

London Doctors Clinic Ltd

Paddington

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 27 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.

This service provides private doctor consultations and treatment services.

The Chief Executive Officer of London Doctors Clinic Ltd 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.

Three people provided feedback about the service, and their comments were mostly complementary about the service, care and treatment and staff.

Our key findings were:

- There were systems in place for acting on significant events and complaints.
- There were systems in place to assess, monitor and manage risks to the premises and patient safety
- There were arrangements in place to protect children and vulnerable adults from abuse.
- Staff had received essential training and adequate recruitment and monitoring information was held for all staff.

Summary of findings

- Care and treatment was provided in accordance with current guidelines.
- Patient feedback indicated that staff were caring and appointments were easily accessible.
- There was a clear vision and strategy and an open and supportive culture.

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

- Review their protocols so that parental authority was gained for children and minors attending the service.
- Review their arrangements for responding to clinical audit findings

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was a system for recording and acting on significant events and incidents. The service had a policy in place regarding notifiable safety incidents under the duty of candour.
- There were systems to assess, monitor and manage risks to patient safety.
- Staff knew how to identify signs of abuse in children and young adults and we saw instances where concerns had been escalated to the appropriate authorities.
- There were arrangements in place for responding to medical emergencies.
- The service had undertaken appropriate recruitment and monitoring checks for staff.
- There were safe systems and processes in place for the prescribing and dispensing of medicines.

Are services effective?

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

- Systems and processes were in place to ensure clinical care was provided in accordance with current evidence based guidance.
- The quality of patient care was monitored regularly through effective governance processes.
- There was a comprehensive system in place to identify and monitor mandatory training; staff had completed the required mandatory training relevant to their roles.
- Systems were in place to share information in line with GMC guidance between external services. The service would contact the patient's NHS GP when authorised to do so.
- Costs associated with the service were shared with service users in an open and transparent way.

Are services caring?

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

- Feedback from patients was positive and indicated that the service was caring and that patients were listened to and supported.
- The provider had systems in place to engage with patients and collate feedback using a survey emailed to all patients after their appointment.
- Systems were in place to ensure that patients' privacy and dignity were respected.

Are services responsive to people's needs?

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

- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- The provider was accessible to patients and the service focused on serving patients working in or visiting central London.
- Feedback from patients indicated that the service was easily accessible.

Are services well-led?

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

Summary of findings

- The provider had a clear vision and strategy and there was evidence of good leadership within the service.
 - Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
 - There was a culture which was open and fostered improvement.
 - The provider took steps to engage with their patient population and adapted the service in response to feedback.
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Paddington

Detailed findings

Background to this inspection

Paddington is one of nine central London locations where the registered provider, London Doctors Clinic Ltd, provides private doctor treatments and consultations services. Other locations can be found at: Fleet Street, Kings Cross, Liverpool Street, London Bridge, Soho Square, Victoria and Waterloo; though none of these locations were visited as part of this inspection.

The provider's Paddington location is in a serviced office building at 20 Eastbourne Terrace, Paddington, London W2 6LE. and is adjacent to Paddington rail station. The practice rents a consultation room and a reception area in the office building. The service is open from 9 am to 5.30 pm.

London Doctors Clinic Ltd is CQC registered to provide the regulated activities of Treatment of disease, disorder or injury, Diagnostic and screening procedures and Maternity and midwifery services.

The only clinical staff employed at the service were GPs. All clinical staff employed had previous experience working within the NHS. Patients could book appointments on the same day or up to a week in advance. The provider told us that 66% of their patients were aged 22 – 44. Forty percent of the patients attending were for minor illnesses and 60% were for notarising services (legal certification of fitness, such as required for certain occupations and activities). The provider said that 25% of patients returned to the service.

The service did not manage patients with long term conditions or immunisations for travel or childhood immunisations.

The inspection was undertaken on 27 February 2018. The inspection team was composed of a lead CQC inspector, a GP specialist advisor and a practice nurse specialist advisor.

Prior to the inspection we reviewed information requested from the provider about the service they were providing.

During the inspection we spoke with the GP, the clinical services manager, and the founder and CEO of the service. We also analysed documentation, undertook observations and reviewed completed CQC comment cards.

