

# TSM Health Limited

# Kings Medical Centre

## Inspection report

104 Edgware Road  
London  
W2 2EA  
Tel: 07729 713648  
Website: None

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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 Good overall.**

A previous inspection was carried out at Kings Medical Centre on 10 July 2018 when we inspected the provision of private general practice services. At that time, we did not rate the service but found the provider had met the requirements of the key questions for providing safe, effective, caring, responsive and well led care.

Although there were no breaches of regulations, we noted that the provider could make improvements in areas relating to the proof of identification when registering patients, having procedures in place to ensure

that adults attending with children have parental responsibility to allow consent to treatment and to review how national patient safety alerts are received and acted on.

We carried out this comprehensive inspection at Kings Medical Centre on 26 September 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This announced inspection was planned to check whether the service was meeting the

# Summary of findings

legal requirements and regulations associated with the Health and Social Care Act 2008, to check that the provider had made improvements as highlighted in our previous inspection and to rate the service.

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

The service lead GP 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. The service is registered with the Care Quality Commission (CQC) to provide the regulated activities diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury.

## Our key findings were:

- The service had systems in place to manage significant events.
- The service had a clear vision to deliver high quality care for patients.

- The service had clearly defined systems, processes and practices to minimise risks to patient safety.
- Policies and procedures were in place to govern all relevant areas.
- The GP had been trained in areas relevant to their role.
- The service had systems in place for monitoring and auditing the care that had been provided.
- The GP assessed patients' needs and delivered care in line with current evidence-based guidance.
- Information about services was available and easy to understand.
- The GP had the skills and knowledge to deliver effective care and treatment.
- There was an effective system in place for obtaining patients' consent.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service was aware of and complied with the requirements of the Duty of Candour.

## Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

# Kings Medical Centre

## Detailed findings

### Background to this inspection

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

Kings Medical Centre provides private general practice services from purpose-built premises located in the basement of a pharmacy at 104 Edgware Road, London, W2 2EA.

The premises consist of a patient reception and waiting area, GP consultation rooms, storage and maintenance areas.

The service is run by one GP who is registered with the General Medical Council (GMC). Most people who use the service are visitors from Middle Eastern countries. The GP sees adults and children for minor conditions. If a person walks in to the pharmacy requesting to see a doctor, they will be seen by the GP or referred to other local private GP services if the GP is unavailable. Patients can also book an appointment. The clinic provides a limited service providing up to 50 consultations a month.

The service offered a walk-in service, seven days per week from 10pm to midnight. It also offered appointments from 6pm to 9pm on Monday and Thursday. It does not offer any services outside of these hours.

We carried out this inspection on 26 September 2019 and before visiting, we looked at a range of information that we hold about the practice. We reviewed the last inspection report from July 2018 and from information submitted by the service in response to our provider information request.

During our visit we interviewed the GP, observed practice and reviewed documents.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

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

### Safety systems and processes.

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

- The service had defined policies and procedures. The service had not had any significant events during the last 12 months, but we found there was a system in place for reporting and recording significant events and complaints. We also saw how an action plan would be used and learning shared if there was a significant event.
- The service conducted safety risk assessments including health and safety assessments, portable appliance testing and calibration of equipment. The service had appropriate safety policies, which were regularly reviewed.
- The service had effective systems to safeguard children and vulnerable adults from abuse. The GP was the lead for safeguarding and they had completed safeguarding training to level three. There were separate policies in place covering adult and child safeguarding and the contact details of local safeguarding teams were displayed in the consultation room for reference.
- Recruitment checks for the GP had been carried out, including proof of identification and evidence of satisfactory conduct in previous employments.
- The service could offer a pre-assessment phone call with patients prior to them visiting. The patient would be advised during this phone call that if they wanted a chaperone they could bring someone along with them or that a member of the pharmacy staff, who had been trained and Disclosure and Barring Service (DBS) checked to an appropriate level, would act as a chaperone. We saw a chaperone policy which evidenced this. (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).
- We found the premises appeared well maintained and arrangements were in place for the safe removal of healthcare waste.
- There was an effective system to oversee and manage infection prevention and control and we saw a recent

legionella risk assessment (legionella is a term for a particular bacterium which can contaminate water systems in buildings) together with procedures for monitoring water quality.

