

Doctors 4 You Limited

Doctors 4 You

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 9 May 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 not 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.

Doctors 4 You is an independent health service based in North London, where services provided include dermatology, cardiology, paediatrics, gynaecology, ears nose throat, family medicine, phlebotomy, physiotherapy and psychology services, mainly to the Bulgarian community.

Our key findings were:

- Systems were in place to keep patients safeguarded from abuse.
- Doctors made use of NICE guidelines and shared learning from complex patient cases.
- The service had systems to update external bodies such as GPs and consultants of care being provided to patients.
- All staff members were up-to-date with training relevant to their role.
- Systems were in place to protect personal information about patients.
- Prescription pads were used and stored in a safe way.
- There were no infection and prevention control audit.
- Emergency medicines did not include benzyl penicillin although this was ordered by the end of the inspection.
- The service was not aware of and did not have access to patient safety alerts.

Summary of findings

- There was a significant events and complaints policy in place but no events had taken place in the last 12 months.
- Clinical equipment had not undergone calibration.

We identified regulations that were not being met and the provider must:

- Ensure care and treatment is provided in a safe way

You can see full details of the regulations not being met at the end of this report.

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

- Review the system for identifying and recording significant events and complaints.

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 not 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).

- The provider was not aware of and did not have access to patient safety alerts to aide safe prescribing.
- An infection control audit had not been carried out.
- Systems for recognising and documenting significant events needed improving.
- Clinical equipment had not undergone calibration testing to ensure they were in good working order.
- The service had clearly defined systems and processes to keep people safeguarded from abuse.
- All staff had received up-to-date training in accordance to their role.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Are services effective?

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

- Patients' needs were assessed and delivered in line with best practice guidance.
- Systems were in place to ensure appropriate record keeping and documentation.
- The service was aware of the most current evidence based guidance.
- The service had arrangements in place to share information appropriately about care and treatment given with all necessary external bodies such as GPs and consultants.
- The doctors attended regular conferences in relation to their areas of expertise.

Are services caring?

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

- The service provided opportunities to enable patients to be involved in decisions about their care.
- Staff understood their responsibility in terms of patients' privacy, dignity and respect.
- Chaperone posters were displayed in the waiting area and consultation rooms.

Are services responsive to people's needs?

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

- The premises were suitable for the services provided.
- Patients had the choice of times and days where appointments could be booked.
- Information about how to make a complaint was readily available.

Are services well-led?

We found that this service was providing well-led services in accordance with the relevant regulation; however the provider did not have effective systems to monitor and manage risks.

Summary of findings

- All staff were aware of the services vision and their roles and responsibilities in relation to it.
 - There was a suite of policies and procedures and a process for keeping them up to date.
 - There was a system for obtaining patient feedback.
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Doctors 4 You

Detailed findings

Background to this inspection

Doctors 4 You operates under the provider Doctors 4 You Limited. The provider is registered with the Care Quality Commission to carry on the regulated activities of diagnostics and screening procedures, family planning and treatment of disease, disorder or injury. The location site address we visited as part of our inspection is 445 Lordship Lane, London, N22 5DJ.

Dr Andrean Damyanov 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. This service is made up of six doctors one of whom is also the service manager, a nurse, a physiotherapist, a psychologist, two phlebotomists and four reception staff members.

The service is open seven days a week between 9am and 6pm where approximately 244 doctor appointments are offered each week. Services provided are dermatology, cardiology, paediatrics, gynaecology, ears nose throat, family medicine, phlebotomy, physiotherapy and psychology services, mainly to the Bulgarian community.

Patient records are all paper based. The service refers patients to NHS services including back to their own GPs and not other private services.

Prior to the inspection we reviewed information requested from the provider about the service they were providing. The inspection was undertaken on 9 May 2018 and the inspection team was led by a CQC inspector who was supported by a GP specialist advisor, a nurse specialist advisor, a member of the medicines management team and a Bulgarian interpreter. During the inspection we spoke with doctors, a nurse, phlebotomists, reception staff and two local pharmacists. We viewed a sample of key policies and procedures, viewed patient records, made observations of the environment and infection control measures and visited and interviewed two local pharmacists.

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 not providing safe care in accordance with the relevant regulations.

Safety systems and processes

The service mostly had clear systems to keep patients safe and safeguarded from abuse.

