

Urban Medical Clinic Ltd

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 4 April 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Urban Medical Clinic offers primary care appointments with a doctor with onward referral to diagnostic and specialist services if appropriate. The doctor is a qualified GP and is the sole clinician and staff member at the clinic. The service treats adults only.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner. Urban Medical Clinic predominantly provides aesthetic cosmetic treatments which are exempt by law from CQC regulation. Therefore, we were only able to inspect the primary medical service and not the aesthetic cosmetic services.

The doctor is the registered manager of the clinic. 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.

Our key findings were:

- Systems were in place to protect people from avoidable harm and abuse.

Summary of findings

- There were systems in place to identify, review and learn from mistakes or incidents. The doctor understood their responsibilities under the duty of candour.
- The doctor was aware of current evidence based guidance.
- The doctor was qualified and had the skills, experience and knowledge to deliver effective care and treatment.
- Patient feedback indicated that patients were very satisfied with the service.
- Information about services and how to complain was available.

- The doctor had a clear vision to provide a high quality, personalised service.
- There were systems in place to monitor and improve the quality of service provision.

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

- Review their prescription recording to ensure all necessary details are documented consistently on both the prescription and in the patient record.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The service had systems in place to assess and manage risks including safeguarding patients from the risk of abuse; learning from incidents and it was prepared and equipped in the event of a medical emergency.

Are services effective?

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

The doctor was up to date with current guidelines and considered these when delivering patient care. The doctor could demonstrate that they had the skills, knowledge and ongoing professional development to deliver a clinically effective service. The doctor had audited the quality of their medical records and had access to external colleagues to reflect on and review their practice in addition to the formal appraisal process.

Are services caring?

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

The service treated patients courteously and with respect. Patients were given the time to be fully involved in decisions and provided with information, including costs, prior to the start of treatment. The service did not have many primary care patients so feedback was limited. Patients attending in recent weeks were very positive about their experience.

Are services responsive to people's needs?

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

The service was responsive to patient needs. The doctor could carry out home visits if appropriate. The clinic opened in the evenings which was convenient for working patients. The clinic consulting room was located on the first floor which was accessible by lift and the doctor could make provision for patients with disabilities to be seen on the ground floor. The service had a complaints policy in place and information about how to make a complaint was available for patients.

Are services well-led?

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

The doctor was the sole person operating the clinic. They had a clear vision to provide a holistic service to meet patient needs which was underpinned by a supporting strategy. The service had a comprehensive range of policies and procedures in place to identify and manage risks and to support good governance. There was a focus on service development to benefit patients.

Urban Medical Clinic Limited

Detailed findings

Background to this inspection

Urban Medical Clinic Limited is a cosmetic and primary care clinic operated by an individual provider who is a qualified GP. There are no other staff members. The clinic offers primary care appointments with onward referral to diagnostic and specialist services as appropriate. The service treats adults only. The clinic offers appointments at the following times:

Monday 3pm - 9pm

Tuesday 6.30pm - 10pm

Wednesday 6.30pm - 10pm

Thursday 6.30pm - 10pm

Friday 6.30pm - 10pm

Saturday 3pm - 9pm

Sunday 3pm - 9pm

Patients are also given mobile contact details for the doctor.

The clinic has a registered patient list. Thirty-three patients in total have attended primary care consultations at the clinic. Patients attend the clinic through word of mouth recommendation and comprise local residents; patients who work in London; and, international visitors. The clinic predominantly provides cosmetic consultations specializing in the fields of dermatology and gynecology. The cosmetic service falls outside the scope of CQC regulation and this inspection.

The clinic is in a serviced office building. There is a single consultation room on the first floor which is accessible by a

lift and stairs. There is a shared waiting area on the ground floor and an office reception desk which is staffed by a security official in the evening. The landlord provides a range of property services, for example cleaning and maintenance.

We carried out this inspection of the Urban Medical Clinic on 4 April 2018. The inspection team comprised one CQC inspector and a GP specialist advisor. Before visiting, we reviewed a range of information we hold about the service and asked the service to send us some information about the service which we also reviewed.

