

The Hill Centre Ltd

# The Hill Medical Centre

## Inspection report

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### Ratings

#### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



### Overall summary

#### **This service is rated as Choose a rating overall.**

(Previous inspection 10 January 2019 when the service was found to be meeting the relevant standards).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Hill Medical Centre on 18 July 2019 as part of our rating inspection programme for independent health services. CQC last inspected this service on 10 January 2019, at which time it was found to be compliant with the relevant standards, however, we identified one area where the provider could make improvements and should:

# Summary of findings

- Review protocols to ensure periodic water temperature monitoring is undertaken in accordance with the service's recent Legionella risk assessment.

A copy of our previous inspection report can be found by going to <https://www.cqc.org.uk/location/1-953184915> and selecting the Reports tab.

The Hill Medical Centre was established in 2011 and registered with the Care Quality Commission in 2013. The practice operates a private GP service for patients, providing consultations and private prescriptions.

The principal doctor is the 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.

As part of this inspection patients of the service were asked to give feedback to CQC about their experiences of using the service. We received responses about the service from 20 people. All comments we received were

positive about the service with patients mentioning: staff were courteous professional and caring, the clinic was always clean when they visited, and all their questions were answered.

## Our key findings were:

- Shortly after our last inspection in January 2019 the service provided us with evidence of an assessment and water sample test it had undertaken which indicated the Legionella bacterium was not present in its water system.
- Referrals and transfers to other services were undertaken in a timely way.
- The service kept written records of verbal interactions as well as written correspondence.
- We saw no evidence of discrimination when making care and treatment decisions.
- Feedback from patients was positive about the way staff treated people.
- Information about how to make a complaint or raise concerns was available.
- The service was transparent, collaborative and open with stakeholders about performance.

**Dr Rosie Benneyworth BM BS BMedSci MRCP** Chief Inspector of Primary Medical Services and Integrated Care

# The Hill Medical Centre

## Detailed findings

### Background to this inspection

The Hill Medical Centre was established in 2011 to provide private general practitioner services.

The provider registered with the Care Quality Commission in 2013 to provide the regulated activities of: Diagnostic and Screening procedures and; Treatment of Disease, Disorder, Injury (TDDI). In addition to a private GP service, the principal GP offers an integrative medicine service. Integrative medicine is an approach to care putting the patient at the centre and addresses the full range of physical, emotional, mental, social, spiritual and environmental influences affecting a person's health. Within the building, there are 22 other practitioners who rent rooms and offer complementary medical services, not regulated by CQC, including: physiotherapy, psychotherapy, hypnotherapy, cranial osteopathy and an ultrasound and a fertility consultant.

The service is open:

- Monday, Tuesday and Thursday 10:30am-6.30pm.
- Wednesday 10.30am – 4.00pm.
- Friday 10.30am – 2.30pm.

GP consultations are available:

- Monday, Tuesday and Thursday 10:30am-6.30pm.
- Wednesday 10.30am – 4.00pm.
- Friday 10.30am – 2.30pm.

The service is predominantly accessed by patients from the local Jewish community. All services are provided from the ground floor of the building.

The cost of the service for patients is advertised on its website and detailed on patient consultation forms. The service employs one male doctor (who is on the GMC register), a practice manager and a business partner.

#### How we inspected this service

Our inspection team was led by a CQC lead inspector. The team included a specialist adviser.

During this inspection we:

- Spoke with a range of staff including a doctor, who is also the registered manager and the practice manager.
- 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 20 CQC comment cards all of which included positive 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 rated safe as Good because:

- The service had systems in place to confirm an adult accompanying a child had parental authority.
- It kept written records of verbal interactions as well as written correspondence.
- The provider was aware of and complied with the requirements of the Duty of Candour.

### Safety systems and processes

#### The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. 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.
- The service had systems in place to confirm an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- It 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. The service was undertaking regular water temperature testing in line with recommendations in its most recent legionella report. Legionella is a term for a bacterium which can contaminate water systems in buildings

- It ensured its facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. We saw evidence the service undertook regular annual portable appliance testing (PAT Testing) and all medical equipment was re-calibrated annually.
- The service carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

### 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. There were guidelines available to reception staff to assist in identifying and dealing with suspected sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- 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.

- The service did not have suitable arrangements in place to retain medical records in the event it ceased trading. Immediately after our inspection the service provided us with a copy of an agreement it had entered into with another service for the retention of its medical records should the service cease trading.
- Individual care records were written and managed in a way which kept patients safe. The care records we saw showed the 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.

## Are services safe?

- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

### **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. The service had recently commenced electronic prescribing. It continued to hold a small supply of controlled drug prescriptions. These were stored in a locked cupboard in the doctors room, which was locked whenever the doctor was absent. The controlled drug prescriptions were monitored, and the serial numbers recorded.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing, including any high risk prescribing.
- 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. Where there was a different approach taken from national guidance there was a clear rationale for this which protected patient safety.
- There were effective protocols for verifying the identity of patients including children.
- The service had adequate arrangements to respond to emergencies including emergency oxygen, emergency medicines and a defibrillator (an electronic device that analyses life threatening irregularities of the heart and can deliver an electrical shock to attempt to restore a normal heart rhythm).

