

HM Medical Services Limited

Dr Hammad Mehbub Malik

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 7 February 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The provider HM Medical Services Limited has one location registered as Dr Hammad Mehbub Malik located in Harley Street in London and provides an extensive suite of private health services such as sexual health, onsite cardiac testing, X rays, ultrasound, travel vaccinations, cancer screening, blood testing or a consultation about other medical issues. The provider also carries out circumcisions in patient's homes.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines.

The GP is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Twenty patients provided feedback about the service. All the comments we received were positive about the service, for example describing the doctors as caring, efficient and knowledgeable

Our key findings were:

Summary of findings

- The GP was aware of current evidence based guidance and had the skills and knowledge to deliver effective care and treatment.
- The provider had some systems in place to protect people from avoidable harm and abuse.
- The provider did not have effective systems in place to analyse or share learning from significant events.
- The service had arrangements in place to respond to medical emergencies.
- There were some arrangements in place for the management of medicines. However, there was no evidence that regular checks of emergency medicines were carried out. We have been advised since the inspection that a weekly check system is now in place.
- There was a clear vision to provide a personalised, high quality service.
- The patient feedback we received in the course of the inspection indicated that patients were satisfied with the service they received.
- Information about how to complain was available. The provider had not received any complaints about the service in the last year.

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

- Review the use of the medicine fridge to ensure it is used appropriately and to ensure the cold chain is protected at all times.
- Ensure all staff carrying out chaperone duties are DBS checked.

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?

This service was providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the requirement notices at the end of this report).

- There were some arrangements in place for the management of medicines. However, the medication fridge plug was vulnerable to being unplugged accidentally and it did not contain an internal thermometer in line with guidance. Further, it was also used to store goods other than medicines. Since the inspection we received evidence to confirm these concerns has been addressed
- The service had systems, processes and practices in place to safeguard people from abuse. However, receptionists that acted as chaperones were not DBS checked and had not received training. Since the inspection we received evidence to confirm these concerns has been addressed
- The service did not have an effective system in place for reporting and recording significant events or other incidents.
- The service was clean and monitored infection prevention and control. There were cleaning schedules in place.
- The provider carried out appropriate risk assessments and infection control procedures prior to carrying out circumcisions in patient's homes .
- The service had arrangements in place to respond to medical emergencies.

Are services effective?

This service was providing effective care in accordance with the relevant regulations.

- The GP assessed needs and delivered care in line with current evidence based guidance.
- The GP had the skills, knowledge and experience to deliver effective care and treatment.
- The GP provided evidence that they maintained their skills and were externally appraised and underwent revalidation in line with requirements.

Are services caring?

This service was providing caring services in accordance with the relevant regulations.

- CQC comment cards indicated patients were treated with compassion, dignity and respect.
- The staff were polite, helpful and aware of the need to maintain patient privacy and confidentiality.
- The practice involved patients in decisions about their care and provided clear information including about the likely costs, prior to the start of treatment.

Are services responsive to people's needs?

This service was providing responsive care in accordance with the relevant regulations.

- The service was responsive to patient needs for example, arranging appointments on request and at a time convenient to the patient.
- Information about how to complain was available. The provider had not received any complaints about the doctor's consultation service in the past year.
- The practice was accessible and could arrange translation services when required.

Summary of findings

Are services well-led?

This service was providing well-led care in accordance with the relevant regulations.

- There was a clear leadership structure, vision and strategy for the service.
 - The service had a comprehensive range of policies and procedures in place to identify and manage risks and to support good governance.
 - There was a focus on continuous improvement.
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Dr Hammad Mehbub Malik

Detailed findings

Background to this inspection

The service includes the full range of non-emergency and is available by appointment or on a 'walk in' basis. Dr Hammad Malik also provides a circumcision service at the Harley Street Clinic or at private homes.

The service offers appointments with the GP with referral to specialist services as required. The practice is open on a Monday, Tuesday, Thursday and Friday from 8am to 6pm.

The practice treats adults and children. Patients can book appointments by telephone, email or in person. It has a registered patient list receiving primary care as required and also provides services on an ad hoc basis, for example to tourists. The practice estimates that it currently has around 1600 registered patients actively using its services.

