

London Doctors Clinic Ltd

Victoria

Inspection report

Portland House

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Overall summary

We carried out an announced comprehensive inspection on 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.

Victoria provides a private general practice doctors clinic. The clinic offers similar services to those offered at a NHS GP practice such as blood tests, referral to a specialist doctor and health screening. In addition, it offers sporting medical certificates, imaging, work, immigration and visa medicals, weight management, and after travel health checks.

The medical director is the registered manager. A registered manager is the 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.

As part of our inspection, we reviewed 12 Care Quality Commission comment cards where patients made extremely positive comments about the service. They described the service as very professional, they stated the staff were welcoming and professional and the service as good and excellent.

The provider invited patients to complete an online feedback form. From the 1 January to the 19 March 2018 they had received 26 feedback forms where the patients

Summary of findings

rated the doctors from one poor to five excellent, 22 rated the doctor at five and three patients rated them as four. Many described the service as professional, friendly and efficient. Where a patient had given a low score the provider dealt with this as a complaint.

Our key findings were:

- The clinic had clear systems to keep patients safe and safeguarded from abuse.
- The clinic had reliable systems in place to prevent and protect people from a healthcare-associated infection.
- The clinic had arrangements in place to receive and comply with patient safety alerts, recalls and rapid response reports issued.
- The clinicians assessed patients' needs. This included their clinical needs and their mental and physical wellbeing.
- The provider advised patients what to do if their condition got worse and where to seek further help and support, such as the patient's NHS GP.
- Staff had the necessary skills and training to carry out their roles.
- The practice obtained consent to care and treatment in line with legislation and guidance.
- Staff recognised the importance of patients' dignity and respect.
- The provider had a complaints process in place and we saw the staff had responded to complaints.
- The provider understood the challenges to the service and what actions they had to take to address them.

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

- The provider should ensure they review their business continuity plan to ensure it covers arrangements for the safety and security of patient care records should the clinic close.

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.

- The clinic had clear systems to keep patients safe and safeguarded from abuse.
- There were arrangements in place for responding to medical emergencies.
- The provider had undertaken appropriate recruitment and monitoring checks for staff.
- The clinic had safe systems and processes in place for the prescribing and dispensing of medicines.

We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not have arrangements in place for the safety and security of patient care records should the clinic close.

Are services effective?

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

- The clinic had systems to keep clinicians up to date with current evidence-based practice.
- The provider had systems in place to monitor the quality of the patient's care and treatment.
- All staff who worked in the Victoria clinic had completed the necessary training.
- The clinic obtained 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.

- As part of our inspection, we reviewed 12 CQC comment cards completed by patients, where patients made extremely positive comments about the service.
- For patients whose first language was not English, the clinic either ensured they offered an appointment with a doctor who spoke their first language or used a telephone interpretation service.
- Staff recognised the importance of patients' dignity and respect.

Are services responsive to people's needs?

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

- The clinic responded to the needs of patients that wanted a same day doctor appointment at a convenient time and near their work.
- Results from blood tests and external diagnostics were sent to the patient in a timely manner using the patient's preferred method of communication.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Are services well-led?

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

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

Summary of findings

- The practice had a culture of high-quality sustainable care.
 - The provider took steps to engage with their patient population and adapted the service in response to feedback.
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Victoria

Detailed findings

Background to this inspection

The service Victoria is located at:

Portland House

Bressenden Place

London

SW1E 5RS

Victoria provides a private general practice service. It provides most of the services offered at a NHS GP practice such as blood tests, referral to a specialist doctor and health screening to both adults and children. In addition it offer sporting medical certificates, imaging, work, immigration and visa medicals, weight management, and after travel health checks.

The provider London Doctors Clinic Limited has six other locations registered with CQC which are located across central London. The locations are:

- Fleet Street
- Kings Cross
- London Bridge
- Soho Square
- Paddington
- Waterloo.

The premises consists of two consultations rooms and office/receptionist area located on the 19th floor of a service office building. The premises has a lift and disabled access.

The provider is the medical director of London Doctors Clinic that employs 12 doctors to work across all of the sites. The Victoria site during hours of opening has one doctor who is supported by a clinic manager.