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

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

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

Are services safe?

Our findings

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

Safety systems and processes

- The provider carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. We saw evidence that qualifications, proof of registration with the appropriate professional bodies and references had been taken where appropriate. In line with the provider's policy, checks through the Disclosure and Barring Service (DBS) had been completed for all staff. 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.
- There was a comprehensive induction programme in place for clinical and non-clinical members of staff. We saw that staff had received the required mandatory training including basic life support, infection control, fire safety, safeguarding and information governance.
- The practice had systems in place to ensure action was taken in response to safeguarding incidents. They gave us an example of an incident within the last 12 months which presented a safeguarding concern, and that action had been taken by staff in the organisation in response which included escalating the concerns to social services and the police.
- There were alerts on the system which flagged vulnerable adults and children.
- The practice had a safeguarding policy covering both adults and children. The policy was accessible to all staff and contained the names of the appointed safeguarding leads within the service and the process for reporting and taking action in response to concerns. Community safeguarding contact information was available on a poster in the reception area.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. All staff had appropriate levels of safeguarding children and adults training for their roles.

- The provider had systems in place for checking the identity of patients attending the service. However protocols to ensure parental authority was gained by adults accompanying children attending the service could be improved. The service did not confirm that adults bringing children in for treatment had parental responsibility or authority.
- The premises were clean and uncluttered. The provider had completed an infection prevention and control audit within the last 12 months. An infection control policy was in place.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

Risks to patients

- There were enough staff, including clinical staff, to meet demand for the service.
- There were effective systems in place for managing referrals and test results.
- There were arrangements in place to respond to emergencies and major incidents.
- We saw evidence that all staff had received annual basic life support training.
- The service held a supply of oxygen and a defibrillator and there was a process in place to check these regularly to ensure they would be available in an emergency.
- Emergency medicines were easily accessible to staff and these medicines were checked on a regular basis. However they were stored in a public area, which was sometimes unsupervised.
- A business continuity plan was in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- The building owners were responsible for assessing risks associated with fire. We saw evidence that this was carried out on an annual basis.
- All electrical equipment had been tested to ensure it was safe to use.

Are services safe?

- Medical equipment had been calibrated, with one exception. A blood glucose testing machine was in the clinic room and was available for multi patient use. We highlighted to the provider that they did not have the equipment in place to carry out the necessary calibration between patients, and they agreed to consider alternative equipment for such monitoring in future.

Information to deliver safe care and treatment

Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system. This included investigation and test results, health assessment reports and advice and information about treatment provided. The practice's patient record system was used at all nine sites and clinicians could access the records of patients at any of these sites or remotely.

Safe and appropriate use of medicines

- There were systems, policies and processes in place to ensure that medicines were prescribed and dispensed safely.
- All medicines were securely stored, with the exception of medicines used to treat medical emergencies.
- There were effective stock control systems in place, including for medicines open to abuse, such as benzodiazepines.
- Medicines were dispensed by a doctor at the time of the patient consultation.
- Private prescriptions were generated from the patient record system and there were no paper prescriptions in the service.
- Doctors prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

Track record on safety

The service used a significant incident form to document and record incidents. Staff we spoke with on the inspection all knew how to access this form. We saw examples of incidents that had been recorded including evidence of discussions and learning outcomes. For example we reviewed an incident relating to insufficient hair samples obtained for testing. We saw evidence that the provider had stopped taking these samples and instead referred patients to a pathology service that was more experienced in obtaining these samples. We saw evidence that the service improved their systems following the incident and learning was communicated to all staff; and that clinical and non-clinical staff were aware of the processes to follow in referring patients needing such tests to another provider.

The provider had a system in place for reviewing and acting upon patient safety alerts. There was a responsible clinician who would review all alerts and ensure that the appropriate action was taken and documented in response to these alerts.

Lessons learned and improvements made

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

When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and/or written apology.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

Doctors assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence based practice.

The provider had arrangements in place to ensure clinicians were kept up to date with new guidance.