### Risks to patients.

**There were systems to assess, monitor and manage risks to patient safety.**

- The GP understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- The GP was suitably trained in emergency procedures and was up to date with annual basic life support training. The service had an automated external defibrillator (AED) to deal with relevant medical emergencies as well as appropriate medicines to deal with anaphylactic shock, and oxygen which is considered essential in dealing with certain medical emergencies (such as acute exacerbation of asthma and other causes of hypoxaemia).
- The GP was aware of the signs and symptoms of sepsis. If they suspected a patient had sepsis they would arrange for immediate transfer to the local acute NHS trust.
- The service had a comprehensive business continuity plan for major incidents such as power failure or building damage.
- There were appropriate indemnity arrangements in place to cover potential liabilities.
- We saw evidence that electrical equipment was checked to ensure it was safe to use and was in good working order.

### Information to deliver safe care and treatment

**The GP 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 and accessible.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included the necessary information.
- The service had a system in place to securely retain medical records.

# Are services safe?

- At our last inspection, there was no policy requiring patients to provide identification when registering with the service to verify the given name, address and date of birth. Neither had this been risk assessed. At this inspection we saw that these concerns had been addressed and we saw evidence of a system for requesting and checking patient identity, including checks at the registration stage, at appointment booking and before consultation or treatment. The service also now had processes in place to ensure any adult consenting on the child's behalf had appropriate parental responsibility.

## Safe and appropriate use of medicines

### The service had reliable systems for appropriate and safe handling of medicines.

- The service had all commonly used medicines that would be required in the event of an emergency. All potential patients were assessed over the phone prior to being seen face to face. If, during the initial phone call, the clinician believed that any symptoms described related to an urgent or acute problem they would guide them to an acute hospital trust, the patient's own NHS GP, NHS 111 or the emergency services via 999.
- There was a system for managing and storing equipment and medicines and ensuring that everything was in date and fit to use.
- The service kept prescription stationery securely and monitored its use.
- The GP prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

## Track record on safety

### 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.

- The GP was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- Although there had been no significant incidents during the previous 12 months, the GP understood what constituted a serious incident or significant event and confirmed that they were aware of what to do in the event of an unexpected or unintended safety incidents. The service had protocols to give affected people reasonable support, truthful information and a verbal and written apology, if such incidents arose.
- At our last inspection we could not see any system in place for receiving or acting on safety alerts. At this inspection, we saw that systems were now in place and that the service received national patient safety, medical devices and medicines alerts. All relevant alerts were documented, acted on and stored for future reference.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

**The provider had systems to keep up to date with current evidence-based practice.**

- We saw evidence that the GP assessed needs and delivered care and treatment in line with current legislation, standards and guidance. such as the National Institute for Health and Care Excellence (NICE).
- Patient's immediate and ongoing needs were fully assessed. Where appropriate, this included their clinical needs and their mental and physical wellbeing.
- Patients completed a comprehensive questionnaire regarding their previous medical history.
- We saw no evidence of discrimination when making care and treatment decisions.
- The GP assessed and managed patients' pain where appropriate.

### Monitoring care and treatment

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

- The service had a programme of quality monitoring and improvement activity to review the effectiveness and appropriateness of the care provided. Completed audit and compliance checking activity included infection prevention and control audits, fire and health and safety risk assessments.

### Effective staffing

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

- The GP had the skills, knowledge and experience to carry out their role. They were appropriately qualified, and we saw several certificates which demonstrated relevant and up to date knowledge.
- The GP provided us with their current registration details with the GMC to show they held a license to practice. The GP had undergone annual external professional appraisal with the designated body of membership and they had a date for revalidation in the next two years. (All doctors working in the United Kingdom are required to follow a process of appraisal and revalidation to ensure their fitness to practise).

- The GP could demonstrate that they had received training in basic life support, safeguarding, infection prevention and control, information governance, fire safety and the Mental Capacity Act 2005.
- The GP could demonstrate that they were providing care and treatment within the scope of their training.

### Coordinating patient care and information sharing

**The GPs worked well with other organisations, to deliver effective care and treatment.**

- Before providing treatment, the GP 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. However, the GP provider did not routinely share information with other healthcare providers as most patients were visitors from abroad. We did see some evidence of communication with patients' specialists abroad.

### Supporting patients to live healthier lives

**The GPs were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**

- Where appropriate, the GP gave patients advice, so that they could self-care.
- Risk factors were identified and highlighted to patients.
- Where patients' needs could not be met by the service, the GP 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.**

- The GP understood the requirements of legislation and guidance when considering consent and decision making.
- There was a system in place to ensure that adults accompanying child patients had the authority to do so, and that consent to care and treatment was clearly authorised by the child's parent or guardian.
- The GP 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 found that this service was **good** in providing caring services in accordance with the relevant regulations.

### Kindness, respect and compassion

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

- The GP understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- On the day of our inspection we were unable to assess the way the GP treated patients as no patients attended the clinic. However, there had been 10 Care Quality Commission comment cards completed prior to our inspection. All the comment cards were positive about the service and care received. Patients reported that the GP was caring and treated them with respect.
- The GP told us that consultation room doors were closed during consultations. We noted that conversations taking place in the waiting area could not be overheard if there were other patients in the waiting area.

### Involvement in decisions about care and treatment

**Staff helped patients to be involved in decisions about their care and treatment.**

- The GP ensured that patients were fully consulted and that they were encouraged to ask questions at any time. Patient feedback was overwhelmingly positive about the GP and the care they provided.
- We were told that any treatment, including fees, was fully explained to the patient prior to their appointment and that people then made informed decisions about their care. Standard information about fees was available in a patient leaflet.

### Privacy and Dignity

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

- The GP recognised the importance of people's dignity and respect.
- The consultation room was arranged in a way to maintain patients' privacy and dignity during examinations, investigations and treatments. Privacy curtains were provided in the consultation room.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### 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 GP understood the needs of their patients and improved services in response to those needs. For example, prior to attending the clinic, the GPs would, on occasions, speak to the patient to determine their needs and invite them to attend an appointment or refer them to an alternative and more appropriate service such as NHS 111 or the local accident and emergency department.
- The facilities and premises were appropriate for the services delivered. The clinic was in a purpose-built facility.
- The service had a system in place to gather regular feedback from patients. They obtained feedback from patients after each consultation.

### Timely access to the service

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

- Appointments were available two days a week from 6pm to 9pm and a walk-in service was offered seven

days per week between 10pm and midnight. Most patients were visitors from middle eastern countries. If a patient walked into the pharmacy requesting to see a GP at a time that the GP was not in attendance, pharmacy staff would book the patient the next available appointment or they would be signposted to other local GP services.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

### 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.
- 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.
- There was a poster in reception which displayed how patients could make a complaint. There had been no complaints in the previous year, but we did review the complaints policy, saw how complaints would be dealt with and the processes that were in place for learning from complaints.



# Are services well-led?

Good 

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

## Our findings

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

### Leadership capacity and capability

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

- The GP had overall responsibility for the management and day to day running of the service and clinical leadership of the service. They had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

### Vision and strategy

**The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- The service planned its services to meet the needs of service users.
- The GP had a clear vision, embedded in the service culture, to deliver high quality care for patients. There was an overarching governance framework which supported the delivery of high-quality care and promoted good outcomes for patients.

### Culture

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

- The service focused on the needs of patients.
- The GP was aware of and had systems to ensure compliance with the requirements of the duty of candour.

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

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The GP had oversight of safety alerts, incidents, and complaints and had plans in place in the event of any major incidents.

### 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.
- There were arrangements in place for identifying, recording and managing risk both locally and across the organisation. For example, staff undertook a variety of daily, weekly and monthly checks to monitor the safety of the clinic.
- The service had processes to manage current and future performance. The GP 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. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where 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.

# Are services well-led?

Good 

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

- 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. The service was registered with The Information Commissioner's Office

## **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 patients and staff and acted on them to shape services and culture.
- We were told of the system in place to give feedback via comment cards and we saw examples of this which were all positive in content. The GP also called and spoke to patients and noted all feedback.
- The service was transparent, collaborative and open with stakeholders about performance and was aware of its obligations as regards the duty of candour.

## **Continuous improvement and innovation** **There were 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.
- We spoke with the GP about plans for future development and were told of the plans to increase GP presence to provide more appointments to patients.