

Maltz Medical Centre Limited

Maltz Medical Centre Limited

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 26 January 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.

Dr Maltz 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. The registered manager is supported by three administrative staff who consults five days a week from a room at 27 Harley Street which is rented from another health care provider. The service also has an arrangement with the provider to access to emergency medicines and equipment. Dr Maltz consults an average of 10 patients a day at the clinic.

This service is registered with CQC under the Health and Social Care Act 2008 for the regulated activities of Treatment of disease, disorder or injury and Diagnostic and screening procedures.

We received 40 completed CQC comment cards which were all very positive about the level of service and the care provided. We spoke with two patients who were very happy with how easy it was to arrange the appointments but could not comment of the level of service as it was their first clinic attendance.

Summary of findings

Our key findings were:

- Systems and processes were in place to keep people safe. The service lead was the lead member of staff for safeguarding and had undertaken adult but not child safeguarding training. Whilst the provider did not directly provide clinical services for patients under 18 there is an expectation that staff working in a health care setting are trained in child safeguarding in line with the intercollegiate guidance.
- The provider was aware of current evidence based guidance and they had the skills, knowledge and experience to carry out his role.
- The provider was aware of their responsibility to respect people's diversity and human rights.
- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- There was a complaints procedure in place and information on how to complain was readily available.
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.

- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The service had systems in place to collect and analyse feedback from patients.

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

- Complete safeguarding training in accordance with intercollegiate guidance to include for children as well as adults.
- Review the need to update with their Cardiology Continuing Professional Development (CPD).
- Review arrangements for providing interpretation services to ensure patients have access to appropriate support.

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.

- Systems and processes were in place to keep people safe. Although the provider had not completed formal training in safeguarding vulnerable children.
- There were systems in place to ensure that when things went wrong, patients would be informed as soon as practicable, receive reasonable support, truthful information, and a written apology, including any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- There was a system in place for the reporting and investigation of incidents and significant events.
- There were arrangements in place to deal with emergencies and major incidents.

Are services effective?

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

- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.

Are services caring?

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

- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible in a patient leaflet in the reception area.
- We saw systems, processes and practices allowing for patients to be treated with kindness and respect, and that maintained patient and information confidentiality.

Are services responsive to people's needs?

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

- The service had good facilities and was well equipped to treat patients and meet their needs.
- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- Access to the clinic was available for people with mobility needs via a lift to all patient areas.
- Information about how to complain and provide feedback was available and there was evidence systems were in place to respond appropriately and in a timely way to patient complaints and feedback.
- Treatment costs were clearly laid out and explained in detail in the patients guide.

Summary of findings

Are services well-led?

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

- The provider had the capacity and skills to deliver high-quality, sustainable care.
- The clinic had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The clinic engaged and involved patients to support high-quality sustainable services.
- Staff had received inductions, performance reviews and up to date training.
- The provider was aware of and had systems in place to meet the requirements of the duty of candour.
- There was a culture of openness and honesty. The service had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The service had systems and processes in place to collect and analyse feedback from staff and patients.

Maltz Medical Centre Limited

Detailed findings

Background to this inspection

Maltz Medical Centre Limited is located at 27 Harley St, Marylebone, London, W1G 9QP. It is primarily a private cardiac diagnosis and treatment clinic for adults. They provide one-off assessments as well as ongoing treatment and care for patients with a variety of cardiac needs and conditions. The assessments tended to be for insurance purposes and this represented 80% of the services appointments. They have a variety of diagnostic and testing equipment and so are able to undertake clinical investigations within the clinic.

The service is open Monday to Friday between 8am and 6pm.

Maltz Medical Centre Limited was inspected on the 26 January 2018. The inspection team comprised a lead CQC inspector, a second CQC inspector and a GP Specialist Advisor.

We carried out this comprehensive 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.

Prior to the inspection we informed local stakeholders, including West London Clinical Commissioning Group (CCG), that we were due to carry out a visit to the clinic to gather any feedback they might have regarding the service. We were told by stakeholders that they did not have any information of concern regarding the service. As part of the preparation for the inspection we also reviewed information provided to us by the provider and specific guidance in relation to circumcision.