Monitoring care and treatment

The provider had systems in place to monitor and assess the quality of the service including the care and treatment provided to patients. We saw evidence that monthly audits were undertaken of consultation notes for each clinician working for London Doctors Clinic Ltd to ensure that consultations were safe, based on current clinical guidance, that medicine batch numbers were recorded and that tests were clinically indicated or ethically requested. Clinicians were then provided with feedback on the quality of their consultation.

The provider told us they identified clinical audits to complete based on their common areas of clinical practice. They gave us examples of two recently completed clinical audits; one relating to antibiotics prescribing and the second relating to testing for sexually transmitted infections (STIs). The antibiotic audit was looking at the use of preferred antibiotics for the treatment of infections. The audit was a complete two cycle audit but showed the on the second cycle of the audit that there was an increase in the use of non-preferred antibiotics. There was no evidence that this has been discussed with the team but it was suggested that the reasons for the worse performance was due to recruitment of new medical staff who were not aware of the preferred antibiotic policy.

Effective staffing

The provider had an induction programme for all newly appointed staff. There were role specific induction programmes in place. For example, there were separate induction programmes in place for non-clinical staff and clinical members of staff.

Staff training included a range of relevant topics that was completed online, such as basic life support, fire safety, health and safety, infection control, safeguarding and information governance. The service had a training matrix in place to identify the training staff had completed and when training was due.

Clinical staff had completed clinical updates relevant to the patients they consulted with including updates in sexual health and dermatology. We saw evidence that continuing professional development sessions were offered monthly.

We were told that appraisals would be held annually for non-clinical staff. Appraisals undertaken for the GMC were stored with clinical staff files and we saw evidence that feedback from audits of patient consultations were given to clinical staff to improve the quality of service provided.

Coordinating patient care and information sharing

When a patient contacted the service they were asked if the details of their consultation could be shared with their registered GP. If patients agreed we were told that a letter was sent to their registered GP.

If patients required urgent diagnostic referrals they would be advised to contact their NHS GP who would make the referral. The service would provide a letter for the patient to give to their GP with the relevant information from the consultation.

All test results were sent to patients by e-mail; however where results showed abnormalities the patient would be contacted by a GP via telephone.

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Supporting patients to live healthier lives

The service supported patients to live healthier lives by providing same day GP access for patients who worked near the clinic locations but were either unable to take time off to attend their local GP or obtain a same day appointment. The service was also targeted at patients who worked in London but did not have an NHS GP or who were visiting from abroad. These patients were able to access a GP, receive a diagnosis and medication where required in a single appointment with results being provided the same day where possible. If the provider was

Are services effective?

(for example, treatment is effective)

unable to provide a service a patient required they would refer them to other services either within the private sector or NHS and the patient would not be charged for the appointment.

Consent to care and treatment

There was clear information available with regards to the services provided and all associated costs. Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. All clinical staff had received training on the Mental Capacity Act 2005.

The service had arrangements in place to verify patient identification. There was a policy in place relating to consent and treatment of children, which was in line with published guidance. However the service did not ensure parental authority was gained for children and minors attending the service where necessary. The provider stated that this would be discussed among their team and they would agree a common approach across all sites, referring to their policy, to ensure consent to treatment for children was in line with guidance.

Are services caring?

Our findings

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

Kindness, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.

All feedback we saw about patient experience of the service was positive. We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received three completed comment cards all of which were positive and indicated that patients were treated with kindness and respect.

Following consultations, patients were sent a survey asking for their feedback. Patients that responded indicated they were very satisfied with the service they had received.

Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results.

Involvement in decisions about care and treatment

The service used a number of means to communicate with patients who did not speak English as first language. They employed clinicians who spoke a variety of languages including French, Punjabi, Urdu, Spanish, German, Arabic, Hebrew and Portuguese. The service also had access to a telephone translation service and would use an online written translation programme if necessary.

The service did not have a hearing loop and would communicate with patients who were hard of hearing in writing.

Privacy and Dignity

The provider respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice had systems in place to facilitate compliance with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service was set up to provide GP services at convenient central London locations. Although GPs would consult with patients of any age, the service had been designed to appeal to those who worked in central London who wanted GP access near their place of work. The service was also designed to appeal to foreign nationals who were visiting and working in London but did not have access to NHS services.

