

TSM Health Limited Kings Medical Centre

Inspection report

104 Edgware Road
London
W2 2EA
Tel: 07729 713648

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Overall summary

We carried out an announced comprehensive inspection on 10 July 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.

Kings Medical Centre is a medical clinic for private GP consultations located in the basement of a high street pharmacy.

The service has a 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.

We gained feedback through Care Quality Commission comment cards completed prior to the inspection.

Our key findings were:

- There were effective systems and processes in place to keep patients safe and safeguarded from abuse.
- The provider could demonstrate that care and treatment was given in line with current evidence based guidance.
- The provider respected and promoted patients' privacy and dignity.
- The facilities and premises were appropriate for the services delivered.
- There were systems and processes in place to support good governance.
- There was no formal vision and strategy for the service.

Summary of findings

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

- Review the arrangements for requiring patients to provide identification when registering with the service.
- Review the relationship of adults attending with children and if they have parental responsibility to allow consent to treatment.
- Review how national patient safety alerts are received and acted on.
- Review the vision and strategy for the service.

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 were effective systems and processes in place to keep patients safe and safeguarded from abuse although there was no system in place to receive and comply with national patient safety alerts.
- There was a policy and system in place to report, investigate and learn from incidents or significant events.
- There was an effective system to manage infection prevention and control (IPC).
- The provider carried out recruitment checks on staff.
- There was a business continuity plan for major incidents such as power failure or building damage.

We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not request proof of ID from patients on registering with the service and there was no formalised system to receive and act on national patient safety alerts.

Are services effective?

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

- The provider could demonstrate that care and treatment was given in line with current evidence based guidance.
- There was limited evidence of quality improvement activity.
- The provider could demonstrate that staff had the skills, knowledge and experience to carry out their roles.

We found areas where improvements should be made relating to the effective provision of treatment. This was because the provider did not ensure that the adult accompanying child patients had the authority to do so and provided consent on their behalf.

Are services caring?

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

- The provider respected and promoted patients' privacy and dignity.
- Patients were involved in decisions about care and treatment.
- Patient feedback was positive about the caring aspects of the service provided.

Are services responsive to people's needs?

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

- The service organised and delivered services to meet patients' needs.
- Patients could access care and treatment from the clinic within an acceptable timescale for their needs.
- There was a complaints policy which set out the process and management of complaints.

Are services well-led?

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

- There was an informal vision to expand the service provided however there was no strategy or supporting business plans to deliver it.
- There were systems in place to support good governance.
- There were systems in place to gather feedback from patients.

Summary of findings

- The provider had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

We found areas where improvements should be made relating to the well-led provision of treatment. This was because the provider did not have a formal vision or strategy for the service.

Kings Medical Centre

Detailed findings

Background to this inspection

Kings Medical Centre is situated at 104 Edgware Road, London, W2 2EA. It is a private clinic for GP consultations located in the basement of a high street pharmacy.

The service is available two days a week from 6.30-11pm and is provided by one GP who is registered with the General Medical Council.

Most people who use the service are visitors from Middle Eastern countries. The GP see adults and children for minor conditions. If a person walks in to the pharmacy requesting to see a doctor, they will be seen by the GP or referred to other local private GP services if the GP is unavailable. Patients can also book an appointment. The clinic provides a limited service providing approximately 10 consultations a month.

The service is registered with the Care Quality Commission for the regulated activities of treatment of disease, disorder or injury and diagnostic and screening procedures.

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 safe?

Our findings

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

Safety systems and processes

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

- The provider had effective systems to safeguard children and vulnerable adults from abuse. The GP was the lead for safeguarding and they had completed safeguarding training to level 3. There were separate policies in place covering adult and child safeguarding and the contact details of local safeguarding teams were displayed in the consultation room for reference.
- The provider had carried out recruitment checks for the GP including proof of identification and evidence of satisfactory conduct in previous employments. Disclosure and Barring Service (DBS) checks had been undertaken for the GP. (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 GP told us that staff from the pharmacy acted as chaperones. Pharmacy staff who acted as chaperones had received training for the role and they had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). There was an ICP policy, ICP training in place and ICP audits had been undertaken to monitor standards. There were arrangements for safely managing healthcare waste and there was a cleaning schedule in place for cleaning staff to follow.
- There was a health and safety policy and the provider had undertaken risk assessments to monitor the safety of the premises including a fire risk assessment and risk assessments for substances hazardous to health (COSHH), legionella and water hygiene. (Legionella is a term for a particular bacterium, which can contaminate water systems in buildings).
- The provider had ensured that facilities and equipment were safe and that equipment was maintained

according to manufacturers' instructions. There was evidence portable appliance test (PAT) and medical equipment calibration tests completed in the last 12 months.

Risks to patients

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

- There was evidence that the GP had received annual basic life support training.
- There was an oxygen cylinder and appropriate emergency medicines were available and fit for use.
- There was no defibrillator or risk assessment in place to mitigate the risks of not having immediate access to one. However, after the inspection the provider sent us evidence that a defibrillator had been purchased.
- The provider had a business continuity plan for major incidents such as power failure or building damage.
- The GP was registered with the appropriate regulatory bodies and they had appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

- There was no policy requiring patients to provide identification when registering with the service to verify the given name, address and date of birth provided and this had not been risk assessed.
- There was no system in place to ensure that adults accompanying child patients had the authority to do so and provide consent on their behalf.
- Individual care records were written and managed in a way that kept patients safe.
- Pharmacy staff booked appointments in advance and the information was kept confidential.
- Care records were kept secure in a locked office.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

- There were systems in place to check the expiry date of all medicines stocked in the clinic. All the medicines we checked were in date and checked regularly.
- The provider kept prescription stationery securely.
- There was a prescribing policy in place that outlined the parameters for safe prescribing and there were

Are services safe?

microbiology protocols in place for the safe administration of antibiotics. The provider did not hold stocks of controlled drugs or prescribe high risk medicines.