- Policies were regularly reviewed and were accessible to relevant staff members, policies included the contact details for external bodies where necessary such as the contact details for social services, the police or the local safeguarding lead to be used if there was a safeguarding concern.
- The service manager was in charge of carrying out staff checks, we found that all staff had the appropriate documentation saved in their files prior to employment. This included revalidation where required and Disclosure and Barring Service (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.
- All staff members had received up-to-date training appropriate to their roles. For example, all staff had completed information governance training and safeguarding training.
- Posters advising that chaperones were available were displayed around the service building including in the consultation rooms. All staff members who carried out the role had received chaperone training and all were DBS checked.
- The systems to manage infection and prevention control (IPC) were not effective. An IPC audit had not been completed and there was no legionella testing or risk assessment. Cleaning equipment including mop and bucket and cleaning liquids was kept outside in a garden area on open shelves, which did not protect from the weather or nature. However we did note that the service was clean and tidy.

Risks to patients

There were effective systems to monitor and manage risks to patient safety.

- The practice had adequate arrangements to deal with emergencies, there was a defibrillator and oxygen and emergency medicines on site. However the supply of emergency medicines did not include benzyl penicillin but this was ordered by the end of the inspection.
- All staff members received annual basic life support training.
- All electrical equipment had undergone portable appliance testing to ensure that it was safe and in good working order, but clinical equipment had not undergone calibration to ensure its clinical efficiency.
- When there were changes to services this was communicated to staff in meetings where the possible impact was discussed.
- All clinical staff had their own individual professional indemnity cover.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment.

- All individual care records were hand written and managed in a way that kept patients safe, this included being stored in locked fire proof cabinets.
- The service had systems for sharing information with the patients GP practice and other agencies to enable them to deliver safe care and treatment. We viewed a sample of letters sent to patients GPs and found that consent was given by the patients to do so and the letters contained all the necessary information.
- The service did not receive and were not aware of national safety alerts such as those from Medicines and Healthcare Regulatory Agency (MHRA). We were told that the service followed national guidance and the BNF to inform their prescribing decisions and would sign up to receive these alerts post inspection.

Safe and appropriate use of medicines

- Medicines used by the service was limited to emergency medicines and there were no vaccines or refrigerated medicines. The service kept prescription stationary securely and there were systems in place to ensure they could not be fraudulently used.
- There was no repeat prescribing and no prescribing of high risk medicines.

Are services safe?

Track record on safety

The service did not have a good safety record.

- There were no comprehensive risk assessments in relation to safety issues including trips and falls and the Control of Substances Hazardous to Health (COSHH).

Lessons learned and improvements made

The service had systems to learn and make improvements when things go wrong.

- The provider was aware of the Duty of Candour and had a policy to support them in adhering to this.
- There was a significant events policy but we were told that there had been no significant events to record or report.

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

The service had systems to keep up-to-date with current evidence based practice. We saw that the doctors assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Clinicians reminded patients of the remit of the service and where to seek further help and support.

Monitoring care and treatment

The service had carried out two single audit cycles, one of these aimed to improve the diagnosis of hypertension through the use of 24 hour ambulatory blood pressure monitoring. The audit looked at 20 patients who had a BP of 140/90 mmHG or higher. After the use of 24 hour BP monitoring seven patients were diagnosed as having hypertension, three had borderline hypertension, one had white coat syndrome, one had resistant hypertension and eight had poor BP control. As a result of the audit all clinicians were advised of the criteria and benefits of using 24 hour ambulatory BP monitoring.

We were shown numerous examples of complex patient case studies that were shared as a means of clinical learning at monthly practice meetings where all staff members attended. This included case studies on diagnosing Bells Palsy and adenoiditis in children when the symptoms did not always fit with expectations.

Effective staffing

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

- The service understood the learning needs of staff and provided protected time and training to meet them.
- All the doctors had completed revalidation and took part in an annual appraisal process.
- The doctors attended regular conferences specific to their areas of expertise and also attended training and teaching sessions at a local hospital on a monthly basis.

Coordinating patient care and information sharing

The service worked together with other health professionals to deliver effective care and treatment.

- We saw evidence that showed that all appropriate organisations including GPs and consultants were kept informed and consulted where necessary on treatments given to patients.
- Patients received coordinated and person-centred health assessments.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- The service understood the requirements of legislation and guidance when considering consent and decision making.
- Consent to care and treatment was verbally obtained and appropriately documented in patients' records.
- The service had systems to obtain assurance that adults attending the service with children had appropriate parental authority.

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 consulting rooms to be spacious and clean, consulting room doors were kept closed during patient consultations to aide confidentiality.
- The patient waiting area was away from the front desk to increase patient confidentiality and prevent conversations both face to face and over the phone being overheard.