Patients can walk-in, or book an appointment by telephone, e mail or on line. The service is open Monday to Saturday 9am to 6pm for pre-booked appointments.

Why we carried out this inspection

We carried out an announced comprehensive inspection at Victoria on 18 March 2018. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider continues to meet the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service.

How we carried out this inspection

This inspection was led by a CQC inspector, with support from a GP specialist advisor.

During our visit we:

- Spoke with the provider, practice manager and nurse.
- Reviewed documents.
- Reviewed 12 CQC comment cards where patients shared their views and experiences of 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

Safety systems and processes

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

- The clinic had a safeguarding policy covering both adults and children. The policy was accessible to all staff and contained the names of the appointed safeguarding leads within the clinic and the process for reporting and taking action in response to concerns. Community safeguarding contact information was available on a poster in the reception area. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. The doctors had completed level three safeguarding training. Other staff had completed an awareness course to level one or level two. The provider had responded to one safeguarding issue. We discussed with the provider the need to inform the CQC of allegations of abuse or abuse and they agreed to review the systems to ensure that CQC were notified appropriately.
- The clinic had systems in place to ensure action was taken in response to safeguarding incidents and we saw one example where action had been taken by staff in response to safeguarding concerns. Safeguarding's were discussed in clinical meetings.
- There were alerts on the system which flagged vulnerable adults and children and a monthly newsletter was circulated within the organisation which highlighted children at risk.
- The provider had systems in place for checking the identity of patients attending the service; including protocols to ensure parental authority was gained for children and minors attending the clinic.
- The provider had a human resource manager that carried out staff checks. These included checks, when a new member of staff commenced work, ongoing checks of professional registration, medical health and Disclosure and Barring Service (DBS). (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). The provider had updated the recruitment policies and procedures in January 2018.

- Staff who acted as chaperones were trained for the role and had received a DBS check.
- We found the premises were clean and tidy. The clinic had daily and weekly cleaning schedules in place and a recently reviewed infection control policy. A sink and hand wash facilities were in the rooms. The clinic used single use instruments, sharps bins were in place and a policy for the disposal of sharps and actions to take if a needle stick injury occurred was available. The practice had a waste management contract in place for removal of the clinical waste.
- The clinic had a system in place to ensure that staff did not handle clinical specimens.
- The clinic was located in serviced offices 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 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

- The clinic staff consisted of a clinic manager and a doctor, if either were absent staff from the other locations covered or staff offered the patients an alternative appointment at another location.
- The provider employed permanent and locum doctors, all took part in an induction process.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Staff had completed basic life support training.
- The clinic had a supply of oxygen and a defibrillator to use in a emergency that were appropriately stored. The clinic had a process in place to check these regularly to ensure they would be available in an emergency.
- The provider held medicines to treat medical emergencies they were likely to face and we saw these were in date and stored appropriately.
- The provider had medical indemnity arrangements and public liability insurance in place to cover any potential liabilities that may occur.
- A business continuity plan was in place for major incidents such as power failure or building damage. The

Are services safe?

plan included emergency contact numbers for staff. However, this did not cover what would happen to patient records should the clinic close. We discussed this with the provider who agreed to amend the policy.

Information to deliver safe care and treatment

- Staff wrote and managed individual care records in a way that kept patients safe. The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Information needed to deliver safe care and treatment was available to relevant staff in a timely and accessible way. (This included test and imaging results, care and risk assessments, care plans and case notes.) The clinic's patient record system was used at all seven sites and clinicians could access the records of patients at any of these sites or remotely.
- The provider obtained patients NHS GPs' details, but would not routinely contact the GP unless the patient consented or in urgent circumstances.
- The doctor provided patients with a copy of any referrals to secondary care or to the patients GP.
- Staff provided patients with information about the cost of the services.

Safe and appropriate use of medicines

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

- Staff stored medicines in two locked cupboards and had a stock control system in place that staff carried out weekly.
- The doctors generated private prescriptions from a patient computer record system. Or dispensed some medicines directly to the patient. Staff followed a protocol that included the printing of a medication label and recording details of the medicines batch number in the patient notes. The label contained the name of the patient, the dosage and the name of the provider and contact telephone number. Patients received information about the medicines.
- The doctor's prescribed medicines to patients and gave advice on medicines in line with legal requirements and

current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- The clinic did not prescribe high-risk medications that required the long-term monitoring of patients.

