

London City Healthcare

Inspection report

Ormond House
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London
EC4N 4UA
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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 to people's needs?	Good		
Are services well-led?	Good		

Overall summary

This service is rated as Requires improvement overall.

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 London City Healthcare as part of our inspection programme.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. London City Healthcare provides a range of which are not within CQC scope of registration including physiotherapy and occupational health. Therefore, we did not inspect or report on these services.

Magnus Kauders 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.

Our key findings were:

- Most risks were well managed. However clinical equipment had not been calibrated since it was purchased in 2019; though the provider arranged for calibration shortly after our inspection. The arrangements for verifying the identification of adults accompanying children were not clear. However, we were told that consultations with children were very rare and that children attending the service were mainly there for services outside of CQC regulation.
- There was a system in place for acting on safety alerts and significant events.
- Care was provided in line with current legislation and guidance.
- The service undertook reviews of care with the aim of improving the quality of patient care.
- Patient feedback indicated that they were satisfied with the care provided and the service was easy to access during the hours were appointments were offered.
- There was a system for acting on complaints although the service had not identified an external party that patients could escalate complaints to if they were unhappy with the service's response.
- Governance arrangements were sufficient to ensure that patients received safe and effective care though further development of systems of oversight would likely be required if the service expanded.
- The service had a clear vision, staff felt supported and there was a positive and open working culture. Although formal annual appraisals had not taken place within the last 12 months, we saw evidence of conversations between management and staff related to performance and development.

Overall summary

The area where the provider **must** make improvement as they are in breach of regulation is:

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

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

- Develop governance systems around risk management and clinical safety as the service develops.
- Undertake formal annual appraisals for all staff.
- Include details of external organisations that patients can raise complaints with should they be dissatisfied with the service's response.
- Schedule calibration of clinical equipment in accordance with manufacturer guidance.
- Put in place systems to verify the identity of adults accompanying children.

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 accompanied by a CQC GP specialist advisor.

Background to London City Healthcare

London City Healthcare Limited is located at Ormond House, Lower Ground Floor, 63 Queen Victoria Street, London, EC4N 4UA which is an office building with converted premises in central London.

The service is registered to provide the following CQC regulated activities:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Treatment of disease, disorder or injury

The service provides private general practice services for fee paying clients. The service is open to patients of all ages and offers a range of services including tailored healthcare screening packages, sexual health and long-term condition management. Appointments can be booked same day or for a date in the future either online or by telephone. Clinical care is provided by two GPs, one who works remotely and one who is on site Monday and Wednesday.

London City Healthcare's website can be found at: <https://londoncityhealthcare.com/>

The service is open between 7.30 am and 7 pm Monday to Friday. However, access to the GP service is available only between 9.30 am and 1.30 pm on Monday and Wednesday.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Requires improvement because:

The practice had arrangements to ensure that risks associated with infection control were assessed and addressed, there was a system for acting on significant events and clinical alerts and medicines were managed safely and in line with guidance. However clinical equipment had not been calibrated since it was purchased in 2019; though the provider submitted evidence after our inspection that calibration had subsequently been completed. The systems in place to verify the identity of adults accompanying children were unclear; though we were told that the clinic rarely consulted with children for matters covered by CQC regulation.

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse in most respects. However, the systems for verifying the identity of adults accompanying children was unclear and medical equipment had not been calibrated since it was purchased.

- 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.
- The service told us that they rarely saw children for clinical care other than for the provision of covid 19 testing which is not covered by CQC registration. It was unclear from discussions with staff how the service would seek assurance that an adult accompanying a child had parental authority.
- The service had processes in place to work with other agencies to support patients and protect them from neglect and abuse.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis for staff. Disclosure and Barring Service (DBS) checks were undertaken for all staff in line with the service's policy. (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).
- 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 DBS check.
- There was an effective system to manage infection prevention and control.
- The managers of the building the service was located in had undertaken a legionella risk assessment and were monitoring water temperatures appropriately.
- Clinical equipment was purchased by the provider in February and August 2019 but had not been calibrated after this date. The provider submitted evidence that equipment was calibrated the week after our inspection.
- 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.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- 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. All staff whose files we reviewed had received training on sepsis and there was information regarding the symptoms of sepsis displayed in the clinical and reception areas.