During our visit we:

- Spoke with the doctor.
- Reviewed documentary evidence relating to the service and inspected the facilities, equipment and security arrangements.
- We reviewed several patient records alongside the doctor. We needed to do this to understand how the service assessed and documented patients' needs, consent and any treatment required.
- Reviewed three comment cards completed by patients in the days running up to the inspection.

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 formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

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

Safety systems and processes

The service had considered relevant health and safety and fire safety legislation and had access to relevant risk assessments covering the premises in addition to practice policies and protocols which were regularly reviewed. Any changes in safety procedures were communicated to patients if relevant.

The service had defined systems, processes and practices in place to keep people safe and safeguarded from abuse:

- The doctor was the designated safeguarding lead for the service. The service had safeguarding policies, protocols and contact details for the local statutory safeguarding team. The doctor understood their responsibilities and had received safeguarding training covering adults and children although they had only received training to level one in relation to safeguarding children. The service was not open to children under 18 years.
- Patients were informed they could attend with a chaperone when booking an appointment. This information was also displayed on the clinic website. The doctor could arrange an external chaperone to attend (a registered nurse) if required but this facility had not been requested to date.
- The premises were clean and tidy on the day of the inspection. The building landlord provided a cleaning service the scope and terms of which had been agreed with the doctor including periodic deep cleaning. The consultation room was equipped with running water and hand washing facilities. The clinic was equipped with appropriate single use items and personal protective equipment. The service had infection prevention and control policies and protocols in place and the doctor received regular update training. The doctor also carried out an annual audit which covered infection prevention and control. Clinical waste was separated, stored and disposed of appropriately. The service kept waste disposal destruction notices on file.
- The premises were small but suitable for the service provided. The clinic was located in a serviced office building on the first floor. There was a waiting area which was shared on the ground floor. During evening

hours this area was in sight of the security guard on reception. The clinic was accessible by stairs and a lift. The doctor was able to use a room on the ground floor if a patient attended who was unable to use the lift or stairs.

- The service had comprehensive health and safety policies in place which were stored electronically. Some health and safety risk assessments for the premises had been carried out or organised by the landlord. Where these were not in place, the service had engaged suitably qualified persons to carry out appropriate risk assessments covering its room for example portable appliance testing. Fire safety equipment was provided by the landlord and regularly tested. The landlord shared risk assessments (for example on fire and electrical safety and the air conditioning and water systems) and any resulting actions with the service.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The service did not have a formal lone working policy but the doctor had considered the risks of working alone and had put a range of measures in place. For example, they always ensured their mobile telephone and other equipment was charged and provided the security guard on reception with an advance list of the patients who would be attending each evening.

Risks to patients

The service had arrangements in place to respond to emergencies and major incidents:

- The clinic had emergency oxygen and a defibrillator on the premises.
- The doctor was up to date with annual basic life support training.
- The clinic kept a small stock of emergency medicines to treat patients in an emergency; for example, patients experiencing symptoms of anaphylaxis.
- The emergency medicines were in date and were regularly checked.

Information to deliver safe care and treatment

The service kept paper records of appointments and consultations. Patients making an appointment for the first time were asked to complete a new patient registration form with their contact details, date of birth, details of their NHS GP, medical and family history and any current

Are services safe?

treatment or health conditions. The information needed to plan and deliver care and treatment was available in a timely and accessible way through the service's patient record system. Policies, strategies and risk assessments were stored electronically.

The service sought patients' consent to share information about treatment or referrals with their NHS GP and advised patients attending with long term conditions to initiate recommended prescribing with their NHS GP.

Safe and appropriate use of medicines

The provider had effective arrangements for obtaining, recording, handling, storing and the security of medicines.

- The service had protocols for prescribing. The service did not offer a repeat prescribing service. All prescriptions followed a consultation with the patient.
- The service had too few patients to meaningfully carry out audits of prescribing guidelines but had recently carried out a two-cycle audit of the recorded care including prescriptions provided to all primary care patients.

