Smart Medical Clinics Limited

The Smart Clinics Wandsworth

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 8 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.

Prior to our inspection patients completed CQC comment cards and forms via the CQC website telling us about their experiences of using the service. Sixteen people provided wholly positive feedback about the service.

Our key findings were:

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.
- Patient feedback for the services offered was consistently positive.

Summary of findings

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

We identified areas where the service could improve and should:

- Review how the service checks and verifies patient identity, including verifying the identity of adults accompanying child patients.
- Demonstrate quality improvement through follow up audit cycles.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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 an effective system for reporting and recording significant events and sharing lessons to make sure action would be taken to improve safety.
- There were systems in place so that when things went wrong, patients could 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.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had adequate arrangements to respond to emergencies and major incidents.
- Before consultations and at the appointment booking stage, staff checked patient identity by asking to confirm their name, date of birth and address provided at registration; however this information had not been previously verified at the registration stage.

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.
- Clinical audits were used to demonstrate the quality of care provided and there was evidence of action to change practice to improve quality; however follow up audits were required to demonstrate learning and quality improvement had been achieved.

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.
- We saw systems, processes and practices allowing for patients to be treated with kindness and respect, and that maintained patient and information confidentiality.
- Feedback we received from patients was wholly positive about the service.

Are services responsive to people's needs?

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

Summary of findings

- The service had good facilities and was well equipped to treat patients and meet their needs.
- 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 before treatment commenced.

Are services well-led?

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

- The service had a clear vision to deliver high quality care for patients.
- There was a clear leadership structure and staff felt supported.
- The service had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of high quality care. This included arrangements to monitor and improve quality and identify risk.
- 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.

The Smart Clinics Wandsworth

Detailed findings

Background to this inspection

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.

Our inspection was led by a CQC inspector with a GP specialist advisor and a second CQC inspector.

Smart Medical Clinics Limited provides private general practice services from two separately registered locations in London: The Smart Clinics Wandsworth and The Smart Clinics Brompton Cross. This inspection concerned only The Smart Clinics Wandsworth, located at 15 Bellevue Road, Wandsworth, London, SW17 7EG.

The service is located in a converted residential and business use property with street level access into a reception and waiting area. The building is not fully accessible to wheelchair users and does not have accessible facilities. There are patient toilets, shower room and baby changing facilities available. Patients requiring additional access support are directed at the time of booking to the providers other location. There are three clinical consultation and treatment rooms, storage areas and an administration office.

Services are available to any fee paying patient. Services can be accessed through an individual, joint or family membership plan or on a pay per use basis.

Services are available by appointment only between 8.30am and 5.30pm Monday to Friday. Where requested, evening and weekend appointments are offered at the providers Brompton Cross clinic.

The service is led by the medical director who is also one of five GPs in the clinical team. The clinical team is supported by two service managers and one administrative staff member. Those staff who are required to register with a professional body were registered with a licence to practice.

The service has two CQC registered managers who work jointly across both provider locations in service management roles. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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 service is registered with the CQC to provide the regulated activities of diagnostic and screening procedures, family planning, surgical procedures and treatment of disease, disorder or injury.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. During our visit we:

- Spoke with a range of clinical and non-clinical staff including GPs, service managers and administrative staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment used by the service.
- Reviewed CQC comment cards and online forms completed by service users.

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 systems to keep patients safe and safeguarded from abuse.

- The service conducted safety risk assessments and had policies which were regularly reviewed and communicated to staff. This included service managers conducting staff knowledge and competency assessments to check staff were up to date with policies and procedures.
- The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance and how to report safeguarding concerns to relevant external agencies.
- The service carried out (DBS
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- All staff received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. However fire extinguishers in the premises were overdue servicing. We saw evidence during our inspection that servicing had been delayed by the contractor and that another date was scheduled. Evidence from the provider following the inspection showed that this servicing had been carried out.
- There were systems for safely managing healthcare waste.

Risks to patients

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

- Staff knew what to do in a medical emergency and completed training in emergency resuscitationand basic life support annually.
- Emergency equipment and medicines available were in line with recognised guidelines. Staff checked medicines and equipment to make sure these were available, within their expiry date, and in working order and kept records of these checks.
- Staff knew how to recognise those in need of urgent medical attention and clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

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.
- The service had systems for sharing information with staff and other agencies, including the patients NHS GP, to enable them to deliver safe care and treatment.
- Referral and information sharing letters included all of the necessary information.
- Patients provided personal details at the time of registration including their name, address and date of birth. Before consultations and at the appointment booking stage, staff checked patient identity by asking to confirm their name, date of birth and address provided at registration; however this information was not verified.
- Patients under 18 years of age were required to be registered with a legal guardian; however legal guardianship was not verified. The service had processes for checking the adult accompanying a child patient, if not the guardian, had the authority to do so and carried out records audits to check this was done.

Safe and appropriate use of medicines

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

Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- Staff prescribed, administered and gave advice to patients on medicines in line with legal requirements and current national guidance.
- The service audited the prescribing of medicines to ensure they were being used safely and followed up on appropriately, in line with national institute for health and care excellence (NICE) guidelines.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity to understand risks and where identified make necessary safety improvements.