Patient facilities are provided in a basement room of rented premises in Harley Street and the practice has a lift and entrance ramp facilitating physical access. The landlord provides a range of property services and employs receptionists who facilitate the GPs appointments. Dr Hammad Mehbub Malik is the only person who works directly in the service.

We carried out this inspection on 7 February 2018. The inspection team comprised a CQC inspector and a GP specialist advisor.

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

During our visit we:

- Spoke with the GP and the building manager.
- Reviewed comment cards where patients had shared their views and experiences of the service in the days running up to the inspection.
- Reviewed documentary evidence relating to the service and inspected the facilities, equipment and security arrangements.
- We reviewed a number of patient records alongside the GP. We needed to do this to understand how the service assessed and documented patients' needs, consent and any treatment required.

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 formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We found that this service was not providing safe services in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the requirement notices at the end of this report).

Safety systems and processes

The service had considered relevant health and safety and fire safety legislation and had access to relevant risk assessments covering the premises in addition to practice policies and protocols which were regularly reviewed. Any changes in safety procedures were communicated to staff and patients if relevant.

The service had some systems, processes and practices in place to keep people safe and safeguarded from abuse:

- The GP was the only person employed by the service. We saw their personnel record and found appropriate information including, proof of identification, qualifications, registration with the appropriate professional body. The GP had also provided evidence of appropriate indemnity insurance and DBS checks. (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).
- Information informing patients about use of chaperones was on display in the practice. We were informed on the day of the inspection that reception staff were occasionally asked to act as a chaperone although intimate examinations were very rarely undertaken. However, these staff had not been DBS checked and had not received any training for the role. Following the inspection we received information from the provider that staff have now received chaperone training.
- The provider had safeguarding procedures in place. The GP had attended adult and children safeguarding training to level 3 and there was written information about the local safeguarding team contacts.
- The service maintained appropriate standards of cleanliness and hygiene. The landlords were responsible for cleaning the premises and we saw cleaning schedules and monitoring systems in place.

There were infection prevention and control protocols which were implemented and reviewed. Staff had received up to date training on these. The provider disposed of clinical waste appropriately.

- The provider carried out circumcisions in patient's homes and we saw that they carried out appropriate risk assessments and infection control procedures prior to carrying out these procedures.
- The premises were suitable for the service provided. There was a separate consulting room on the lower floor with handwashing facilities and an examination couch. However we noted that the consultation room was carpeted, we were told the GP would hire a consultation room with appropriate floor covering if required to carry out any clinical procedures such as taking blood.
- The landlord had a range of health and safety and environmental policies in place. The service displayed a health and safety poster with contact details of health and safety representatives that staff could contact if they had any concerns. Health and safety risk assessments for the premises had been carried out including a legionella risk assessment. Fire safety equipment was regularly tested and the provider carried out fire drills periodically.
- The landlord was responsible for electrical equipment safety checks (PAT) and we saw these were up to date. However calibration of the equipment was the responsibility of the GP and none of the items in use had been calibrated to ensure they were in good working order such as blood pressure monitors, weighing scales and thermometers. Following the inspection we received information from the provider to confirm calibration has been completed.

Risks to patients

The service had some arrangements in place to respond to emergencies and major incidents:

- The GP received annual basic life support training.
- There were three defibrillators and emergency oxygen with adult and child masks, on the premises which the GP had access to.
- The GP was aware of the presenting symptoms of acutely unwell patients including sepsis.

Are services safe?

- The practice kept a small stock of medicines to treat patients in an emergency, however we noted there was no Benzyl penicillin (used to treat suspected bacterial meningitis) or Hydrocortisone (used to treat severe or recurrent anaphylaxis). The GP acknowledged he should have these medicines and told us they would purchase immediately. Further, although all the medicines we checked were in date, there was no evidence that regular checks were carried out. Following the inspection we received evidence to confirm the provider had purchased Benzyl penicillin and The medication expiry stock list has now been diarised for 3 monthly checks.
- The GP carried out risk assessments prior to attending patients homes to carry out circumcisions to determine what medicines and equipment he should take.
- The GP asked for proof of identity in certain circumstances, for example when assessments were in relation to court work or for taxi drivers.

