

Citydoc Medical Limited

CityDoc Westend

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 26 April 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led. We found the service was meeting the regulations for being safe, effective, caring and responsive however they were not meeting the regulations for providing well-led care.

This inspection was a focused follow-up inspection carried out on 27 September 2018 to confirm that the provider had carried out their plan to meet the legal requirements in relation to the breaches of regulations that we identified at our previous inspection on 26 April 2018. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings were:

The provider had made the necessary improvements to rectify the breaches in regulations identified at our previous inspection;

- There was an effective system for reporting, investigating and learning from incidents and significant events.

- There was an effective system to ensure updates in current evidence based guidance were incorporated into clinical practice.
- The provider had implemented a business continuity plan for emergencies and major incidents.

In addition since our previous inspection;

- The provider had developed a five-year business plan to realise the vision to deliver high quality care.
- They had reviewed policy on carrying out identity checks on new patient registrations and ensuring parents accompanying the child patient had the authority to consent to care and treatment on their behalf.
- The provider had ensured information was available that signposted patients to out of hours services.
- They had provided training to reception staff in basic life support, safeguarding and chaperoning.

Professor Steve Field CBE FRCP FFPH FRCGP Chief
Inspector of General Practice

CityDoc Westend

Detailed findings

Background to this inspection

Citydoc Westend is situated at 25 Wimpole Street, London, W1G 8GL and is part of a national provider of private healthcare services. It is one of three central London GP clinics. The clinic consists of one consultation room and a shared reception area and waiting room.

The clinic provides travel vaccinations (including anti-malarials, yellow fever and typhoid), children's vaccinations (including chicken pox, group B meningitis and BCG vaccines), sexual health screening, GP consultations and blood tests.

The opening hours are Monday to Friday 9am to 5pm and Saturdays 9am to 2pm. The clinical team comprises of a male doctor, a female doctor who is the registered manager and medical director and a nurse. The male doctor provides sessions on Mondays, Tuesdays and alternate Fridays and Saturdays, the female doctor provides sessions Wednesdays and alternate Fridays and Saturdays and the nurse works Thursdays. There is a

shared receptionist who is employed by another healthcare service in the same building. They provide a meet and greet service for walk-in patients, process payments and carry out chaperoning duties if needed. The clinic has over 1,000 registered patients and consults up to 200 patients a month.

The inspection team was led by a CQC inspector and included a GP specialist advisor.

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 well-led?

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

Our findings

At our previous inspection on 26 April 2018, we found the service was not meeting the regulations for providing well-led services. This was because the provider did not have effective systems in place to manage incidents and significant events, to ensure updates in current evidence based guidance and standards were incorporated into clinical practice and there was no business continuity plan in place for major incidents.

We found significant improvement when we undertook a follow-up inspection on 27 September 2018.

The provider had reviewed the policy for dealing with incidents and significant events and had implemented a system to ensure incidents were reported, investigated and learning shared. Incidents were a standing agenda item at

monthly governance meetings and we saw evidence from meeting minutes of shared learning. Staff who were unable to attend a particular meeting could access the learning outcomes on the shared drive of the computer system.

The provider had implemented a system to ensure updates in evidence based guidance were shared with the clinical team and incorporated into clinical practice. Updates in guidance such as the National Institute for Care and Excellence (NICE) were presented at monthly clinical meetings. For example, we saw evidence from meeting minutes of NICE updates on heavy menstrual bleeding, the management of sepsis and suspected cancer. Clinicians who were unable to attend a particular meeting could access the updates on the shared drive of the computer system. We also saw evidence that local antibiotic prescribing guidelines were being followed.

The provider had developed a business continuity plan for major incidents. The plan was accessible on the shared drive of the computer system and a hard copy was available at the clinic.