

# IPSA Enterprise Limited

# IPSA Medical Clinic

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 6 September 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 not 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

#### **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 not 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.

IPSA Medical Clinic is a private GP service that provides services to adults and children. It is located in Hampstead, in the London borough of Camden, within a pharmacy owned by the same business. IPSA Medical Clinic is situated on the lower ground floor of the building.

The GP is the registered manager of the service. 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.

As part of this inspection we asked for CQC comment cards to be completed. We received 64 completed CQC comment cards. All the completed cards indicated that patients were treated with kindness and respect. Staff were described as friendly, caring and professional. Some patients commented on how using the service had helped them with their individual care needs and to resolve their concerns.

### **Our key findings were:**

# Summary of findings

- Staff personnel files did not contain all of the information we would expect to find for all staff, including, interview summaries, evidence of training in the Mental Capacity Act and information governance.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support. However, there was no record that all medicines and equipment for use in an emergency were being regularly checked, and oxygen masks and tubing were past their expiry dates.
- The GP had not received training in safeguarding of vulnerable children.
- There were no curtains or screens in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments.
- The service had some policies to keep staff and patients safe, but it did not have a health and safety policy or a fire safety policy.
- Staff sought patients consent to care and treatment in line with legislation and guidance.
- There was a clear procedure for handling alerts from organisations such as MHRA (Medicines and Healthcare products Regulatory Agency).
- Information about services and how to complain was available and easy to understand.
- The consultation room was well organised and equipped, with good light and ventilation.

- The GP regularly assessed patients according to appropriate guidance and standards such as those issued by the National Institute for Health and Care Excellence.
- Staff were kind, caring and put patients at their ease.

We identified regulations that were not being met and the provider must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

You can see full details of the regulations not being met at the end of this report.

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

- Review and consider installing curtains or a screen in the consultation room for the benefit of patient privacy and dignity.
- Review and consider making baby changing and changing waste disposal facilities available for the benefit of patients.
- Review and introduce a system to ensure that learning from meetings is shared .
- Review and consider providing a hearing loop in reception for the benefit of patients who have a hearing impairment.

# IPSA Medical Clinic

## Detailed findings

### Background to this inspection

IPSA Medical Clinic is registered with the Care Quality Commission to provide the regulated activities of: diagnostic and screening; and treatment of disease, disorder; and injury and family planning.

The service address is:

7 Harben Parade, Finchley Road, Hampstead, London, NW3 6JP

It is open and clinics run Saturday – Wednesday (It is closed Thursdays and Fridays) between 4.00pm – 8.00pm

The clinical staff team at the service consists of one full-time female GP. The non-clinical team is led by a male full-time manager and two female part-time receptionists. Outside of working hours the service the phone system directed patients to the NHS 111 service.

We carried out an announced comprehensive inspection at IPSA Medical Clinic on 6 September 2018. Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP Specialist Advisor. Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We also reviewed any notifications received, and the information provided from the pre-inspection information request sent to the service prior to this inspection.

The service, registered with CQC on 12 November 2012. We previously inspected IPSA Medical Clinic on 17 February 2014, it was found not to be compliant with the regulations in place at that time. In particular, equipment and emergency medicines were not readily located for use in an emergency, and the service was not regularly checking emergency medicines to ensure that adequate supplies

were available. Also, the service was not assessing and monitoring the quality of service provision: it had not carried out regular audits, including infection prevention and control audits; it had not recorded evidence that it had reviewed and updated service policies; and it was not recording complaints received by the service. We re-inspected the service on 26 September 2014, on that occasion it was found to be compliant with the regulations in place at that time. A copy of that report, published on 17 October 2014, can be found on our website at: [www.cqc.org.uk/sites/default/files/1-514493173\\_IPSA\\_Medical\\_Clinic\\_INS1-1306623730\\_Responsive](http://www.cqc.org.uk/sites/default/files/1-514493173_IPSA_Medical_Clinic_INS1-1306623730_Responsive)

During this inspection we:

- Spoke with a range of staff including the GP, manager and a receptionist.
- Looked at the systems in place for the running of the service.
- Looked at rooms and equipment used in the delivery of the service.
- Viewed a sample of key policies and procedures.
- Explored how clinical decisions are made.
- reviewed 64 CQC comment cards which included feedback from patients about their experience 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

We found that this service was not providing safe care in accordance with the relevant regulations.

### Safety systems and processes

The provider had some systems, processes and practices in place to keep patients safe and safeguarded them from abuse.