Information to deliver safe care and treatment

On booking an appointment and at each consultation the GP had access to the patient's previous 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 and details of their NHS GP (if they have one). The GP sought patients' consent to share information about care and treatment provided by them with their NHS GP, however we were told that not many patients gave their consent but this information was not recorded in their records. Registered patients were also asked to bring any prescribed medicines with them to their first consultation to enable the doctor to carry out a thorough clinical assessment.

Safe and appropriate use of medicines

The provider had arrangements for managing medicines (including obtaining, prescribing, recording, handling, storing and security).

- The practice had protocols for prescribing and repeat prescribing.
- The GP routinely reviewed updates to national guidelines and medicines safety alerts to ensure safe prescribing.

- The fridge temperature was monitored on a daily basis, and we saw evidence that the cold chain was maintained. However, we noted the fridge was over stocked and we found drinks were also stored there. Further, there was no internal thermometer and the plug was easy to reach and could easily be unplugged accidentally. Following the inspection we received evidence to confirm the fridge has now been moved to cover the plug socket.
- The doctor told us they would not prescribe a medicine if this was contraindicated or otherwise inappropriate in their clinical judgement. The provider did not prescribe any unlicensed medication.

Track record on safety

The service did not have a system to capture significant events and incidents. We were told of an incident that occurred within the last year where a patient suffered minor harm however although this was noted in records it was not logged as a significant event. Following the inspection the provider told us they had implemented a significant event analysis log.

The provider had computerised patient's records and there were systems in place to protect against accidental loss or corruption.

Lessons learned and improvements made

Although the GP did not have a formal system for logging significant events they were clear about what serious incidents needed to be reported. We saw the changes that had been implemented as a result of the aforementioned incident in order to minimise the risk of it happening again.

The provider was aware of and complied with the requirements of the Duty of Candour. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records in patient's notes of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The GP provided evidence that they assessed needs and delivered care in line with relevant and current evidence based guidance and standards. Updates to guidelines were assessed for relevance. The practice offered a range of in-house diagnostic tests and also used diagnostic services run by other independent providers in the same area of London offering patients same-day testing and results for many tests.

Monitoring care and treatment

The service had some systems in place to monitor the quality of care and treatment. For example, the practice undertook annual audits of circumcisions in relation to how many patients required anti-biotics following the procedure.

The practice benchmarked its clinical activity, for example against published NHS data and targets.

Effective staffing

The GP had the skills, knowledge and experience to deliver effective care and treatment.

The GP was professionally registered and we saw evidence of their revalidation in 2016. The GP was up to date with their safeguarding, basic life support, fire safety awareness and infection control training. They told us they had opportunities to keep up to date in their specialism and could provide evidence of this.

Coordinating patient care and information sharing

The service shared information to plan and co-ordinate patient care effectively.

- From the sample of documented examples we reviewed we found that the service shared relevant information with other services in a timely way, for example when referring patients to other services.
- The GP worked together and with other relevant health care professionals such as hospital consultants to assess and plan ongoing care and treatment.
- Information was shared between services with patients' consent. Patients were actively encouraged to allow the practice to share information, when necessary, about their treatment with their NHS GP where applicable.

Supporting patients to live healthier lives

The GP told us they would provide information and advice about healthy living, on an ad-hoc basis to patients, for example in relation to smoking and diet.

The practice provided a written report to patients following screening checks. Where abnormalities or risk factors were identified that might require additional support or intervention, changes to people's care or treatment were discussed and followed up.

Consent to care and treatment

The GP sought patients' consent to care and treatment in line with legislation and guidance. They understood the relevant consent and decision-making requirements of legislation and guidance relating to adults and children and including the Mental Capacity Act 2005. The GP sought written consent from both parents for circumcision procedures which was also recorded in patient's records.

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 GP told us they prided themselves on providing a caring service. The practice's mission statement included as a key aim to provide a culture of caring for patients and staff.