Are services safe?

- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place for the GPs working at the service.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. There were items recommended in national guidance that were not kept but the absence of these medicines had been appropriately risk assessed to inform this decision.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- 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.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks.
- The service had audited all prescribing to ensure that was in line with best practice guidelines for safe prescribing.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They did prescribe schedule 4 or 5 controlled drugs. Staff were able to outline how they reduced the risk of these medicines being abused by patients including not providing these on repeat and only providing short courses after thorough patient assessments.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

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 adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve the service. For example, the practice had taken action in response to a data breach to ensure that patient confidentiality was maintained.

Are services safe?

- The provider was aware of and had systems in place to ensure compliance with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- When there were unexpected or unintended safety incidents the service had systems in place to ensure patients were given reasonable support, truthful information and a verbal and written 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 both GPs. The service's internal records system confirmed when GPs had reviewed and, where appropriate, taken action in response to patient safety alerts.

Are services effective?

We rated effective as Good because:

Treatment was provided to patients after a thorough and detailed assessment which took account of current guidelines and best practice. The provider had audited prescribing and referrals and had made changes to improve patient care and safety. Staff had received appropriate training and, although formal annual appraisals had not been completed for all staff in the service, we saw examples of regular one to one discussions between staff and management related to performance and development.

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

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- 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 reviewed records which showed that detailed histories and examinations were undertaken and that the results of any diagnostic tests were clearly explained in a detailed report given to the patient following their consultation.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Patient numbers were currently at a low enough level that the doctor involved would assess each individual patient request for repeat medication.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, the service had undertaken a review of all prescribing undertaken between September 2019, when the service opened, and October 2020. Of the 109 prescriptions reviewed the service found that prescribing of schedule 4 medicines was undertaken appropriately and with adequate safety netting in place. The review found 10 additional prescriptions that were not appropriately coded, and these were also reviewed. In one instance the service identified one patient prescribed a broad spectrum antibiotic who could have been offered a more appropriate alternative. On the basis of the audit the provider reached out to their IT system provider to ask for details of how to better extract data for prescribing audits and communicated to the other clinician the importance of coding to ensure that they would be included in future data collection. The service had also completed an audit of mammography referrals sent to their preferred secondary care provider. The audit identified that they had not received reports back for eight asymptomatic patients referred for screening. As a result, the service changed the process for referring patients for mammography and set up a safety netting spreadsheet to ensure that all patients referred were booked for an appointment and results had been received and communicated to patients.

Effective staffing

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

Are services effective?

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Both of the GPs working at the service were registered with the General Medical Council (GMC) and were up to date with revalidation.
- Formal appraisals had not been conducted for all staff within the last 12 months, but we saw evidence of regular performance and development conversations between staff and management.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop; for instance, we were told that the head receptionist was being developed into a practice management role.
- Staff whose role included reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date. The service advertised travel health, but this had been suspended during the pandemic. We were told that clinicians, though already trained to administer travel immunisations, would be required to undertake an update before this service resumed.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to and communicated effectively with other services when appropriate. For example, the service worked with a range of services that provided diagnostic and screening for patients who had paid for bespoke health assessments including pathology laboratories and local private hospitals that offered Coronary Angiography.
- 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.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP at the point of registration. However, we were told that although the service would seldom share information with a patient's NHS GP; consent would be sought again on any occasion the clinician felt this was necessary.
- 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, the service did not prescribe any controlled medicines.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. At the time of our inspection the volume of patients being seen at the service was so small that one of the clinicians was able to track referrals sent for patients. The service was aware that this may need to be adapted as the service expanded.
- The service monitored the process for seeking consent appropriately.

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.

- Where appropriate, staff gave people advice so they could self-care.

Are services effective?

- Risk factors were identified and highlighted to patients through comprehensive reports provided to patients following consultations and health screening. The service took details of the patient's NHS GP prior to any consultation but did not routinely liaise with NHS GPs. However, the service was able to outline circumstances where this would be appropriate for example if there was an urgent clinical concern or if they suspected a patient of abusing a particular medicine.
- 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 requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

The service had undertaken their own feedback exercises which indicated that patients were satisfied with the care and treatment received and the provider had systems in place to enable all patients to be involved with decisions around their care and treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received after each consultation using an online survey. The service had undertaken 194 clinical consultations in the last 12 months and had responses from 19 patients. The results showed that 89% of respondents described the service as “exceptional” or “outstanding”, 94% rated the care they received as “exceptional” or “outstanding” and 100% would recommend the service to friends or family.
- Feedback from patients was positive about the way staff treat people
- Staff understood patients’ personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients feedback indicated that patients 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.
- We were told that if patients with learning disabilities or complex social needs attended the service; family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients’ privacy and dignity.