### **Track record on safety and incidents**

#### **The service had a good safety record.**

- There were comprehensive 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 which led to safety improvements.

### **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.
- 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, during an interruption to the electricity supply, the service's phones had been out of service. Accordingly, it had reviewed its business continuity plan to ensure a mobile phone number was available should a similar event occur in the future.
- The provider was aware of and complied with the requirements of the Duty of Candour. It encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- It kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### We rated effective as Good because:

- We saw no evidence of discrimination when making care and treatment decisions.
- Where appropriate, staff gave people advice so they could self-care.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

### Effective needs assessment, care and treatment

#### The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. The service had a secure, electronic, patient records system.
- Staff assessed and managed patients' pain where appropriate.
- The recently introduced patient records information system was stored in a remote server for the benefit of security. It also meant patients could be seen at another clinic location in the event the premises were unavailable.

### Monitoring care and treatment

#### The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made

improvements through the use of audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

- The service had taken over a cohort of patients based in Finland to whom it was prescribing controlled drugs in relation to addiction issues. The patients travelled to the service for appointments. Since taking responsibility for those patients the service had audited its prescribing of controlled drugs, for all patients of the service, to review its compliance with guidelines. During the first cycle 54 patients received controlled drugs prescriptions. The service committed to reducing, where possible, doses prescribed and the number of patients receiving prescriptions for controlled drugs. During the second cycle the service found 30 patients were receiving prescriptions for controlled drugs, the majority of which were on reducing doses and the remainder stabilised on maintenance doses. As part of the second cycle the service obtained independent verification of a lack of inappropriate prescribing from its local NHS England Controlled Drug Prescribing Group.

### Effective staffing

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

- All staff were appropriately qualified, and there was an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

### 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. Staff referred to, and communicated effectively with, other services when appropriate. For example, the service had a working relationship with a range of specialist services and referred patients appropriately.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's

# Are services effective?

(for example, treatment is effective)

health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

- 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. They had identified medicines which were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. The service regularly referred patients to complementary medical professionals.
- 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. There were clear and effective arrangements for following up on people who had been referred to other services.

## 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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- 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.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.



# Are services caring?

## Our findings

### **We rated caring as Good because:**

- Feedback from patients was positive about the way staff treated people.
- Staff communicated with people in a way they could understand.
- Staff recognised the importance of people's dignity and respect.

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

#### **Staff treated patients with kindness, respect and compassion.**

- Feedback from patients was positive about the way staff treated people.
- 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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us, through comment cards, they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way they could understand, for example, communication aids and easy read materials were available.

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### We rated responsive as Good because:

- The provider understood the needs of their patients and improved services in response to those needs.
- Information about how to make a complaint or raise concerns was available, and staff treated patients who made complaints compassionately.
- Referrals and transfers to other services were undertaken in a timely way.

### 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, the service regularly referred patients to complementary medical services based in the same building, including: acupuncture, hypnotherapy and physiotherapy.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so people in vulnerable circumstances could access and use services on an equal basis to others. For example, the service offered vulnerable patients appointments at quieter times of the day.

### Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way, for example when referring to services located in the same building.

### Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available, and staff treated patients who made complaints compassionately.
- The service informed patients of any further action which 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 learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. The service had received four complaints in the last 12 months. On review we found the service investigated, including: discussion with staff, implemented any necessary changes and gave affected patients an explanation, and where appropriate, an apology. One complaint received related to a patients' delayed test result from the laboratory the service used. On investigation the service found a fault in its IT system. A computer specialist promptly rectified the fault. Thereafter, the service apologised to the patient.

# Are services well-led?

Good 

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

## Our findings

### We rated well-led as Good because:

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- The service developed its vision, values and strategy jointly with staff and external partners.
- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.

### 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. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

### 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 and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

### 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.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence 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 had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected 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. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and leaders.

### 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. 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.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves they were operating as intended.

### Managing risks, issues and performance

#### There was clarity around processes for managing risks, issues and performance.

# Are services well-led?

Good 

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

- 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. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change services to improve quality.
- 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. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- 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 service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The service conducted a regular monthly patient survey. The June 2019 survey was completed by six patients, with all responses showing consistently high levels of satisfaction. Similarly, all respondents rated helpfulness of reception staff as very good or excellent. Respondents satisfaction with the level of information provided was also rated as very good or excellent.
- Staff could describe to us the systems in place to give feedback. Staff could give feedback in the regular meetings, and during regular informal discussions. 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.
- 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.
- There were systems to support improvement and innovation work. For example, the principal GP continued to work two sessions per week at a local NHS GP practice. He was therefore able to participate in training and quality improvement activity through that employment. The service was also aware of the benefits for patients of being co-located with other health care professionals in the same building.