Track record on safety

The clinic had a good safety record.

- The provider leased the premises; staff had sight of all of the last fire risk assessment carried out by the management company. However, the clinic stored oxygen and it was not clear whether this was included on the premises risk assessment. The clinic manager agreed to follow this up with the management company to check whether it needed to be included on the risk assessment.
- The provider had sight of the fire equipment alarm checked, carried out by the management company. Information was available about what to do if a fire occurred and the clinic manager told us they would act as the fire warden. Staff had completed fire safety training.

Lessons learned and improvements made

- The provider, the doctor and the clinic manager understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and report them internally and externally where appropriate.
- 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 provider had not reported a significant event at the clinic in the last 12 months. However, the provider could clearly describe what actions they would take and the service had a policy in place that instructed staff of the actions to take should an event occur. Staff were also able to describe a significant event that occurred on another of the providers sites and describe what recommendations were made throughout the clinics. For example the clinics had changed to an automated system for patients to receive test results following a patient not receiving their test results promptly.
- The provider had arrangements in place to receive and comply with patient safety alerts, recalls, and rapid

Are services safe?

response reports issued by the Medicines & Healthcare products Regulatory Agency (MHRA). We saw evidence that the provider reviewed patient safety alerts and considered which were applicable to the clinics.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

- The clinic 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. Such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The practice had incorporated a prescribing reference tool into their clinical system to ensure that clinicians had access to the most up to date prescribing guidance.
- When a patient needed referring for further examination, tests or treatments they were directed to an appropriate service.
- When the clinic did not offer the appropriate treatments the clinic would provide patients with information of where they could seek further help and advice.

Monitoring care and treatment

- The provider had systems in place to monitor the quality of the patient's care and treatment. Monthly audits were undertaken of a sample of each doctors patient consultation notes. This reviewed the quality of the consultation and determined if current clinical guidance was followed, prescribing methods and medicine batch numbers were recorded and that tests were clinically indicated or ethically requested. The provider gave the doctors feedback regarding the results of the audit.
- The provider had carried out five clinical audits across all of the locations, these included a sexual health audit to check the prescribing of medicines and a Zika virus audit.

Effective staffing

- The provider had an induction programme for both clinical and non clinical staff. Staff we spoke with on the day of the inspection confirmed they had carried out the induction.

- The provider had a human resources team, that kept an up to date record of all staff training. This demonstrated that all staff who worked at the Victoria clinic had completed the necessary training. For example, fire, basic life support, safeguarding and infection control.
- Continuing professional development sessions were offered monthly for clinical staff and the doctor at the clinic also explained they also attended external training at hospitals. In addition, many of the doctors also worked for the National Health Service where they were able to access further training.
- All staff received an annual appraisal. Information from the clinical records audits fed into the doctors annual appraisal for revalidation.
- The provider reviewed the registration of the doctors with the General Medical Council (GMC) annually.

Coordinating patient care and information sharing

- Patients normally contacted the clinic for an appointment using the online service or by e mail. The online form to request whether an appointment included asking if the details of their consultation could be shared with their registered GP. If patients agreed a letter was sent to their registered GP.
- Parent and guardian information was sought for children. Where the clinic offered visa medicals photographic proof of identity was required.
- The provider informed the patient's about any test results by e-mail or by telephone if urgent.
- If patients required urgent diagnostic referrals they would be advised to contact their NHS GP who would make the referral. The service would provide a letter for the patient to give to their GP with the relevant information from the consultation.

Supporting patients to live healthier lives

The clinic offered a GP service to patients who worked in London and wanted to see a doctor at a time of their convenience and normally with a specific concern. Many patients were unable to take time off work to attend their NHS GP. The clinics also offered a service to patients who were visiting London from the UK or abroad. The clinic also had a social media page that informed patients about living healthier lives. Such as sexual health, taking vitamins and acne.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

- The clinic obtained consent to care and treatment in line with legislation and guidance.
- Information and support was available to help patients understand the care and treatment options and costs.
- The doctor understood and applied the legislation and guidance regarding consent. This included the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004.
- Written consent was required for all patients requesting a letter for visa applications and insurance.