Disclosure and Barring Service (DBS) checks were undertaken for all staff with a clinical role, but not for one of the two reception staff who undertook chaperoning duties. 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. Following our inspection, the practice provided us with evidence that it had undertaken a DBS check for the member of staff who acted as a chaperone.

The service had conducted some safety risk assessments, and it had a range of safety policies that were regularly reviewed and communicated to staff. However, it did not have a health and safety policy or a fire safety policy. Following our inspection, the practice prepared and provided us with suitable health and safety and fire safety policies.

The service had some systems to safeguard children and vulnerable adults from abuse. However, there was no evidence that the GP had received training in safeguarding children, or that the service had contact details for local authority safeguarding teams throughout the UK. Unlike NHS GP practices, the service provided care and treatment for adults and children who resided throughout the UK and abroad. Following our inspection, the service provided us with evidence that it had obtained contact details for adult and child safeguarding teams throughout the UK.

We observed the premises to be clean and there were arrangements to prevent and control the spread of infections. The practice had a variety of risk assessments and procedures in place to monitor safety of the premises such as: infection prevention and control and legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).

### Risks to patients

Staffing numbers and skill levels were monitored and there were procedures in place to source additional trained staff when required.

There were effective systems in place to manage referrals and test results, and the service had arrangements in place for prompt processing of any tests patients underwent.

There were some arrangements in place to respond to emergencies and major incidents:

- We looked at personnel and training records for the GP, and three non-clinical members of staff. These showed that staff had completed some of the training that we would expect staff in a GP service to undertake, including training in: annual basic life support (BLS) and infection prevention and control. However, some information we would expect to find on staff records was not present on all staff personnel files, this included records of having followed induction training programme, and training in: information governance; Mental Capacity Act; fire safety and safeguarding of children. Following our inspection, the provider took immediate action to ensure that staff training and personnel information were updated and placed on staff files. However, the provider did not provide evidence that the GP had completed Child Safeguarding training.
- There was oxygen, a defibrillator, and a supply of emergency medicines. However, the provider was not maintaining a record of checks undertaken to ensure the emergency medical equipment and emergency medicines were available to be used when needed in a medical emergency. We found that the oxygen masks and tubing had passed their expiry date. Following our inspection, the provider took immediate action to implement a checklist and to provide staff with instructions for regularly checking all emergency equipment and medicines, we were provided with evidence of these changes. It also purchased replacement oxygen masks and tubing.
- The service had contact details to enable them to report any safeguarding concerns for patients who lived locally. However, given the patient population it served, some patients of the service lived across the UK and abroad. Following our inspection, the service obtained contact information for adult and child safeguarding teams throughout England. This information was added to the safeguarding policies.

# Are services safe?

- There was a business continuity plan for major incidents such as power failure or building damage. This contained emergency contact details for suppliers and staff, and copies were accessible off-site.

Clinical staff working at the service were required to hold sufficient professional indemnity cover for the full scope of their work with the service.

## Information to deliver safe care and treatment

The patient record system had safeguards to ensure that patient records were held securely. Paper based records were held securely in off-site locked cabinets.

Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included investigation and test results.

There were arrangements in place to check the identity of patients.

## Safe and appropriate use of medicines

The service routinely reviewed updates to national guidelines from National Institute for Health and Care Excellence (NICE) and medicine safety alerts to ensure safe prescribing.

From the evidence seen, the GP prescribed and gave advice on medicines in line with legal requirements and current national guidance.

## Track record on safety

There were systems in place for reporting incidents. The practice had a number of procedures to ensure that patients remained safe and there was an overarching incident reporting policy. The practice had recorded two significant events in the last 12 months.

We found that there was a clear procedure for handling alerts from organisations such as MHRA. Alerts were received by email and disseminated by the registered manager to staff where appropriate. Alerts were then reviewed, logged and filed.

## Lessons learned and improvements made

The provider was aware of and complied 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. The service encouraged a culture of openness and honesty. It had systems in place for knowing about notifiable safety incidents

There was a system in place for reporting and recording significant events. When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and, where appropriate, a verbal apology and told them about any actions to improve processes to prevent the same thing happening again. However, it did not provide written explanations or, where appropriate, written apologies. Following our inspection, the practice amended its policy to ensure that patients were given a written explanation and apology, except where the patient expressly stated that they did not want a written response.
- Records of significant events were stored on the service's computer system.

# 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

- There was evidence that the service carried out assessments and treatment in line with relevant and current evidence based guidance and standards. The service assessed patients' needs and delivered care in line with National Institute for Health and Care Excellence (NICE).
- The GP had developed links with a range of specialists to facilitate appropriate referrals.

