

Urban Medical Clinic Ltd

Urban Medical Clinic

Inspection report

Devonshire House
1 Mayfair Place
London
W1J 8AJ

Tel: 07968 068749

Website: www.urbanmedicalclinic.com

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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.

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 Urban Medical Clinic on 16 May 2019 as part of our inspection programme.

Urban Medical Clinic provides a private doctor consultation and treatment service, offering private consultations with a GP. The service treats adults only. Urban Medical Clinic predominantly provides aesthetic cosmetic treatments which are exempt by law from CQC regulation. We inspected the primary medical service and not the aesthetic cosmetic services.

Summary of findings

The doctor is the sole clinician practicing at the clinic and 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 people'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We received feedback from 11 people about the service, including comment cards, all of which were very positive about the service. (We could not identify comments specifically made by patients attending the service for medical consultations). People indicated that they were always treated with kindness and respect and achieved good outcomes. The doctor was described as caring, thorough and professional.

Our key findings were:

- Systems and processes were in place to keep people safe. The doctor was aware of their responsibility to safeguard patients at risk of abuse and had undertaken adult safeguarding to level three.
- The provider was aware of current evidence based guidance and they had the skills, knowledge and experience to provide the service.
- The provider was aware of their responsibility to respect people's diversity and human rights.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect.
- The service was responsive to patients' needs. The service was accessible during the day, evenings and at the weekend.
- There was a complaints procedure in place and information on how to complain was readily available.
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The service had appropriate facilities and was equipped to treat patients and meet their needs.
- The service had systems in place to collect and act on feedback from patients.

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

- Document any safety-netting advice provided to patients in the medical records.
- Carry out a risk assessment before using the laser (recently purchased) for medical treatments.
- Undertake safeguarding children training to level 3.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Urban Medical Clinic

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 and has a special interest in dermatology. 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.

In the past year, only four patients had attended the clinic for primary care consultations at the clinic. Patients attend the clinic through word of mouth recommendation.

The clinic is currently located 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 waiting area on the first floor and an office reception desk which is staffed on the ground floor. The landlord provides a range of property services, for example cleaning and maintenance. The doctor is planning to move the service to dedicated health premises in the near future.

We carried out this inspection of the Urban Medical Clinic on 16 April 2019. 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:

- Interviewed the doctor providing the service.
- 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 comment cards completed by patients and cosmetic clients 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 rated the service as good for being safe.

Safety systems and processes

The service had defined systems and processes 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. We were told that they were due to receive level 3 training in 2019 through their employment at a different health service. Urban Medical Clinic's 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.
- 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. 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 suitable for the service provided. The clinic was located in a serviced office building on the first floor which was accessible by stairs and lift.
- The service had comprehensive health and safety policies in place. Some health and safety risk assessments for the premises had been carried out or organised by the landlord. 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).

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- 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.

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 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 and in hard copy.

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.

Are services safe?

- 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 periodically carried out records reviews. The records we reviewed included an adequate record of the consultation but safety netting information provided to the patient was not always consistently recorded.. The day following the inspection, the doctor provided evidence that they had amended their consultation template to include a structured prompt for this.
- The doctor reviewed updates to national guidelines and medicines safety alerts. The doctor confirmed they had registered to receive safety alerts electronically to their own account the day after the inspection (rather than relying on systems in place in their other employment to receive this information).
- The doctor recorded information about each prescription on the relevant patient record. This included all relevant details, for example, the amount

prescribed. This was an improvement since our previous inspection. The doctor also purchased a stamp to reduce the risk of prescription fraud immediately after the inspection.

Track record on safety

The service had not experienced any serious incidents involving significant harm to patients or staff. The doctor was aware of recent national safety alerts (for example the prescribing of sodium valproate) through their ongoing employment at another health service and was in the process of registering to receive direct electronic updates.

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 rated the service as good for being effective.

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 access to 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 for all 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.

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 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 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 and to provide a chaperoning facility.

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 sharing information with the patient's NHS GP.
- 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 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 rated the service as good for being caring.

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 providing information in advance about the fees. 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.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity. The doctor recognised the importance of patient confidentiality and the service complied with the General Data Protection Regulation. We observed the treatment room to be clean and well organised. Paper records were stored out of sight in a secure box and the computer monitor lock screen enabled during consultations. 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 rated the service as good for being responsive.

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. Patients attended the clinic for consultations. The clinic was located on the first floor which was accessible by stairs and a lift. 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 and 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.

We saw evidence that the doctor was accessible to patients with more complex, mental or emotional problems and gave them the time to discuss their problems fully. The doctor actively encouraged patients to engage with NHS services when this was in their interest.

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?

Good 

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

Our findings

We rated the service as good for being well-led.

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. The doctor was in the process of moving location to different premises which were designed for health provision.

Culture

Patients commented on feeling at ease with the lead doctor and not feeling rushed or pressured into anything. The provider told us they aimed to provide a holistic service to promote patients' health and wellbeing.

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 where appropriate.

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 was maintaining oversight of relevant safety alerts and patient feedback. The service maintained a risk register and monitored actions taken to mitigate risks.

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 doctor had reviewed the quality of medical record keeping although we identified this as an area where further improvement could be made.

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.

Continuous improvement and innovation

There was a focus on improvement and service development within the service. For example

the doctor was considering moving to new premises with the goal of expanding the service and potentially recruiting staff. The doctor had recently obtained a laser which had both cosmetic and medical applications and had been trained on its use.