

Citydoc Medical Limited

Citydoc Canary Wharf

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 18 April 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.

CQC inspected the service on 7 June 2018 and asked the provider to make improvements for providing care and treatment in a safe way and protecting patients' dignity and respect. We checked these areas as part of this comprehensive inspection and found this had been resolved.

Citydoc Canary Wharf is an independent health service based in Canary Wharf, London.

Our key findings were:

- The service had systems to assess, monitor and manage risks to patient safety, and reliable systems for appropriate and safe handling of medicines. The service learned from, and made changes as a result of, incidents and complaints.
- The service assessed need and delivered care in line with current legislation, standards and evidence based guidance. There was no programme of regular audits in place, however the service did carry out mandatory audits through which it reviewed the effectiveness and appropriateness of the care provided.

Summary of findings

- The service gave patients a full travel health assessment and tailored immunisation plan, taking into account medical history, the destination and method of travel and any associated risks.
- The service treated patients with kindness, respect and compassion.
- The service organised and delivered services to meet patients' needs.
- There was a clear leadership structure in place, and staff told us that they felt able to raise concerns and were confident that these would be addressed.
- The service had a governance framework in place, which supported the delivery of quality care, and processes for managing risks, issues and performance.

Whilst we did not find any breaches of the regulations, there were areas where the provider could make improvements and should:

- Review the arrangements for quality improvement activity, including a regular programme of completed audits.
- Review the facilities in place to monitor the temperature of the fridge and consider the usefulness of a back-up thermometer .

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Citydoc Canary Wharf

Detailed findings

Background to this inspection

Citydoc Canary Wharf is an independent health service based in Canary Wharf, London. The service is a location for the provider Citydoc Medical Limited, which manages three Citydoc clinics across London.

Citydoc Canary Wharf is a nurse led clinic which offers health screening, sexual health testing, travel vaccines and children's vaccines (those not offered by the National Health Service). GP services ceased to be offered at this clinic as of March 2019. The service holds a licence to administer yellow fever vaccines.

Citydoc Canary Wharf rents one consultation room in shared premises called The Wellness Centre. The clinical team at the service consists of a nurse manager and nurse. The service also employs its own receptionist/administrative assistant.

Appointments are available from Monday to Thursday 9am to 6pm, on Fridays 8am to 5pm, and on Saturdays 9am to 2pm.

The service is registered with the CQC to provide the regulated activities of diagnostic and screening procedures, and treatment of disease, disorder and injury.

Although the service no longer offers GP appointments, the GP who worked there previously remained the registered manager. They were now based at one of the provider's other locations but oversaw the overall operation of

the service. A registered manager is a person who is registered with the CQC 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 carried out this inspection as a part of our comprehensive inspection programme of independent health providers. Our inspection team was led by a CQC lead inspector, who was supported by a GP specialist advisor. The inspection was carried out on 18 March 2019. During the visit we:

- Spoke with the GP and nurse manager.
- Reviewed a sample of patient care and treatment records.

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.

- The provider 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 refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff, locums. They outlined clearly who to go to for further guidance.
- The service had systems in place to assure that an adult accompanying a child had parental authority. Patients under eighteen were not seen without parents being present.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff were aware of local safeguarding reporting processes and information was available to all staff. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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. All staff had undergone infection control training. Processes and procedures were in place to ensure general cleaning tasks were undertaken regularly. The building's management were responsible for overall cleaning tasks such as waste storage and collection and legionella risk management.

- An infection control audit had been carried out in November 2018. No issues had been identified.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

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.
- 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. A folder in the consulting room contained details of processes to follow for different types of emergency, e.g. cardiac arrest, sepsis and this was also accessible on the shared computer drive.
- All staff, including the receptionist had undergone basic life support training. Within the last year.
- There was a fire procedure in place and staff knew how to exit the building safely and ensure any patients were supported to do so. Fire drills were arranged by the building management and we saw the most recent had been carried out on 8 March 2019. A fire risk assessment had also been carried out on 18 August 2018.
- Appropriate emergency medicines and equipment were accessible for staff and we saw evidence of regular checks. All medicines were in date and equipment was available and in good working condition.
- All staff had received basic life support training within the last year.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

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

Are services safe?