The provider made it clear to patients on their website what services were offered and the limitations of the service. For example, the provider did not provide services for chronic disease management or childhood immunisations. If a patient attended the service and the provider did not provide what the patient required they were not charged and referred to another service either within the private sector or the NHS.

The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group. Staff members had been provided with training in equality, diversity and inclusion.

Discussions with staff indicated the service was person centred and flexible to accommodate people's needs.

Timely access to the service

Appointments were available from 9 am to 5.30 pm Monday to Friday. Patients could contact the service between 8 am and 8 pm Monday to Friday. Patients booked appointments by phone or online through a central appointments management team. Results from blood tests and external diagnostics were sent to the patient in a timely manner using the patient's preferred method of communication. The practice offered a sexual health screening service where results would be sent to the patient within six hours of testing.

Feedback from both the comment cards and the provider's own survey indicated that access was good and patients obtained appointments that were convenient. However one of the comments cards included a negative comment about a long wait time to be seen for their appointment.

Listening and learning from concerns and complaints

The provider advertised its complaint procedure online and dissatisfied patients could feedback when the patient survey was sent to them. There was a lead for complaints and a policy outlining the complaints procedure. There had been three complaints recorded relating to this location in the last 12 months. We saw evidence that the provider responded to complaints in a timely manner, and to the satisfaction of the complainant.

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 care in accordance with the relevant regulations.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- Leaders were easily contactable and approachable. They worked with staff and others to make sure they prioritised compassionate and inclusive leadership.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

The provider 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 practice had a realistic strategy and plans for future development.
- The provider's strategy was focused on satisfying a demand for same day quick and convenient access to GP appointments working in Central London. There were plans in place to expand this to other locations in the future.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

The service had an open and transparent culture. Staff told us they felt confident to report concerns or incidents and felt they would be supported through the process.

- Staff were supported to meet the requirements of professional revalidation through continuing professional development sessions.
- There was evidence of internal evaluation of the work undertaken by clinical staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Members of staff had received equality and diversity training.

- There were positive relationships between staff.

Governance arrangements

There was evidence of effective governance systems in place.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There were regular meetings held to support governance systems. We saw evidence from minutes of meetings that allowed for lessons to be learned and shared following significant events and complaints.

Managing risks, issues and performance

- There were procedures for assessing, monitoring and managing risks to the service. We saw evidence that risks were managed effectively. For example, the provider had identified a risk when a patient had attended several locations in one day requesting prescriptions for controlled drugs. The provider investigated the incident and decided that dispensing controlled drugs was high risk and changed the standard operating procedure; controlled drugs were no longer dispensed by the provider.
- The service had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audits of their consultations, prescribing and referral decisions. Service leaders had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts.
- Clinical audit had a positive impact on quality of care and outcomes for patients. Feedback would be given to individual clinicians as a result of monthly audits of the clinical records in order to ensure that the service provided reflected current guidelines and that tests ordered were necessary and ethical.
- The service had plans in place for major incidents and all staff had received fire safety and basic life support training.
- The systems used to for identify, understand, monitor and address current and future risks were effective.

Appropriate and accurate information

Are services well-led?

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

The service acted on appropriate and accurate information.

- Accurate quality and operational information was used to ensure and improve performance, for example through audits of patient consultation notes.
- Quality and sustainability of care were priorities for the provider.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required. However the provider was not fully aware of the relevant statutory notifications that must be made to the CQC.
- 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.

Engagement with patients, the public, staff and external partners

The service took on board the views of patients and staff and used feedback to improve the quality of services.

- Patients could feedback about the service and we saw that the provider had taken action in response to patient feedback. For example some patients had feedback that locations could be difficult to find. As a result the provider developed sets of clear instructions for each location to ensure that patients knew where the service was located.

Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels within the service. The manager told us that the provider and staff at this location consistently sought ways to improve the service.

The provider would highlight areas for improvement for patient record audits and held monthly continuing professional development sessions for staff.

The service had made use of IT services to offer every patient the opportunity to feedback and provided test results by email to ensure that patients did not have to re-attend and incur additional fees.

Staff used a secure text messaging service to facilitate quick communication between clinicians in the service which enabled fast access to advice or assistance where required.