

Smart Medical Clinics Limited

The Smart Clinics Brompton Cross

Inspection report

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Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



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 Good overall. (Previous inspection 05 2018)

The key questions are rated as:

Are services safe? – Requires improvement

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 Smart Clinics Brompton Cross on 19 June 2019 as part of our inspection programme, and to rate the independent doctors aspect of the service for the first time. General dental services are also provided at The

Summary of findings

Smart Clinics Brompton Cross, which we also inspected on the same day as this inspection, but which are reported on separately as that aspect of the service is not being rated.

The two service managers are the registered managers. One of the registered managers is currently on long term absence. 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.

Fifteen people provided feedback about the service by completing comments cards, which we made available in the practice two weeks prior to our inspection and on the day of our inspection itself. Their comments were all positive about their care and treatment experiences, reception staff and clinicians being helpful and treating them with care. We also received four patient feedback responses through the Share Your Experience area of our website about The Smart Clinics Brompton Cross since this inspection was announced. These were also all positive and had similar themes to the comments cards completed at the service, such as a good care and treatment, a prompt and convenient service, and that the service was provided in a clean environment.

Our key findings were:

- There were arrangements to keep people safe and safeguarded from abuse. However, some areas need further review; particularly management of medicines, staff training, infection prevention and control arrangements and clinical waste management.
- The service undertook clinical and non-clinical quality improvement activities in the independent doctors' service.
- Patient feedback we received indicated people were totally satisfied with their care and treatment experiences and raised no concerns or complaints about the independent doctors service.
- We found that complaints were appropriately managed.
- The facilities and premises were appropriate for the services offered.
- There were clear responsibilities, roles and systems of accountability to support good management.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Records checks of medicines and equipment for treating medical emergencies to provide assurances they are fit for purpose.
- Provide appropriate notifications and information to people using and accessing the service for the use of closed-circuit television (CCTV) in common areas.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

The Smart Clinics Brompton Cross

Detailed findings

Background to this inspection

The registered provider, Smart Medical Clinics Limited, provides private general practice services from two locations in London: The Smart Clinics Wandsworth and The Smart Clinics Brompton Cross. General dental services are also provided at The Smart Clinics Brompton Cross. This inspection concerned only The Smart Clinics Brompton Cross, located at 13 Crescent Place, London SW3 2EA.

The service is in a commercial property, where it occupies the first floor. There is lift access between floors in the building, making it accessible to wheelchair and pushchair users. There are patient toilets, including one adapted for wheelchair users, and baby changing facilities available. One side of the premises is assigned to their dental service and the other their GP service. Each side of the service has a reception and waiting area, clinical consultation and treatment rooms, storage areas and administration offices.

Services are available to any fee-paying patient. Services can be accessed through an individual, joint or family membership plan or on a pay per use basis.

Services are available by appointment only on Monday to Thursday from 8am to 7.30pm, on Friday from 8am to 6:30pm and on Saturday from 9am to 12pm.

The service is led by the medical director who is also one of six GPs in the clinical team. The clinical team is supported by two service managers (who are also the registered managers) and a team of administrative staff members. Those staff who are required to register with a professional body were registered with a licence to practice.

The service has two CQC registered managers who work jointly across both provider locations in service management roles. A registered manager is a person who is registered with the Care Quality Commission (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.

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

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. During our visit we:

- Spoke with a range of clinical and non-clinical staff including GPs, service managers and administrative staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment used by the service.
- Reviewed CQC comment cards completed by service users.

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?

Detailed findings

- 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 Requires improvement because:

- The service had systems to keep people safe and safeguarded from abuse, but these did not consistently operate effectively resulting in staff training gaps, incomplete recruitment checks, and some poor management of infection prevention and control risks.
- The service had systems for appropriate and safe handling of medicines, but this did not always operate effectively as samples were stored inappropriately in the medicines fridge.

Safety systems and processes

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. 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 assure that 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.
- 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 were required to complete safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. However, we noted that there were variations in the completion of safeguarding training among the staff team. We reviewed the staff files for six clinical staff. All are expected to have level three training safeguarding children and safeguarding adults.

We found that two of these staff members did not have evidence of their completion of these training topics of file, one staff member had level two training in safeguarding adults instead of level three, and one staff member had completed their safeguarding training nearly three years ago.

- Staff who acted as chaperones were trained for the role and had received a DBS check. One recently employed member of staff had had a DBS check requested but the outcome had been delayed. Despite the delay, the staff member was being assigned to carry out chaperoning duties. We highlighted this to the provider.
- There were some arrangements in place to manage infection prevention and control (IPC) risks in the independent doctors aspect of the service. This included staff training, cleaning schedules, IPC audits, supplies and usage of personal protective equipment (PPE), maintenance of a staff vaccinations registers and legionella testing of the water system. However, we noted the following areas where IPC risks were not controlled: we found that blood samples were stored in the medicines and vaccines fridge, and the mops used for cleaning in the practice were visibly dirty and needed to be changed.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. However, we saw that clinical waste bins were stored in the same room as domestic cleaning equipment. It was also highlighted in the provider's own infection prevention and control audit in December 2018 that clinical waste was not stored in a designated area prior to disposal.
- The provider carried out appropriate environmental risk assessments, which considered 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.

Are services safe?

- There was an effective induction system for agency staff tailored to their role.
- 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.
- Emergency equipment and medicines were available and fit for use. Staff told us they checked medicines and equipment to make sure these were available, within their expiry date, and in working order. However, we noted they were not keeping records of these checks.
- There were several actions in place for managing fire risk in the premises including a fire risk assessment, regular fire drills, fire equipment checks and fire training.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

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

Safe and appropriate use of medicines

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. However, we saw that blood samples were stored in the medicine's fridge, and the provider did not maintain

records of emergency medicines checks. We discussed this with the provider who told us they would make appropriate arrangements for suitable storage of blood samples and recording of emergency medicines and equipment checks.

- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe 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 that protected patient safety.

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 that 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 had not recorded any significant events in the independent doctors aspect of the service in the last 12 months.
- 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 staff team.

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).

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- 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.
- Staff assessed and managed patients' pain where appropriate.

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 using completed 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. Recent audits undertaken in the independent doctor service included Pathology, clinical notes, ECG Process, cervical screening and Failsafe for out of range results in HPV.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.

- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ 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. Up to date records of skills, qualifications and training were maintained. However, we noted some gaps in the completion of safeguarding children and adults update training.
- All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient. There were clear protocols for onward referral of patients to specialists and other services based on current guidelines, including the patients' NHS GP and where cancer was suspected. The service monitored urgent referrals to make sure they were dealt with promptly.
- Where patient consent was provided, all necessary information needed to deliver their ongoing care was appropriately shared in a timely way and patients to the GP service received copies of referral letters
- The practice had systems and processes to identify, manage, follow up and where required refer patients.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The service identified patients who may need extra support and directed them to relevant services.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

Are services effective?

(for example, treatment is effective)

- 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:

- The service had systems and processes in place to ensure patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- Patients were treated with kindness and respect, and their information was maintained confidentiality.
- Feedback we received from patients was wholly positive about the service.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat 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.

- Patients told us through comment cards, that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- The service provides interpretation services to patients at an additional charge, for patients that opted to have this service. The patients were informed about multilingual staff at the service. The practice manager also informed us that the interpretation service was covered as part of new reception staff induction, so all reception staff were aware of the service.
- The service's website provided patients with information about the range of treatments available including costs.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The layout of the reception and waiting area had been reconfigured since our last inspection, and now allowed for greater privacy when reception staff were dealing with patients.
- The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.
- Patients' electronic care records were securely stored and accessed appropriately.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

- The service had good facilities and was well equipped to treat patients and meet their needs.
- The premises were accessible to people with impaired mobility
- Information about how to complain and provide feedback was available and there were evidence systems were in place to respond appropriately and in a timely way to patient complaints and feedback.

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.

- Routine appointments were 30 minutes long.
- The facilities and premises were appropriate for the services delivered.
- Patients who requested an urgent appointment were seen the same day.
- Lift access was available between floors in the practice premises
- Disabled toilet and baby changing facilities were available
- Children's toys and books were available in a designated area in the waiting room
- Staff told us a private room could be made available if needed by a breastfeeding mother.

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 on Monday to Thursday from 8am to 7.30pm, on Friday from 8am to 6:30pm and on Saturday from 9am to 12pm.
- Opening hours were displayed in the premises and on the service website.
- The service did not offer out of hours care, but patients were signposted to other services they could use when the service was closed.
- Patients could book early morning, evening and weekend appointments.
- Patients had timely access to appointments and the service kept waiting times and cancellations to a minimum.

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.

- The registered managers were responsible for dealing with complaints and the service had a complaints policy providing guidance to staff on how to handle a complaint.
- There was information available in the premises and on the service website for patients to provide feedback and make complaints.
- Information was available about organisations patients could contact if they were not satisfied with the way the service dealt with their concerns.
- There were systems and processes in place to investigate complaints and feedback, identify trends, discuss outcomes with staff and implement learning to improve the service. We reviewed these systems and processes and found complaints were handled appropriately, in a timely manner and with transparency.

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:

- The service had a clear vision to deliver high quality care for patients.
- There was a clear leadership structure and staff felt supported.
- The service had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of high-quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, performance reviews and up to date training.
- The service had systems and processes in place to collect and analyse feedback from staff and patients.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- There was strong leadership from the practice managers into the day to day management of the practice.
- The owner of the provider company attended the inspection and provided a clear overview of the service and their strategic direction, as well as oversight of the running of the service.

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 with a strategy and supporting business plans to achieve priorities.
- The service planned its services to meet the needs of service users.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- The service focused on the needs of patients.
- There were systems and processes in place for the service to act 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 we spoke with told us they could 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 development conversations. All staff had received an appraisal or performance review in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The service demonstrated a commitment to equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff, the service managers, and clinicians.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management; however, these did not always work effectively.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Regular governance meetings were held.
- Staff were clear on their roles and accountabilities. However, we noted aspects of safeguarding people from abuse needed improvement, the management of infection prevention and control risks were not

Are services well-led?

Good 

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

consistently effective, and the provider did not document their checks of emergency medicines and equipment which increased risks of these checks not being appropriately completed.

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

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.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear 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 sustainability were discussed in relevant meetings.
- 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.
- The service submitted data or notifications to external organisations as required.
- Arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems were in line with data security standards.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support high-quality sustainable services.

- Patients' and staff views and concerns were encouraged, heard and acted on to shape services.
- The service collected and reviewed patient feedback about the services provided.

This section is primarily information for the provider

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not provided in a safe way for service users, as the registered provider did not assess and mitigate the risks to the health and safety of service users of receiving the care or treatment in the private doctor service; specifically</p> <ul style="list-style-type: none">• having staff training gaps in safeguarding children and adults• not completing appropriate recruitment checks prior to staff undertaking their full responsibilities• not ensuring materials are stored in a safe way (particularly clinical waste)• not having safe medicines storage• lack of legionella risk assessment and use of cleaning equipment not fit for use.