- The doctor routinely reviewed updates to national guidelines and medicines safety alerts.
- The doctor recorded information about each prescription on the relevant patient record. This had not always consistently included all relevant details, for example, the amount prescribed.

Track record on safety

The service had not experienced any serious incidents involving significant harm to patients or staff. National safety alerts were logged and assessed for relevance and any actions documented in the records.

Lessons learned and improvements made

There were systems in place for identifying, investigating and learning from safety incidents. The service defined a 'serious incident' as any incident with the potential to harm patient care.

The doctor understood the duty of candour and the responsibility to be open with patients when things went wrong. Practice policy was to ensure that any affected patients were given reasonable support, a truthful explanation and an apology.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The doctor provided evidence that they considered relevant and current evidence based guidance and standards when assessing patient needs and delivering patient care. They received updates to national guidelines and reviewed these as they arose.

The clinic offered patients fast access to common investigations and tests and the doctor had developed a network of specialist consultant contacts to facilitate appropriate referral if required.

Monitoring care and treatment

The service had systems in place to monitor the quality of care and treatment. For example, the doctor had audited the medical record keeping and care for all 33 primary care patients treated at the service. The service had too few patients to enable it to meaningfully benchmark its clinical activity or review patient outcomes, for example against published NHS norms and targets.

Effective staffing

The doctor had the skills and knowledge to deliver effective care and treatment.

- The doctor had completed training covering safeguarding, infection prevention and control, fire safety, health and safety and information governance.
- The doctor could demonstrate how they ensured role-specific training and updating. The doctor maintained a folder of educational sessions as part of their appraisal process.
- The doctor was directly employed by an independent health provider outside of their work with the Urban Medical Clinic. This allowed the doctor many opportunities to reflect on their practice alongside clinical colleagues and other GPs.

- The doctor had taken opportunities to attend professional and educational meetings as part of their professional development over the previous year. They were also a GP appraiser and had held clinical governance posts in their employed role.
- The doctor had established a 'buddy' relationship with a clinical colleague who was a registered nurse. The purpose of this relationship was to allow reflection on clinical quality and improvement.

Coordinating patient care and information sharing

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

- From the sample of documented examples, we reviewed we found that the service shared relevant information with other services in a timely way, for example when referring patients to other services.
- Information was shared between services with patients' consent. Patients were actively encouraged to allow the service to share information about their treatment with their NHS GP.

Supporting patients to live healthier lives

- The service had a focus on holistic health and offered a range of health services particularly covering dermatology and gynaecology including primary care and cosmetic services.
- The usual length of appointment was 30 minutes to an hour for standard consultations and we were told this allowed for time to discuss healthy living and to address any other questions patients might have about their wider health and circumstances.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. The clinical staff understood the relevant consent and decision-making requirements of legislation and guidance relating to adults and children and including the Mental Capacity Act 2005. The service was not available to children under 18 years.

Are services caring?

Our findings

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

Kindness, respect and compassion

The doctor told us that patients were always treated with dignity, respect and compassion. Three CQC patient comment cards were completed in advance of the inspection. All the patients that we spoke with were very positive about the standard of care they received. Patients said the service was excellent and the doctor was kind, professional and put them at ease.

The doctor discussed whether patients wanted a chaperone when they booked an appointment. An external chaperone could be booked on request and this was clearly signposted on the website.

Involvement in decisions about care and treatment

The service ensured that patients were provided with all the relevant information they needed to make decisions about their treatment including information in advance about the costs. Standard appointments were scheduled to last from 30 minutes to an hour allowing time for detailed discussion and questions. Patients commented that the doctor was very good at explaining things and confirmed they were fully involved in decisions.