Involvement in decisions about care and treatment

- We viewed a sample of patient records which indicated that treatment options were discussed with patients and they were given the opportunity to input into the decisions about their care.

- We received 48 completed Care Quality Commission comment cards all of which were positive about the standard of care received. Some comment cards mentioned being involved in the decision making process and options being explained to them.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff we spoke with recognised the importance of patients' dignity and respect.
- The service complied with the Data Protection Act 1998 and staff had received training in information governance.
- Chaperone posters were displayed in the waiting area as was also discussed in consultations.

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 service organised and delivered services to meet patients' needs. It took account of patients' needs and preferences.

- The premises were suitable for the service provided.
- Patients were able to access information about the service through a variety of sources including a website and leaflets.
- Health assessments and treatments were personalised to reflect individual patients' needs.

Timely access to the service

The service was open seven days a week between 9am and 6pm where approximately 244 doctor appointments were

offered each week. Services provided were dermatology, cardiology, paediatrics, gynaecology, ears nose throat, family medicine, phlebotomy, physiotherapy and psychology services.

- Patients had timely access to initial assessments and ongoing treatment.
- Standard consultation duration ranged from 30 minutes to one hour consultations for all paediatric appointments and appointment times were flexible.
- Where necessary the doctors followed up on patients with the use of telephone consultations.

Listening and learning from concerns and complaints

- The service manager was the lead member of staff for managing complaints.
- The service had a complaints policy with a complaints form and there was information in the reception area as well as on the practice website advising patients of how to make a complaint.

The service had received no complaints in the past 18 months.

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; however the provider did not have effective systems to monitor and manage risks.

Leadership capacity and capability;

This service was led by one doctor who had overall responsibility for the service and was supported by the five other doctors who worked there. The service also had reception staff members who had administration duties and the responsibility of managing the appointment system. The doctors met regularly to discuss learning from complex clinical cases and conferences.

Vision and strategy

The provider was able to verbalise a clear vision to deliver high quality care and promote good outcomes for patients but there was no formal documented strategy.

- We spoke with three doctors, two phlebotomists and two reception staff members, all of whom understood the services values and their role in delivering them.
- The provider had plans to expand the nursing services that it provided.

Culture

There was a positive and professional working culture at the service. Staff told us that they would be comfortable to raise any concerns and make suggestions on how to improve the service. The provider was aware of their responsibility in relation to the duty of candour and had a protocol to ensure compliance with this. We told that the service had never had an occurrence where the duty of candour needed to be used.

Governance arrangements

- There was a clear staffing structure and all members of staff knew and understood their roles and responsibilities including in respect of safeguarding.
- Structures, processes and systems to support good governance and management were effective.
- Policies and procedures to govern activity were established and regularly updated and accessible to all staff members.

Managing risks, issues and performance

- There were no infection and prevention control audit.
- Processes to manage current and future risk were not thorough.
- The doctors regularly attended conferences in relation to their area of expertise and attended a local hospital monthly to attend learning sessions. This ensured that the doctors were not operating in silo of their peers in the same field and were able to seek advice on complex cases.

Appropriate and accurate information

The service did not always have appropriate and accurate information to act upon.

- The service did not have knowledge of or access to patient safety alerts.
- All potential patients had to complete a comprehensive registration form which took into account their whole medical history including any medicines they were taking.
- The doctors communicated where appropriate with other health professionals involved in patients' care.
- Regular meetings were held with clinical and non-clinical staff attended where learning was shared from case studies of complex patients.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, record and data management systems.

Engagement with patients, the public, staff and external partners

- There was a comments and suggestion box in the reception area.
- As part of the doctors appraisal process they surveyed patients to see how happy they were with services provided and consistently scored 100% satisfaction rates.
- The service had systems to enable patients and external partners such as GPs to feedback to the service.

Continuous improvement and innovation

Are services well-led?

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

The service had established links with the laboratory that analysed their pathology samples, due to blood samples being taken at times during the day when the samples had already been delivered to the laboratory the service used a centrifuge to begin the testing process on certain blood

tests to ensure the test was still viable by the time it arrived at the laboratory. We saw that there were monthly sessions with the laboratory to check the practice remained up to date and skilled to carry out this role.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. In particular:</p> <p>There was no system to risk assess and mitigate risks against infection and prevention control and fire safety.</p> <p>There was no system to receive and act upon patient safety alerts.</p>