We received twenty CQC comment cards from patients which were wholly positive about the service. Patients commented that the service was excellent and described the GP as very caring, efficient and knowledgeable. Some patients also commented on the value of care they had received from the GP as always being positive and honest. They further, described the environment as being calming.

Involvement in decisions about care and treatment

The service ensured that patients were provided with information, including costs, to make decisions about their treatment. We received five CQC comment cards which included comments that all aspects of the service were excellent.

The practice provided facilities to help involve patients in decisions about their care:

- Patients who did not speak English or have someone suitable to interpret could request an interpreter or translation service.
- Information leaflets were available explaining the services available.
- The practice provided written reports following health checks.
- The practice supported patients with the referral process. The GP met with patients to confirm referral preferences (for example suitable dates and times) and the GP actively tracked the referral process to ensure that appointments had been made.

Privacy and Dignity

Screens were provided in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments. The provider displayed information informing patients that chaperones were available. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The waiting rooms were located away from the reception. The GP was aware of the importance of protecting patient confidentiality and had undertaken training on information governance.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. The practice understood the needs of its population and tailored services in response to those needs. For example, the practice provided an emergency contact number for patients to contact the GP outside of the working day, for urgent concerns.

The practice made reasonable adjustments to ensure that patients with disabilities could access the service. For example, the building had been designed with wide corridors and doorways and had an accessible lift.

Timely access to the service

Appointments could be made over the telephone, face to face, email or on a 'walk-in' basis. The practice was open

from Monday, Tuesday, Thursday and Friday from 8am to 6pm with a 24 hour emergency call out GP service available seven days a week. All circumcisions were carried in the evening or at weekends.

Patients were able to pre-book appointments with same and next day appointments usually available as preferred. Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care. Information about how to make a complaint or raise concerns was available from reception, in the practice leaflet and via the website.

The complaint policy and procedures were in line with recognised guidance. The practice had received one complaint in the last three years. This had been handled in accordance with the complaints policy.

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 well-led services in accordance with the relevant regulations.

Leadership capacity and capability

The practice was led by the GP who had capacity and skills to deliver high quality, sustainable care. They were the only staff that worked directly for the service.

They had identified clear priorities for maintaining the reputation, quality and future of the service. They understood the challenges facing the sector and the service and had developed a strategy to address these.

Vision and strategy

The provider had a clear vision about the scope of the service and the needs of patients who used the service. The aims and objectives were set out in the mission statement for the service. These included providing a culture of caring for patients and staff, awareness of health values and ensuring training, policies and procedures were in place. There was a realistic strategy and supporting business plans to achieve identified priorities.

Culture

There was a positive and professional working culture at the practice. The support staff in the building stated they felt respected, supported and valued. They told us they were able to raise any concerns and were encouraged to do so with the GP where applicable. They 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.

Governance arrangement

There were clear responsibilities, roles and systems of accountability to support good governance and management. The structures, policies, processes and systems were clearly set out, accessible and the GP had systems in place to assure these were operating as intended.

The GP was appraised by an external appraiser on an annual basis and had been revalidated in 2016.

Managing risks, issues and performance

There were clear and effective processes for managing risks. There was an process to identify, understand, monitor and address current and future risks including risks to patient safety.

A range of daily, weekly and monthly checks were in place to monitor the environment and the health and safety of the service.

The GP had oversight and a documented process in place for relevant safety alerts, audit results and complaints. Incidents were logged in patient's records. There was clear evidence of action to change practice to improve quality.

The practice had a business continuity plan including contact details for key contractors and utilities should there be a major environmental issue.

Appropriate and accurate information

The provider had systems in place to ensure patient records were stored securely and treated confidentially. Further, the patient records included an accurate and complete record of the consultation and the provider told us they would return all medical records to patients in the event of them ceasing to trade.

Engagement with patients, the public, staff and external partners

The provider told us they encouraged and valued feedback from patients, the public and staff. They had sought feedback about the service from staff at 10 Harley Street and other health professionals via a survey. The most recent survey had gathered positive feedback from all who completed them.

Continuous improvement and innovation

The GP had a focus on continuous learning and improvement. The GP was a member of the Independent Doctor's Federation and attended regular learning and clinical update sessions.