The clinic provided facilities to help involve patients in decisions about their care:

- We were told that all patients who had attended the clinic in recent years had spoken English fluently or attended with someone who could translate. The service had access to translation services should patients need this for an additional fee.
- The doctor supported patients with the referral process for example, assisting in appointment booking with preferred specialists and discussing their experience afterwards.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity. Staff recognised the importance of patient confidentiality and the service complied with the Data Protection Act 1998. We observed the treatment room to be clean and well organised. Paper records were stored out of sight in a secure box. The cleaners were instructed not to enter the room when patients were present. The treatment room door was kept closed to ensure conversations taking place remained private.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service was organised and delivered in a way that met patients' needs and preferences. The service understood the needs of its population and tailored services in response to those needs. The service made it clear to the patient what services were offered and the limitations of the service.

Appointments could be booked over the telephone. Most patients attended the clinic for consultations, however home visits were also offered.

The clinic's room was located on the first floor which was accessible by stairs and a lift. The doctor could use a ground floor room if patients could not use the lift or stairs. The doctor made home visits by arrangement.

It was made clear to patients in advance that they could only consult with a female doctor at the clinic.

Timely access to the service

Patients accessed care and treatment from the service within an acceptable timescale for their needs. The service informed us that patients would be offered appointments at a convenient time – usually within the same week.

Patients had timely access to initial assessment, test results, diagnosis and treatment. Waiting times, delays and cancellations were minimal and managed appropriately.

The clinic predominantly operated outside working hours (including at weekends) which tended to suit working patients and international visitors. The service offered appointments at the following times:

Monday 3pm - 9pm

Tuesday 6.30pm - 10pm

Wednesday 6.30pm - 10pm

Thursday 6.30pm - 10pm

Friday 6.30pm - 10pm

Saturday 3pm – 9pm

Sunday 3pm – 9pm

Patients were also given mobile telephone contact details for the doctor.

Listening and learning from concerns and complaints

There were no recorded complaints against the service. The doctor was the lead for managing complaints.

The service had a complaints policy in place which was in line with recognised guidance. Information about how to make a complaint was readily available for patients. The complaints information detailed the process for complaints handling and how patients could escalate their concerns if they were not satisfied with the investigation and outcome.

Are services well-led?

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

Our findings

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

Leadership capacity and capability

The clinic was operated by the founding doctor who was the sole member of staff at the clinic. The doctor recognised their responsibilities and accountability for the quality of the service provided.

Vision and strategy

The doctor had a clear vision and credible strategy to deliver high quality care. There was a realistic strategy and supporting business plans to achieve identified priorities which were regularly reviewed.

Culture

There was a calm and friendly atmosphere at the clinic and this was commented on by patients. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Governance arrangements

There were clear systems in place to support good governance. Practice policies and procedures were documented, accessible and the doctor had systems in place to assure these were operating as intended.

The service had a comprehensive annual audit against quality standards and regulations which included details of outcomes and performance measures.

The doctor had an external clinical appraisal annually as required and maintained their professional development and skills.

Managing risks, issues and performance

There were clear and effective processes for managing risks. For example, the doctor maintained oversight of relevant safety alerts audit results and patient feedback.

The service maintained a risk register and monitored actions taken to mitigate risks, for example preparedness for a medical emergency given that the doctor was working alone at nights.

The doctor was trained to deal with major incidents and had continuity arrangements in place including contact details for the landlord and key contractors should there be a major environmental issue.

Appropriate and accurate information

The service acted on appropriate and accurate information. There were arrangements in line with data security standards for the accessibility, integrity and confidentiality of patient identifiable data and other key records. The service carried out clinical quality improvement work including a two-cycle audit of record keeping and care provided.

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners. For example, the service had suggestion and patient feedback forms. To date it had only received positive feedback from patients using the primary care service.

The doctor also worked separately for a large independent health service provider as a GP and GP appraiser where they had day to day opportunities to share and reflect on clinical practice.

The doctor had positive working relationships with the building managers and contractors, for example the cleaning staff.

Continuous improvement and innovation

There was a focus on improvement and service development within the service. For example the doctor was considering the scope to expand the service and move to new premises. The doctor was also reviewing clinical software packages that could integrate medical and cosmetic record keeping.