- Staff recognised the importance of people’s dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

Patients could get timely access to care and treatment on the days that the service was open. We were told that any urgent matters would be acted upon by one of the doctors who could access the clinical system remotely. The service designed bespoke health screening packages to fee paying clients based on their individual health needs and concerns.

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 their patients and tailored services to meet the demands of their population. For instance, the service offered tailored assessments, including blood testing and diagnostics with the support of other private healthcare providers, based on the individual health needs of their patients.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the service offered translation services, had a hearing loop and had been accessible to those with disabilities impacting their mobility.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately with the only limitation being that the service only provided a GP service on Monday and Wednesday between 9.30 am and 1.30 pm. We were told that this was due to the current level of demand for the service but that both service opening hours and staffing would increase as the service expanded.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way. The service had arrangements with other private healthcare providers who undertook other diagnostic and treatment services, for example mammography. The service told us that they would contact these other providers who would then contact patients directly to book an appointment.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service did not have any information included within their complaint policy or patient leaflet which informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. After our inspection we received an updated policy which listed agencies that could support patients with their complaints but not ones that they could escalate complaints too if they were unhappy with the service's response.

Are services responsive to people's needs?

- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints. It acted as a result to improve the quality of care. For example, the service had received a complaint about the clinical areas being too cold. The service and had taken action to ensure that clinicians were able to adjust the temperature.

Are services well-led?

We rated well-led as Good because:

The systems and processes in place were sufficient to ensure that the small number of patients that the service provided care to receive safe, high quality treatment. The service had good oversight of most risks and had effective systems in place to share and act on information and utilise feedback. However, governance systems would need to be developed further as the service's patient list increased.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the service had altered their service provision during the pandemic, offering covid testing, and enabled patients to have consultations remotely which helped the business continue during a period of reduced demand for healthcare provision located near businesses in central London.
- 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.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service monitored progress against delivery of the strategy; developing clinical governance and oversight mechanisms as the service expanded.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers had systems to act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. However, all of the complaints received were submitted anonymously through post consultation surveys. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Although some staff had not received an appraisal within the last 12 months there was evidence of regular one to one meetings being held between staff and management. Staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.

Are services well-led?

Governance arrangements

There were systems of accountability to support good governance and management. These were appropriate for the small number of patients the service was currently seeing but would require development as the service matured

- Structures, processes and systems to ensure clinical safety and effectiveness were in place. Clinical care was provided by two GPs who, together with a team of non-clinical staff, were able to ensure complete oversight of systems and processes within the clinic. However systems overseeing the care provided would require further development if the volume of patients increased. Staff at the service told us that they were aware of this and were able to outline structures that would be put in place to ensure high quality safe care as the service expanded.
- Staff were clear on their roles and accountabilities
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address most risks. However clinical equipment had not been calibrated since it was purchased in 2019. The provider submitted evidence after our inspection to show that all clinical equipment had now been calibrated.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through an audit of their prescribing. Leaders had oversight of safety alerts, incidents, and complaints.
- There was evidence of action taken to improve quality through review of systems and audit.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.

Engagement with patients, the 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 heard views and concerns from patients through feedback from surveys sent to patients after consultations. We also saw examples of where the provider had worked with diagnostic services to improve information sharing which had a positive impact on patient care and safety.
- There were systems to support improvement and innovation work for example the service had undertaken reviews in relation to prescribing to ensure prescriptions issued were appropriate and had reviewed mammography referrals and taken action to improve the monitoring of referrals to this service.

Are services well-led?

- Staff felt that they were able to feedback and discuss ideas with leadership within the organisation.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• Clinical equipment had not been calibrated in the two years since it was purchased• There were no clear arrangements in place to verify the identity of adults accompanying children. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>