- 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.
- The service had a system in place to retain medical records in line with DHSC guidance in the event that they cease trading.

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, controlled drugs, emergency medicines and equipment minimised risks. Vaccines were stored in a fridge and we saw that the temperature of the fridge was regularly monitored. The external thermometer was registering an out of range temperature, however the nurse was aware of this and told us it was due to be repaired but that thermometer was not used. The internal thermometer was in good working condition.
- The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- The service held emergency medicines such as anaphylaxis treatment and emergency medications for acute asthma, acute chest pain, sepsis and seizures (diazepam) on site. Processes were in place for checking medicines and staff kept accurate records of medicines.
- The service held antibiotics on site and had an appropriate prescribing policy in place to ensure they were prescribed appropriately. We checked and found all antibiotics were in date and appropriately managed.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety

The service had a good safety record.

- There were 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.
- The service and individual nurses received information NaTHNac (National Travel Health Network and Centre, a service commissioned by Public Health England) and other sources alerting them to disease outbreaks.

Lessons learned and improvements made

The service learned and made 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.
- The provider recorded all incidents which occurred at any of its location on the shared online drive, meaning all staff had access to it.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, when the vaccine fridge thermometer was reading out of range, appropriate steps were taken in line with the service's policy to protect the cold chain and ensure the fridge was serviced appropriately. Whilst there were no lessons learned from this incident, the service was able to test its processes to ensure they were suitable and effective.
- 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 service acted on and learned from external safety events as well as patient and medicine safety alerts.

The service also received health safety alerts from NaTHNac and Travax (an interactive travel health website maintained and updated by Health Protection Scotland) and these were shared with staff in emails, discussed in weekly meetings.

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 that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- We saw that nurses used NaTHNaC, Travax and the Green Book (the Green Book is a publicly available document on the principles, practices and procedures of immunisation in the UK produced by the Department of Health) to inform their assessments of patients.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. The service's clinical records system allowed staff to see the history of a patient's contact with any of the provider's locations. Any concerns about a patient would be escalated to one of the partners.
- Virtual clinical support from the medical team based at one of the other branches was available to nurses during consultations. For example, for the review of blood test results.

Monitoring care and treatment

There was some evidence of clinical audits and other quality improvement activity.

- We did not see evidence of a regular programme of clinical audits. However the service did carry out mandatory audits as required. For example the service had carried out an antibiotic prescribing audit in line with the new protocol in April 2018. They had also carried out a yellow fever audit in March 2018 in line with the National Travel Health Network and Centre (NaTHNaC) programme of designation, training, registration, standards and audit for Yellow Fever Vaccination Centres (YFVCs).

- A two-cycle audit had been carried out in 2016 and 2018 of cervical smear processing and management. This audit was referred to in the service's previous inspection report.

Effective staffing

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

- All staff were appropriately qualified to carry out their roles. The provider had an induction programme for all newly appointed staff. We saw a copy of a comprehensive induction and training checklist.
- Relevant professionals (medical and nursing) were registered with the General Medical Council or Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. At the inspection on 7 June 2018 we found the provider did not have oversight of the training of the reception staff because it did not employ them directly. At this inspection the provider had since recruited it's own receptionist and we saw evidence of a completed induction and training.
- We saw up to date records of skills, qualifications and training were maintained. We were told staff were encouraged and given opportunities to develop. At the previous inspection on 7 June 2018 we found nurses had not completed Mental Capacity Act training. At this inspection we found this training had been completed.
- Staff whose role included immunisation and cervical cytology had received specific training and could demonstrate how they stayed up to date.

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. The service shared information with the patient's GP or other service if the patient consented or requested this. They advised patients to share vaccine records with their GP to ensure their records were up to date. Staff referred to, and communicated effectively with, other services when appropriate, for example with the patients GP, at the patient's request.

Are services effective?