Track record on safety

- We could not assess the clinic's track record and performance on safety as no incidents had been reported.

Lessons learned and improvements made

- There was a policy and a system in place to report, investigate and learn from incidents or significant events.
- The GP understood their responsibilities to raise concerns and near misses, and to report them internally and externally, where appropriate.
- The GP had a clear understanding of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and how to report RIDDOR incidents.
- There was no system in place to receive and comply with national patient safety alerts from the Medicines and Healthcare products Regulatory Authority (MHRA). The GP told us that they were made aware of safety alerts through their NHS practice and would act on alerts relevant to patients at the Kings Medical Centre.
- The provider was aware of the legal requirements of the Duty of Candour.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The provider could demonstrate how care was given in line with current evidence based guidance. There was evidence that the GP was following guidance such as the National Institute for Health and Care Excellence (NICE) best practice guidance. They provided evidence at the inspection of GP update courses they had attended.

Monitoring care and treatment

The provider could demonstrate some quality improvement activity.

There had been one medical review completed relating to record keeping. The review was carried out to monitor the quality of patient's notes. The review identified areas for improvement and the provider planned to repeat the review on a six monthly basis.

Effective staffing

The GP could demonstrate that they had the skills, knowledge and experience to carry out their role.

- The GP provided us with their current registration details with the General Medical Council (GMC) to show they held a license to practice.
- The GP had undergone annual external professional appraisal with the designated body of membership and they had a date for revalidation in the next three years. (All doctors working in the United Kingdom are required to follow a process of appraisal and revalidation to ensure their fitness to practise).

- The GP could demonstrate that they had received training in basic life support, safeguarding, infection prevention and control, information governance, fire safety and the Mental Capacity Act 2005.
- The GP could demonstrate that they were providing care and treatment within the scope of their training.

Coordinating patient care and information sharing

- The provider had protocols in place for referring patients to specialists.
- The provider did not routinely share information with other healthcare providers as most patients were visitors from abroad. However, there was some evidence of communication with patients' specialists abroad.
- There was an effective system for managing pathology test results.

Supporting patients to live healthier lives

- The provider supported patients to live healthier lives. For example, they gave advice on healthy eating and exercise and smoking cessation advice.

Consent to care and treatment

- The provider did not have systems in place to ensure consent was sought appropriately as there was no system in place to ensure that adults accompanying child patients had the authority to do so and provided consent on their behalf.
- The GP had an awareness of the Mental Capacity Act 2005 and guidance and how this applies to adults and children 16 years and above.

Are services caring?

Our findings

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

Kindness, respect and compassion

On the day of our inspection we were unable to assess the manner in which staff treated patients as no patients attended the clinic. However, there had been 15 Care Quality Commission comment cards completed prior to our inspection. All the comment cards were positive and the service. Patients reported that the GP was caring and treated them with respect.

Involvement in decisions about care and treatment

Standard information about consultation costs was readily available at the clinic prior to a consultation and information leaflets available.

Privacy and Dignity

The clinic respected and promoted patients' privacy and dignity.

- The consultation room was arranged in a way to maintain patients' privacy and dignity during examinations, investigations and treatments. Privacy curtains were provided in the consultation room.
- The GP told us that the consulting room door was closed during consultations so conversations taking place could not be overheard by patients in the waiting area.
- Arrangements were in place which signposted the availability of a chaperone.

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.

- The facilities and premises were appropriate for the services delivered.
- The consultation room, waiting area and toilet facilities were accessible to those patients with mobility issues.
- The GP could access translation services if necessary and information was available in Arabic and English which were the most common spoken languages by patients using the service.

Timely access to the service

Patients could access care and treatment from the clinic within an acceptable timescale for their needs.

- The service was available two days a week from 6.30-11pm and was provided by a regular locum GP. The provider operated a walk-in service on the days the GP was in attendance at the clinic. The majority of patients were visitors from middle eastern countries. If a patient walked into the pharmacy requesting to see a GP at times the GP was not in attendance, pharmacy staff would book the patient the next available appointment or they would be signposted to other local GP services.

Listening and learning from concerns and complaints

There was a complaints policy which set out the process and management of complaints and there was a protocol in place which patients could refer to if they needed to make a complaint. There had been no complaints received by the provider.

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;

On the day of the inspection the GP was able to demonstrate that they had the skills, knowledge and experience to run the service to ensure patients received safe and effective care. There was effective oversight of clinical practice and care and treatment was being delivered in line with current evidence based guidance.

Vision and strategy

There was an informal vision to expand the services provided by the clinic and offer more GP availability. However, the vision and strategy had not been formalised.

Culture

The GP felt supported, respected and valued by the provider.

The provider had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management however we identified some shortfalls.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. However, there was no system in place to receive and comply with national patient safety alerts.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice 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 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 plans in place for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- 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

There were systems in place to gather feedback from patients including a suggestion box and satisfaction surveys.