During the inspection we utilised a number of methods to support our judgement of the services provided. For example we asked people using the service to record their views on comment cards, interviewed staff, observed staff interaction with patients and reviewed documents relating to the service.

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 service had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and the service had processes in place to access relevant information for patient's local safeguarding teams where necessary. Policies were accessible to all staff and policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The service lead was the lead member of staff for safeguarding and had undertaken adult but not child safeguarding training. Whilst the provider did not directly provide clinical services for patients under 18 there is an expectation that staff working in a health care setting are trained in child safeguarding in line with the intercollegiate guidance. This recommends child safeguarding training and competencies for not only those directly caring for children but also those providing care for their parents or carers. After the inspection the service provided us with evidence that child safeguarding training had been booked for all staff.
- Notices advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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).

Risks to patients

- There were procedures for assessing, monitoring and managing risks to patient and staff safety. The building management and the service had a number of shared safety systems, with policies and service level agreements governing their use.
- There was a health and safety policy available and there was a system in place to liaise with the building management to conduct and review health and safety

premises risk assessments, control of substances hazardous to health (COSHH) and legionella risk assessment and management (Legionella) is a term for a particular bacterium which can contaminate water systems in buildings).

- The building management ensured there was an up to date fire risk assessment and were involved in the regular fire drills carried out on the premises. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Safe and appropriate use of medicines

The provider did not hold any medicine stocks at the clinic.

- The provider had signed up to receive patient safety alerts from the Medicines and Healthcare Regulatory Agency (MHRA); we saw examples of alerts being acted upon.
- All prescriptions were issued on a private basis by the provider. Blank prescription pads were stored in a locked cupboard.

Track record on safety

The clinic had arrangements in place to respond to emergencies and major incidents in line with the Resuscitation Council (UK) guidelines and the British National Formulary (BNF).

- There was a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. Emergency medicines were easily available to staff in a secure area of the premises. All the medicines were in date, appropriate and stored securely. The building management also held emergency medications and equipment, and it was their responsibility to check all the emergency equipment on site.
- All staff had received annual basic life support training.

Are services safe?

- The service did not have a business continuity plan for events such as power failure or building damage as the majority of their patients saw them for insurances purposes and they were not delivering urgent care, the service would close until the premises was available again.

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 written apology.
- They kept written records of verbal interactions as well as written correspondence.

There was an incident reporting policy and there were procedures in place for the reporting of incidents and significant events. There had been no incidents or significant events reported in the last 12 months.

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 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.

- Guidelines were accessed through the service computer system and used to deliver care and treatment that met patients' needs.

Monitoring care and treatment

The service had undertaken three completed cycle audits including exercise electrocardiogram treadmill heart test and referral patients and used the findings to make improvements. For example a recent audit on patients with high cholesterol showed that those on statins needed regular liver function tests, an increase in exercise and a reduction in alcohol. The service made sure that all these patients were given lifestyle literature in order to inform them better.

The service completes 360° Patient and Colleague feedback every 5 years and the last survey showed that 97% of patients who responded had confidence in the services provided, and 94% of colleagues had faith in the services overall ability. This survey was used to support the lead GPs appraisal.

Effective staffing

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

- The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- Learning and development needs were identified through a system of appraisals, meetings and reviews of service development needs.
- Staff had access to appropriate training to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching, mentoring and clinical supervision. All staff had received an appraisal within the last 12 months.
- The GP kept up to date with various courses but had not completed Cardiology Continuing Professional Development (CPD) in the last year. After the inspection the lead GP confirmed that two Cardiology courses were booked for March and May 2018 for CPD this year.

Coordinating patient care and information sharing

- The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient. There were clear protocols for onward referral of patients to specialists and other services based on current guidelines, including the patients NHS GP.
- Where patients consent was provided, all necessary information needed to deliver their ongoing care was appropriately shared in a timely way and patients received copies of referral letters.

Consent to care and treatment

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

- The provider had a consent policy in place and the provider had received training on consent. As the provider did not carry out invasive procedures at the clinic only verbal consent was required.
- The provider had a policy in place in relation to gaining consent to contact with patients' NHS GP.
- The provider understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The patient leaflet given to all patients explained all services and prices before commencing a consultation.

