate clinical meetings included case reviews and discussions.

Effective staffing

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

- Evidence reviewed showed that 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.
- The same locum was used where possible to ensure consistency for patients. Their induction included a half day training session with a doctor to learn how to use the patient information system.
- Doctors were observed and assessed by the provider's medical director as part of the recruitment process. 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.
- We found that a review of the prescribing practices and consultations carried out by doctors working at the service were not monitored or reviewed
- Records available showed that doctors were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The training needs of administration staff were monitored by the practice manager and records maintained of training completed. Staff had protected time during the working day 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

Good

Are services effective?

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.
- Most patients also had an NHS GP, and the service communicated with the NHS GP with the patient's consent. For example, when a change of medication had been prescribed or if the patient requested follow-up treatment via the NHS. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- The service did not see patients with long term conditions requiring continuing care. We were told that patients could be directed to other private GPs, if they required this level of service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse.

Supporting patients to live healthier lives

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

- The provider offered a range of medical assessments which included pathology tests and patients could be referred for diagnostic screening. Details of the range of services available were available on the provider website.
- Health screening packages were available to all patients and included an assessment of lifestyle factors.
- 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.

- 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. We saw examples of two consent forms, one used for patients undergoing an Exercise cardiac stress test and the other for patients referred for an occupational health assessment.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The provider aimed to deliver a caring and responsive service. Staff we spoke with told us patients were always treated with dignity and respect.
- We received 6 completed Care Quality Commission comment cards, all of which were positive. Comments included that the staff were helpful and friendly, and the clinicians were professional, thorough and provided appropriate advice.
- Trained chaperones were available on request and all staff had received training in customer care.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding 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.

- Patients who did not have English as a first language had access to telephone interpretation services. The service could be requested by patients during their initial call for an appointment. 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 provider's website.
- Patient feedback through comment cards, said that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- 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?

We rated responsive as Good because:

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 also make use of the 24-hour visiting doctor service.
- The facilities and premises were appropriate for the services delivered. The consultation rooms for Dr Kelly & Associates were located on the third floor, accessible by stairs and a lift.

Timely access to the service

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

- Patients were able to access care and treatment from the service within an acceptable timescale for their needs. Patients could be offered same day or next day appointments.
- 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 Friday with consultations normally available between 8.00 am and 6.00 pm.
- Patients could be set up with 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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

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 generally in line with recognised guidance. The practice 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. At the last inspection in April 2018 it was identified that the complaints process did not identify how patients could escalate their concerns if they were not satisfied with the internal investigation and outcome. The service had investigated this aspect following the last inspection and made changes to the complaint procedure to inform patients that complaints could be made directly to the owner of the organisation and external professional bodies such as the General medical Council (GMC). Contact details were included in the procedure. The provider was aware that complaints about private healthcare could not by law be investigated by the Parliamentary and Health Service Ombudsman.
- The provider had received two complaints in the past 12 months. We reviewed these and saw that they had been investigated appropriately and any necessary action taken.

Good

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- The provider, Doctorcall Ltd was led by the founding doctor who was the medical director and the designated clinical lead for the organisation. The provider had appointed local managers and there was a clear organisational structure.
- The 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.

Vision and strategy

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

- The provider had a clear vision and credible strategy to deliver high quality care. The service aimed to provide high quality medical care to members of the public by appropriately qualified doctors.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them

Culture

The service had a culture of high-quality 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.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour with patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- There were processes for providing all staff with the development they need. This included appraisal, career development and support to meet the requirements of professional revalidation where necessary.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There, were some gaps in governance arrangements to 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. However, there were some gaps in governance arrangements. These included:
  - The service could not confirm that staff who carried out chaperone duties had enhanced DBS checks completed.
  - The provider could not demonstrate that safe recruitment practices had been carried out.
  - Prescriptions for controlled drugs were not securely monitored.
- 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 medical director led quarterly clinical meetings to which all doctors were invited and expected to contribute. Monthly management meetings were held. Formal administrative team meetings were held less frequently. The administration team was small and occupied the same office which allowed routine discussions about the day to day operation of the service.

Managing risks, issues and performance

There were some gaps to ensure effective processes for managing risks, issues and performance.

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

Good

Are services well-led?

- The provider had trained staff for major incidents and had a business continuity plan including contact details for the key contractors and utilities should there be a major environmental issue.
- The service could not evidence that a programme of clinical audit had been implemented at the location to demonstrate that the service performance had a positive impact on the quality of care and outcomes for patients.
- We were told that the performance of clinical staff did not include a review of their consultations, prescribing and referral decisions.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- 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 provider involved patients, staff and external partners to support the service. Patient survey forms were available in the waiting area and upon on request. In addition, the
- provider carried out a feedback survey twice a year, targeting all patients attending during a two week period with a survey form. One hundred and eighteen patients had returned feedback forms which were overall positive about the service they received.
- A responsive service which included occupational health care services was provided to corporate clients. The service actively reviewed its capacity to provide medical services to varied corporate organisations for example, the oil and gas industry.
- Staff said they were encouraged to share and discuss ideas for further improvement. Staff could describe to us the systems in place to give feedback. These included team meetings and one to one discussion. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.

Continuous improvement and innovation

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

- The provider had standardised its processes, where appropriate to the service and procedures across its three locations to improve efficiency and facilitate cross-organisation working. The provider had reviewed the integrated patient software system used by Dr Kelly & Associates – London Wall and a decision made to use the system across all the locations. This enabled doctors to enter their notes electronically and have instant access to patient information.
- Learning was shared and used to make improvements across all three locations.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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: • Full recruitment information was not available to demonstrate that safe recruitment practices had been carried out. • Prescriptions for controlled drugs were not securely monitored. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.