

Edgcare Ltd

EdgCARE at The Royal Free Hospital

Inspection report

The Royal Free Hospital

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Overall summary

We carried out an announced comprehensive inspection on 11 March 2019 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.

Edgcare at The Royal Free Hospital is an independent doctor service based in North London. The provider supplies private general practitioner services. Dr Mark Semler is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- Systems were in place to keep people who used the service safeguarded from abuse.
- There was a protocol in place to ensure identity checks were undertaken when a patient presented at the service for the first time.
- Doctors made use of NICE guidelines and shared learning from complex patient cases.

Summary of findings

- 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 people who used the service.
- The service carried out assessments to identify and mitigate risks including those associated with fire and infection.
- The service used a range of visual and written materials to help people understand and make decisions about their care and treatment.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

EdgCARE at The Royal Free Hospital

Detailed findings

Background to this inspection

Edgcare at The Royal Free Hospital is a location registered under the provider Edgcare Ltd. Edgcare Ltd was established in 2015 and has three site locations including the location site address we visited for this inspection: Lyndhurst Rooms at The Royal Free Hospital, Pond Street, London, NW3 2QG. This location opened in October 2018. The service is registered with CQC to undertake the following regulated activities: Treatment of Disease, Disorder or Injury.

Dr Mark Semler 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 provider offers a pre-booked private doctor service.

The practice has a consultation room and shares a reception area located on the first floor of The Royal Free Hospital in the Lyndhurst Rooms.

The service refers patients to NHS services including back to their own GPs and other private services.

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

Prior to the inspection we reviewed information requested from the provider about the service they were providing. During the inspection we spoke with doctors and reception. We viewed a sample of key policies and procedures, viewed patient records, made observations of the environment and infection control measures.

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

Safety systems and processes

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

- We found that the service had a system in place to ensure identity checks were undertaken when a patient presented at the service for the first time. We also saw evidence of a process to ensure persons accompanying paediatric patients had parental authority and this process was used consistently. This included a process to check identity and authority when a professional childminder accompanied a child to the service.
- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and ongoing mandatory training. 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.
- We found the service had a staff training matrix to support ongoing training requirements. We noted all staff were up to date with training requirements, including safeguarding and basic life support.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Staff we spoke with were able to describe what they would do if they suspected abuse.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.

- There was an effective system to manage infection prevention and control.
- The clinic was located in a hospital and the provider had obtained risk assessments of the whole building to monitor safety of the premises such as control of substances hazardous to health and infection prevention and control and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. In addition, they had carried out a premises risk assessment for the specific clinic area.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place for all clinical staff.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Are services safe?

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Where there is a different approach taken from national guidance there is a clear rationale for this that protects patient safety.
- Processes were in place for checking emergency medicines and staff kept accurate records of medicines.

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. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

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

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and acted to improve safety in the service.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- 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.
- National guidance was accessible to all staff on the providers intranet, for example: antibiotic prescribing guidance.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat prescriptions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- The service made improvements through the use of completed audits. For example, we reviewed a three-cycle audit which identified azithromycin prescribing at 17%. Azithromycin is an antibiotic prescribed for bacterial infections. As a result the provider developed a prescribing protocol and guidance for the use of azithromycin. The audit was repeated two more times in 2018 and 2019 after the initial audit was completed in 2017. The audits in 2018 and 2019 found that the prescribing of azithromycin reduced from 17% to 11% and was maintained.
- The service had a standard operating procedure which covered the use of the bespoke clinical system, pathology management, managing recalls for repeat investigations, codes and costs for the most common investigations and information on correspondence

pathways. There was a clinical lead nominated as a 'super user' which allowed all incoming pathology results to be viewed to ensure prompt action was taken for all investigation results.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- All doctors employed by the service were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For instance, the service provides complimentary follow-ups for all patients. If referrals are required the provider will arrange the referral for the patient and follow up with the patient to ensure they were satisfied with the care received.
- Patient information was shared appropriately and this included when patients moved to other professional services. Information needed to plan and deliver care

Are services effective?