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 service treated patients with kindness, respect and compassion.

- We saw staff understood patients' personal, cultural and social needs.
- We saw that the GP sent text messages to patients a few days after their appointment to check if they were feeling better.
- All of the 40 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described the excellent and courteous service and being made to feel at ease, and one comment card stated that the GP was by far the best doctor they have ever engaged with.
- The comment cards were in line with the results of the services' 360° Patient and Colleague feedback from 2013, which was based upon 30 returned patient questionnaires. For example, 97% of respondents stated that the satisfaction of their visit was 'very good' or 'excellent', and 97% of respondents stated that the respect they were shown was 'very good' or 'excellent'. The service completes 360° Patient and Colleague feedback every five years, and told us that they were in the process of collating the most recent data.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- A patients' guide leaflet was available in the reception area, which described the service's contact details and appointment times, how to complain and how to give positive feedback, and the service's responsibilities to keep patients' information private and confidential.
- The service did not offer interpretation services, but staff told us that they spoke other languages, including Portuguese, which they could use when communicating with patients.

Privacy and Dignity

Staff recognised the importance of patients' privacy and dignity.

- We saw that, in the patients' guide leaflet, there was reference to the service's responsibilities under the Data Protection Act 1998.
- The GP told us that he had recently attended a lecture on the new data protection law coming into effect in May 2018, and that he intended to provide training to non-clinical staff about the regulations at the next staff meeting.
- Reception staff told us that patient information and records were held securely and were not visible to other patients in the reception area.
- We saw that doors were closed during consultations and conversations taking place in the consultation room could not be overheard.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- The facilities and premises were appropriate for the services delivered.
- Reception staff told us that, if a patient was booking an appointment for a blood test, they would try to offer the patient a morning appointment in case they were required to fast prior to the blood test.
- The service had an out of hour's pager which patients could use to contact the doctor if they experienced any issues associated with their appointment or treatment.

Timely access to the service

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

- The service is open Monday to Friday from 8am until 6pm.

Listening and learning from concerns and complaints

The service had a complaints policy in place.

- We saw a poster in the reception area and information in the patients' guide leaflet which detailed how patients could make a complaint.
- Reception staff told us any complaints would be reviewed and dealt with by the GP.
- The service had not received any complaints.

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 well-led in accordance with the relevant regulations.

Leadership capacity and capability;

The service had a clear vision to deliver high quality care for patients. There was an overarching governance framework which supported the delivery of high quality care. This outlined service structures and procedures and ensured that:

- The provider had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- Service specific policies were implemented and were available to all staff. There was a programme in place for the regular update and review of policies.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The provider was visible and approachable.

Vision and strategy

There was a clear vision and set of values.

- The vision was to keep up to date with new developments in the field to provide the best quality service possible.
- There was a realistic strategy to deliver it through continuous professional development and attendance at national conferences.

Culture

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

- The provider was proud of the service they provided and focused on the needs of patients.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues at any time and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, and that they were involved in discussions about how to run and develop the service.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The service encouraged a culture of openness and honesty.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- There was a clear staffing structure which comprised the provider a secretary and two administrators.
- Practice specific policies were implemented and available in hard copies and on the computer system.

Managing risks, issues and performance

There were clear, effective processes for managing risks.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, health and safety risk assessment had been completed including fire and portable appliance testing (PAT).
- The service completes 360° Patient and Colleague feedback every five years, and told us that they were in the process of collating the most recent data.

Appropriate and accurate information

Appropriate, accurate information was effectively processed and acted upon.

- There were effective 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 clinic engaged and involved patients to support high-quality sustainable services.

- The clinic had a system in place to gather feedback from patients in the form of a 360° Patient and Colleague feedback every five years, and told us that they were in the process of collating the most recent data. The last survey from 2013 indicated high levels of satisfaction amongst patients.

Are services well-led?

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

Continuous improvement and innovation

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

- The provider attended national and international conferences to keep abreast of new developments in the field.