Are services caring?

Our findings

Kindness, respect and compassion

- As part of our inspection, we reviewed 12 CQC comment cards completed by patients, where patients made extremely positive comments about the service. They described the service as very professional, they stated the staff were welcoming and professional. They described the service as good and excellent.
- Following consultations, patients were sent a survey asking for their feedback.
- Positive patient testimonials about the clinic were available on the website. Patients commented the doctors were helpful, friendly and professional.
- The provider invited patients to complete an online feedback form. From the 1 January to the 19 March 2018 they had received 26 feedback forms where the patients rated the doctors from one poor to five excellent, 22 rated the doctor at five and three patients rated them as four. Many described the service as friendly and efficient. Two rated them from three and below. Where a patient had given a low score the provider dealt with this as a complaint.

Involvement in decisions about care and treatment

- For patients whose first language was not English, the clinic either ensured they offered an appointment with a doctor who spoke their first language or used a telephone interpretation service. They employed doctors who spoke a variety of languages including French, Punjabi, Urdu, Spanish, German, Arabic, Hebrew and Portuguese.
- The 22 online feedback responses made positive comments about their care and treatment.

Privacy and Dignity

- Staff recognised the importance of patients' dignity and respect.
- The clinic had procedures they had in place to ensure patient's confidentiality was maintained.
- The practice had policies and procedures in place that ensured the service complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The premises consisted of two consultations rooms and office/receptionist area located on the 19th floor of a service office building. The premises had a lift and disabled access.
- The clinic responded to the needs of patients that wanted a same day doctor appointment at a convenient time and near their work. The clinics also offered a service to patients who were visiting London from the UK or abroad.
- The clinic offered health screening, referrals to secondary care, blood tests, and occupation health assessments.
- The clinic provided medical reports and certificates for foreign immigration visas and sports events.
- The providers website clearly stated the services offered by the clinic and the cost of appointments. The clinic's website informed patients of the services the clinics did not offer, such as chronic disease management and childhood vaccinations.
- The patients could book for a longer appointment if they required one and did not discriminate against any client group.

Timely access to the service

- Patients could book appointments by telephone or online. Appointments were available from Monday to Saturday between 9am and 6pm. Same day appointments were available.
- Results from blood tests and external diagnostics were sent to the patient in a timely manner using the patient's preferred method of communication. Some were available on the same day.
- The practice offered a sexual health screening service and some results were available within four hours or the same day, and would be explained in full by a doctor over the phone, by email or text.

Listening and learning from concerns and complaints

- The clinics complaint procedure was made available on the clinic's website online. The clinic had a procedure in place and a member of staff responsible for recording, collating and responding to complaints.
- The clinic had nine complaints in the last year, we saw evidence that staff had responded to them and recommendations had been made. For example, a patient felt they had not had enough information about the Zika virus test, the clinic now has the information on the website.
- Information was provided about the steps patients could take if they were not satisfied with the findings or outcome once their complaint had been responded to.

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 experience, capability and integrity to deliver the practice 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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- There were positive relationships between staff.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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 provider would address them.
- There were processes for providing all staff with the development they need. This included appraisal and

career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- 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.

- 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.
- The provider 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 current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Clinic leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical records audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The clinic had plans in place and had trained staff for major incidents.
- The clinic implemented service developments and understand the impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Are services well-led?

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

- Quality and operational information was used to improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of the quality care was accurate and useful. There were plans to address any identified weaknesses.
- The provider used information technology systems to monitor and improve the quality of care.
- 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 provider took on board the views of patients and staff and used feedback to improve the quality of services.
- The clinic's website and social media page encouraged patients to inform the provider of their views. Following patient consultations staff sent the patient a questionnaire to complete about their experience.

Continuous improvement and innovation

- There was a focus on continuous learning and improvement at all levels within the service. The provider would highlight areas for improvement from patient record audits and held monthly continuing professional development sessions for GPs.
- The provider discussed the ways the clinic may improve to provide services for patients with long-term conditions.