(for example, treatment is effective)

and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Although the service had only opened in October 2018 there were positive patient reviews posted online. For example, there were a total of 6 reviews on a review site, all reviews gave the service the highest rating of five stars.
- The service carried out its own patient satisfaction survey activity. Patients that responded indicated they were very satisfied with the service they had received.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- Patients told us through the feedback forms made available by the service, that they felt satisfied by the clarity of explanations or information provided by clinicians and non-clinical staff. All patients who were surveyed stated they would recommend the service to friends and family.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- A privacy screen were provided in the consultation room to maintain patients' privacy and dignity during examinations, investigations and treatments.

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.

- The provider understood the needs of their patients and improved services in response to those needs. For example, a significant percentage of people who used the service were Jewish and arrangements were in place to observe traditional Jewish end of life care cultural practices.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.
- The provider had arrangements in place to allow for flexibility around appointment times and would extend these beyond the usual 30-minute duration, subject to additional costs which patients were made aware of.
- Information was clearly provided in advance to patients about the cost of consultations and treatment, including investigations and tests. For example, consultations and other services were clearly priced on the provider's website.
- The provider made reasonable adjustments when patients found it hard to access services. For example, the premises were accessible to patients with mobility difficulties. The clinical consultation room was available via a lift.
- The provider made it clear to patients on their website what services were offered,
- The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group. All staff had been provided with training in equality, diversity and inclusion.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. We were told clinicians would extend an appointment time for a patient where this was clinically justified and would inform other patients who were delayed as a result.
- Patients with the most urgent needs had their care and treatment prioritised. We were told staff were trained to recognise people who had red flag symptoms of serious illness and would identify these to clinicians without delay. When a clinician decided a patient should be seen ahead of a patient with an earlier appointment time, the service would apologise and offer the patient an alternative appointment if they could not wait.
- Patients reported the appointment system was easy to use and they were usually seen the same day.
- Referrals and transfers to other services were undertaken in a timely way and we saw the service had a failsafe process in place to ensure referrals were received and acted on.

Listening and learning from concerns and complaints

The service told us they would take complaints and concerns seriously and would respond to them appropriately to improve the quality of care. We were told no complaints had been received since the location had opened in October 2018.

- Information about how to make a complaint or raise concerns was available. Staff told us they would treat patients who made complaints compassionately. We spoke with members of staff who also had part-time positions in other care sectors, including at NHS GP practices and were satisfied they understood how to record, investigate and respond to complaints as well as understanding the benefits of having an effective complaints process.

Are services well-led?

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

Our findings

Leadership capacity and capability;

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

- 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.
- We found all staff had received up to date appraisals and a system had been put in place to ensure this happened consistently in future. We also noted the service had developed a training matrix which clearly defined mandatory training requirements and made clear any mandated or recommended refresher dates.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. We were told the service's vision was to allow patients to access personalised doctor care quickly. The service had a realistic strategy and supporting business plans to achieve this vision.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated in policies in place to respond to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they were able to raise concerns and were encouraged to do so. They had confidence these would be addressed. Staff who said they had done so in the past told us they found managers to be very receptive to feedback and had responded positively.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff now received regular annual appraisals and the most recent of these had been in the last year for all staff. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff told us they felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Processes and systems to support good governance and management were established understood and effective.
- Staff we spoke with demonstrated knowledge and understanding of areas such as safeguarding, infection prevention and control, medical emergencies, safeguarding and fire safety and there were formal systems in place to monitor compliance with training requirements.

Are services well-led?

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

- The system for managing patient safety alerts was effective and shared with all clinicians in real time via the bespoke clinical software used by the provider.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves 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 current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The public's, patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. We saw evidence the principal GP had professional relationships with a range of specialist consultants. For example, the provider had a well established multi-disciplinary team way of working with regard to elderly care. This included working relationships with a Care of Elderly Consultant, Elderly Care Psychiatrist, Elderly Care Physiotherapists, occupational therapists, speech and language therapists and dieticians.
- Staff were able to describe to us the systems in place to give feedback, for instance, the provider contacted patients after every consultation to ensure they were happy with the care and treatment received.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement, for instance, the regular use of two-cycle clinical audits.
- The provider had not received any complaints at this location, however learning from complaints at the other sites were shared with all staff employed by the provider.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.