(for example, treatment is effective)

- 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.
- 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.
- The provider had risk assessed the treatments they offered. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Staff told us that patients are advised when they could obtain their vaccine or medicines for no cost from their NHS GP.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- Risk factors were identified and highlighted to patients and escalated to medical staff where deemed necessary. For example, where a nurse was concerned about a patient repeatedly requesting the same test, this concern was shared with medical staff who intervened, met with the patients and ensured they were signposted to the appropriate service.
- Patients were opportunistically advised and invited to have cervical smears carried out where this was due. Patients were signposted where appropriate and advised people they could have ongoing treatment on the NHS as an alternative, where this was required.
- 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, including the Mental Capacity Act 2005.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

If treatment was being provided to a child, consent was sought from the child's next of kin. Signed consent forms were scanned into patient's notes.

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.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- 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.
- Staff provided patients with relevant travel health information and explained the various vaccinations and medicines available.
- The service did not have any patients with learning disabilities. Step free access was available for patients who required it.

- Staff communicated with people in a way that they could understand, for example, communication aids and access to online translating services was available.
- Staff told us that, if a patient had hearing difficulties, the nurse could write information down and provide literature about the travel health risks identified and the recommended vaccine or medicine.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Patients were not required to give their names, addresses or give the reason for their attendance at reception. They were provided with a form to complete which was then handed to the nurse.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- At the inspection on 7 June 2018 we found there was no privacy curtain in the consultation room. At this inspection we found this had been resolved.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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, because the service's clients were mainly office workers who did not live in the area, the service was flexible in terms of waiting for patients who were late and rescheduling appointments at short notice.
- The facilities and premises were appropriate for the services delivered.
- The service ensured continuity of care by ensuring any advice regarding treatment or action advised was recorded in the patient's notes, for example if referred to a clinic or where the patients requested test results be sent to their GP. The service ensured the patient was sent copies of their test results and full details about treatment options available.

Timely access to the service

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

- The service was open Monday to Thursday 9am to 5pm and Friday 8am to 5pm.
- The appointment system was easy to use. Patients could book appointments online or via the provider's customer service team. The service also accepts walk-in patients if appointments were available.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. Test results were received by the clinic electronically. The turnaround time for the various types of test were available on the website. We saw that all received results had been reviewed and appropriate action had been taken.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them to improve the quality of care.

- Information about how to make a complaint or raise concerns was on display and patients could contact the practice via the website. Complaints could also be made directly to the registered manager.
- Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaints policy and procedures in place. The service had received three complaints in the preceding 12 months. We saw that the complaints were managed accordingly and the patients received apologies and the issues were resolved satisfactorily. Action was taken to improve the quality of care.

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 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. Whilst the lead GP was no longer based at the clinic, we saw an instant messaging facility was in place between all locations which facilitated easy communication between leaders and staff.
- Leaders worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The lead nurse at the service, who was also the registered manager, was responsible for the day to day running of it, and the senior management team were responsible for the organisational direction of the organisation.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- At the inspection of 7 June 2018 we found there was no formalised system to ensure updates and best practice guidelines were received and acknowledged by all clinical staff. At this inspection we saw that clinical governance meetings were held monthly where any updates and guidelines were shared and discussed.

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. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

- The provider had carried out a data analysis which concluded that there was little demand for GP appointments at this location and patients mainly required travel vaccinations, immunisations not available on the NHS and sexual health screening tests. As a result it had ceased to provide GP services in March 2019.

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.
- 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 that these would be addressed.
- 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. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional 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. Staff 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.

Are services well-led?

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities. There was a clear staffing structure in place. Staff understood their roles and responsibilities, including in respect of safeguarding, infection control and management of medicines.
- Service specific policies and processes had been developed and implemented and were accessible to staff on the shared computer drive.

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.
- 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.
- 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 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. For example feedback and learning from complaints was acted upon and informed future decisions about the operation of the service.
- Staff were able to describe to us the systems in place to give feedback. For example on the practice website, comments forms and directly to staff.
- We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. Staff were encouraged to attend educational events offered by other independent healthcare providers and the Independent Doctors Federation. The practice nurse was undertaking a nurse prescriber's course.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. For example, some patients feedback was that nurse's consultations tended to take longer, sometimes causing appointments to run late. To address this, a process was instituted whereby the receptionist would inform the nurse via the instant messaging system when the next patient had arrived

Are services well-led?

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

and the nurse would respond and inform the receptionist how much longer they would be. We were told once patients were kept informed about how long they may have to wait, they were less likely to complain.