### Monitoring care and treatment

The provider had systems in place to monitor and assess the quality of the service including the care and treatment provided to patients. Key performance indicators were in place for monitoring care and treatment and the quality of consultations with patients was monitored through observed practice.

Audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and patients' outcomes. We reviewed one audit: a completed two-cycle audit of patient notes. During the first cycle of the audit, in February 2018, the service reviewed 20 patient records for completeness. Among the data reviewed it found that on 80% of records it had complete patient data, including: first name, surname, full address, date of birth and full contact details including email address. The service reviewed the results and decided to cross check the information for all new patients attending the clinic against the patient registration form. It re-ran the audit in June 2018 and found that it had improved the completeness of patient information to 90%. On analysing the results, the service found that the missing 10% was due to some patients who did not give their phone number because they were uncertain of the number and others who did not give an address because they lived abroad. The service concluded that it would re-run the audit in six months to ensure that it was maintaining a good standard of record keeping.

### Effective staffing

We found staff had some of the skills, knowledge and experience to deliver effective care and treatment.

- The service had an induction programme for newly appointed staff. However, not all staff had received training in fire safety, Mental Capacity Act, information governance, or safeguarding children.
- The service understood the learning needs of staff and provided protected time to meet them.
- The service provided staff with on-going support. This included one-to-one meetings, appraisals, and support for revalidation. However, the practice was unable to provide evidence that the GP and manager had received regular appraisals. After the inspection the service provided us with evidence that the GP and manager had received appraisals within the last 12 months.
- Staff also received protected time to undertake administrative tasks.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating patient care and information sharing

The service shared information to plan and co-ordinate patient care effectively.

We found that the service shared relevant information with other services in a timely way. For example, we saw evidence that the service sought patient's permission within the patient registration document to contact their NHS GPs, and of appropriate referrals to patients NHS GPs.

### Supporting patients to live healthier lives

The service supported patients in living healthier lives. Information leaflets, display screens in the waiting area and the service website provided a range of information about conditions, treatments available and preventative care.

### Consent to care and treatment

Staff sought patients consent to care and treatment in line with legislation and guidance. Staff we spoke to understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

The service obtained written consent before undertaking procedures and specifically for sharing information with outside agencies such as the patient's GP. The patients' signed consent was recorded in the patient record system. This showed that the service met its responsibilities within

# Are services effective?

(for example, treatment is effective)

legislation and in line with relevant national guidance. Information about fees was transparent and available on the service's website and was recorded on the email sent to patients at the time of booking an appointment.

The GP showed an understanding of consent issues and best interest. They detailed relevant competencies and

guidance they would use. The GP was aware of Gillick Competency (used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).



# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.

The feedback we received about patient experience of the service was positive. We made CQC comment cards available for patients to complete prior to the inspection visit. We received 64 completed comment cards all of which were very positive and indicated patients were treated with kindness and respect. Comments included that patients felt the service offered was very good and that staff treated them in a caring professional manner and with dignity and respect.

Staff we spoke with demonstrated a patient centred approach to their work which reflected the feedback we received in CQC comment cards.

### **Involvement in decisions about care and treatment**

Patient comment cards showed that patients felt involved in decision making about the care and treatment they

received. They also told us they felt listened to and supported by the clinicians; and had sufficient information within consultations to make an informed decision about the choices of treatment available.

The service ensured that patients were provided with all the relevant information they required to make decisions about their treatment prior to treatment commencing, this included a full explanation from the GP of the treatment options available.

### **Privacy and Dignity**

Staff recognised the importance of patients' dignity and respect. All confidential information was stored securely, either on computers, or paper records which were stored off-site in locked cabinets.

The service did not provide curtains in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments. The GP told us that whilst a patient prepared to be examined she would leave the room. Following our inspection, the service purchased and installed suitable curtains and provided us with evidence of the purchases.

We observed that the consultation room door was closed during consultations, and conversations taking place in that room could not be overheard.



# 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 facilities and premises were generally appropriate for the services delivered. GP appointments were often available on a same day basis with patients being offered a choice of appointment times that were convenient for them. However, there was no hearing loop for the benefit of patients with a hearing impairment.

Discussions with staff showed the service was person centred and flexible to accommodate patient needs. Patients received personalised treatment plans tailored to their particular needs. They were also provided with a range of additional information to increase their knowledge and awareness of their health.

### Timely access to the service

Appointments were available at between 4.00pm – 8.00pm on Saturday – Wednesday (the service was closed Thursdays and Fridays). Staff advised there was rarely any difficulty in providing appointments that met patients' needs.

Patients who needed to access care in an emergency or outside of normal opening hours were directed to the NHS 111 service.