Lessons learned and improvements made

The service had systems and processes in place to learn and make improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. 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 had three significant events in the last 12 months which we reviewed and found the service had learned and shared lessons, identified themes and had taken action to improve safety in the service. For example, an adult patient arrived at the service for an appointment and presented with signs and symptoms of Measles, an uncommon, highly infectious viral illness. The service followed their infectious disease protocol which included isolating the patient, communicating with the local hospital to receive the patient and identifying any close contacts the patient may have had in the service, including staff. The Service investigated this incident and found that their response had been appropriate, reviewed their contagious disease protocol in line with advice received from the hospital and shared the incident with others clinicians who may not have had an adult measles presentation before.
- There was a system for receiving, reviewing and where necessary acting on safety alerts including patient, medicine and device safety alerts.

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 clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The service had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided.

- The service conducted audits to ensure diagnosis and treatment were in line with national guidelines;
- For example the service audited patient notes to ensure compliance with recognised note taking guidance and compliance with prescribing guidelines and identify areas for improvement. The service found that of the ten areas looked at, across forty sets of notes, compliance was high (100%) for all clinicians, with the exception of the recording of the duration of symptoms (65% compliance) and recording the provision of advice if symptoms should worsen (70% compliance). The audit findings were discussed during clinical meetings and follow up audits were scheduled to demonstrate learning and improvement.
- The service also audited the diagnosis and treatment of haematuria (the presence of blood in urine) to ensure compliance with guidelines. The service identified 28 patients for the audit and found that the relevant tests were provided in 88% of cases and that 100% of patients were referred to their NHS GP or to an urologist for follow up. The audit findings were discussed during clinical meetings and follow up audits were scheduled to demonstrate learning and improvement.

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. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The service provided staff with All staff had received an appraisal within the last 12 months.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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 and where cancer was suspected. The service monitored urgent referrals to make sure they were dealt with promptly.

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.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The service identified patients who may be in need of extra support and directed them to relevant services.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions by providing information about treatment options and the risks and benefits of these as well as costs of treatments and services.
- Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately through patient records checks.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- All of the 13 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. We also received information ahead of the inspection from three patients through our online 'share your experience' service which was also wholly positive. This is in line with other feedback received by the service.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- Formal interpreter services were not available for patients who did not have English as a first language; however staff were aware of and patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, staff knew how to access communication aids and easy read materials where necessary.
- The service's website provided patients with information about the range of treatments available including costs.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The layout of the reception and waiting area did not allow for high levels of privacy when reception staff were dealing with patients, however staff described how they would improve privacy by speaking quietly and having background music. Staff could also use available rooms to discuss private matters where necessary.
- The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.
- Patients' electronic care records were securely stored and accessed electronically.

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

- Patients requesting to be seen outside of normal working hours were offered appointments at the providers other location.
- The facilities and premises were appropriate for the services delivered.
- Patients who requested an urgent appointment were seen the same day.
- The service did not have formal interpreter services however patients were told about multi-lingual staff who might be able to support them.

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 was open between 8.30am and 5.30pm Monday to Friday. Opening hours were displayed in the premises and on the service website.
- The provider did not offer out of hours care, however patients could book early morning, evening and weekend appointments at the providers other location.
- Patients had timely access to appointments and the service kept waiting times and cancellations to a minimum.
- The service's own patient feedback data showed that patients' satisfaction with how they could access care and treatment was high.

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.

- The registered managers were responsible for dealing with complaints and the service had a complaints policy providing guidance to staff on how to handle a complaint.
- There was information available in the premises and on the service website for patients to provide feedback and make complaints.
- Information was available about organisations patients could contact if they were not satisfied with the way the service dealt with their concerns.

The service had received one complaint in the last 12 months.

There were systems and processes in place to investigate complaints and feedback, identify trends, discuss outcomes with staff and implement learning to improve the service. We reviewed these systems and processes and found complaints were handled appropriately, in a timely manner and with transparency.

For example, a patient had booked an appointment but on arrival the appointment was not showing on the computer system. The patient complained and the service apologised and rearranged the appointment. The provider spoke with the patient directly to explain what had happened and steps taken to prevent the same thing happening again and confirmed this in writing. Further training in the use of the appointment booking system was provided to the staff involved and the investigation was discussed at the next meeting.

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 service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Staff told us leaders were visible and approachable.

Vision and strategy

The service had a clear vision and strategy to deliver high-quality care.

- There was a clear vision and set of values with a strategy and supporting business plans to achieve priorities.
- The service reviewed and developed its vision, values and strategy with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service planned its services to meet the needs of service users.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- The service focused on the needs of patients.
- There were systems and processes in place for the service to act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to 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 development conversations. All staff had received an appraisal or performance review in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The service demonstrated a commitment to equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff, the service managers, clinicians and business leaders.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Service leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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 risks including risks to patient safety.
- Service leaders had oversight of safety alerts, incidents, and complaints.

Are services well-led?

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

- Clinical audits were used to demonstrate the quality of care provided and there was evidence of action to change practice to improve quality; however follow up audits were required to demonstrate learning and quality improvement had been achieved.
- The service had plans in place and had trained staff for major incidents, including buddy arrangements with the providers other location.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings.
- The service used information from their computer system to monitor the quality of care provided.
- The service submitted information or notifications to external organisations as required, including patient referrals.
- Arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems were in line with data security standards.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support high-quality sustainable services.

- Patients' and staff views and concerns were encouraged, heard and acted on to shape services. For example following patient feedback about the cleanliness of the facilities, the service introduced a system of informal checks throughout the day to monitor and respond to issues. When feedback did not improve, the provider introduced more frequent and more formal checks of the facilities including check sheets to record when checks had been carried out and actions taken. Following these changes, patient feedback improved.
- The service collected and reviewed patient feedback about the services provided which was consistently positive.