### Listening and learning from concerns and complaints

There was a lead member of staff for managing complaints. Information about how to make a complaint was available in the waiting area and on the service's website. We reviewed the complaints system and noted there was an effective system in place which ensured there was a clear response with learning disseminated to staff about the event. The service record verbal and written complaints. However, it was not providing patients with a written explanation and, where appropriate, a written apology. Following our inspection, the service updated its complaints policy to ensure that patients received a written explanation and apology, unless the patient chose not to receive these in writing.

Fourteen complaints had been received in the last year. We reviewed two complaints and found that both complaints had been satisfactorily handled and that patients were verbally responded to in a timely way, but no written explanation or apology was provided to patients.

# 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 not 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, and to address risks. Leaders were visible and approachable, and worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

There was a clear leadership structure in place and staff felt supported by management. Staff we spoke with told us management were approachable and always took the time to listen to them. Staff had been provided with good training opportunities linked to their roles, responsibilities and professional development goals.

### Vision and strategy

The provider had a vision to provide a high quality, GP led, responsive service that put caring at its heart. The provider had a realistic strategy and supporting business plans to achieve its priorities. Staff were aware of and understood the vision, values and strategy and their role in achieving them.

### Culture

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

- Staff we spoke to said they felt respected, supported and valued, and there was a strong emphasis on the safety and well-being of all staff.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to 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 these would be addressed.
- The GP was given protected time for professional development and evaluation of their clinical work.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff we spoke to said they felt they were treated equally.

- There were positive relationships between staff members. We were told that there were staff meetings.

### Governance arrangements

We saw some evidence of a governance framework to support the delivery of the strategy and good quality care. For example, there was a clear staffing structure and staff were aware of their own roles and responsibilities. However, we also noted that governance arrangements did not always work effectively:

- Not all staff, who had patient contact, had received safeguarding training for children.
- Not all the information we would expect to find on staff personnel files was present on all files that we reviewed. This included evidence of information governance and the Mental Capacity Act training. After the inspection the service provided us with evidence of the missing information, and placed copies on staff personnel files.
- There was oxygen, a defibrillator, and a supply of emergency medicines. However, the service was unable to provide evidence that these were checked to ensure they would be effective when required. The service later provided us with a copy of an appropriate checklist, together with a schedule for regular checking of all emergency equipment and medicines.
- The service had some policies and procedures in place to govern activity. All of the policies and procedures we saw reflected current good practice guidance from sources such as the National Institute for Health and Care Excellence (NICE). These were available to all staff, and were reviewed regularly and updated when necessary. However, the service did not have policies for health and safety or fire safety. Following our inspection, the service provided us with evidence that it had implemented those policies.
- The service had contact details to enable them to report any safeguarding concerns for patients who lived locally. However, given the nature of the service, some patients of the service lived across the UK or abroad. Following our inspection, the service immediately took action and provided us with evidence that it had had appropriate contact details for adult and child safeguarding teams throughout England.

### Managing risks, issues and performance

# Are services well-led?

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

There were processes for managing risks, issues and performance. There was a process to identify, understand, monitor and address current and future risks including risks to patient safety, for example:

- Risk assessments we viewed were comprehensive and were reviewed every 12 months. The GP and manager had oversight of relevant safety alerts and complaints.

## **Appropriate and accurate information**

Systems were in place to ensure that all patient information was securely stored and kept confidential.

There was a business continuity plan in place which included minimising the risk of not being able to access or losing patient data. Copies of the plan were accessible off-site.

## **Engagement with patients, the public, staff and external partners**

Patients were actively encouraged to provide feedback on the service they received, and the service directed them to two online rating and review websites. Patient feedback was monitored and action would be taken where feedback indicated the quality of the service could be improved. Recent patient feedback showed that patients were satisfied with the care they received from the service. Patient feedback was published on the service's website.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The GP had not received training in safeguarding of vulnerable children.</li><li>• DBS checks had not been completed for all staff who acted as chaperones.</li><li>• Not all staff had completed all training we would normally expect to be undertaken by staff in a GP service, including: Mental Capacity Act, fire safety and information governance.</li></ul> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>How the regulation was not being met:</b></p>

## Requirement notices

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. For example:

- Staff personnel files did not contain interview summaries, and evidence of training in the Mental Capacity Act and information governance.
- There was no record that all medicines and equipment for use in an emergency were being regularly checked.
- Not all staff had received appropriate child safeguarding training that reflected legislation and local requirements.
- The system in place for reporting, recording and analysing significant events and complaints did not provide for written explanations or apologies.
- The service did not have policies for health and safety or fire safety.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: