

Steeplegrove Clinic Limited

Mayfair Doctors Walk-In Clinic

Inspection report

37 North Audley Street
London
W1K 6ZL

Tel: 020 7499 1581

Website: www.mayfairdoctors.com

Date of inspection visit: 6 June 2019

Date of publication: 16/07/2019

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Requires improvement



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 service was previously inspected 20 June 2018 but was not rated.)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Mayfair Doctors Walk-in Clinic, London as part of our inspection programme.

The provider Steeplegrove Clinic has one location, Mayfair Doctors Walk-in Clinic, where they provide privately funded general medical and screening services. The provider also carries out occupational health checks for local companies.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of

Summary of findings

service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Mayfair Doctors Walk-in Clinic services are provided to patients under arrangements made by their employer. These types of arrangements are exempt by law from CQC regulation. Therefore, at Mayfair Doctors Walk-in Clinic, we were only able to inspect the services which are not arranged for patients by their employers.

The clinic manager 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.

We received patient feedback on the service through the 24 CQC comment cards completed and two patients we spoke with on the day of inspection. All were positive about the service they received and were very complimentary about the staff.

Our key findings were:

- The practice had effective systems in place to keep patients safe from harm. There was effective systems for monitoring service provision to ensure it was safe.
- Clear procedures and protocols were in place and the provider had processes in place to ensure risks were clearly identified and mitigated against.

- There were systems for learning from incidents and complaints. Although there had been none in the last year.
- Staff had appropriate skills, knowledge and experience to carry out their roles.
- Patient feedback from our CQC comment cards and through the provider's own patient surveys was consistently positive about the service.
- Patients received a timely service to meet their needs.
- However, there was little evidence of quality improvement activity.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

- Explore opportunities to increase learning from incidents.
- Review safeguarding training requirements for all staff in line with the competency framework as set out in the intercollegiate guidance.
- Review systems for ensuring all relevant equipment is identified for routine calibration checks.

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

Mayfair Doctors Walk-In Clinic

Detailed findings

Background to this inspection

Mayfair Doctors Walk-in Clinic is a private general medical clinic offering consultations and a range of non-emergency GP services including health screening and travel vaccinations to both children and adults. The service provides some occupational health checks for local businesses. Further details about the services provided can be found on the location's website: www.mayfairdoctors.com.

The clinic was established in 2012 and is based in the basement of a pharmacy and has four consulting rooms. The clinic can only be accessed via steps but can offer a home visit service if local to the practice.

The service is located close to main shopping and tourist areas.

The service is open Monday to Friday between 9.30am to 6.30pm and on a Saturday 10am to 4.30pm. Patients can access appointments in person, telephone or online. The service estimates that they see on average 10 patients per day. Patients seen are mainly tourists.

Staffing includes three doctors, a service manager and two administrative / reception staff.

The provider is registered with CQC for the following regulated activities: Diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury.

How we inspected this service

Before visiting, we reviewed information we hold about the service, including information from the previous inspection. We also asked the provider to send us some information about the service.

During our visit we:

- Spoke with the doctors and clinic staff.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Reviewed documentary evidence that was made available to us relating to the running of the service.
- We reviewed a sample of patient records to understand how the provider assessed and documented patients care and treatment. We also used this to assess how consent was obtained.
- We made observations of the facilities that were used for providing the service.

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

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

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

Are services safe?

Our findings

We rated safe as Good because:

The practice had effective systems in place to keep patients safe from harm. We found there was a range of risk assessments in place to mitigate risk. The service had processes in place to learn from incidents although none were recorded and the practice told us there had not been any.

We identified areas the provider should improve which include develop systems to ensure all relevant equipment is covered in calibration checks, ensure all staff have undertaken adult safeguarding training to an appropriate level for their role and responsibilities and explore opportunities for learning from incidents.

Safety systems and processes

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

- The provider conducted a range of safety risk assessments. It had appropriate safety policies, which were regularly reviewed and available to staff. These 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. Information was available relating to relevant agencies to support patients and protect them from neglect and abuse if needed. Safeguarding training was part of the provider's mandatory training and records seen showed that all staff had undertaken this training for children and vulnerable adults. We saw that doctors were trained to level three child safeguarding but had not completed level three adult safeguarding (as set out in the intercollegiate guidance for clinical staff).
- The service had systems in place to assure that an adult accompanying a child had parental authority. This included a request for official documentation for the child.
- The provider carried out staff checks at the time of recruitment. Disclosure and Barring Service (DBS) checks were undertaken for all staff. (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).

- As part of the patient registration process, patients were made aware of the availability of chaperones. A notice was also displayed in the reception area. Staff who acted as chaperones received training and were DBS checked.
- There were systems in place to manage infection prevention and control. We found the premises clean, tidy and well maintained. Cleaning schedules were in place and daily monitoring checks were undertaken to ensure the premises remained clean. The practice had undertaken a risk assessment in relation to infection control which was reviewed annually.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw records to show that equipment underwent electrical safety testing and calibration. We noticed that some items of clinical equipment had been missed from calibration checks, during the inspection the provider made arrangements for these items to be checked. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- The staffing and skill mix of the practice was based on the demand for the service. The practice manager advised that they would use a locum service for clinical staff if needed due to any absences but could not recall when they had last needed to. Reception staff supported each other during absences of leave.
- There was an effective induction system for new staff tailored to their role. New staff underwent a standardised induction programme. This covered the practice policies and procedures as well as the provider's mandatory training.

Are services safe?

- The practice held a range of emergency medicines and emergency equipment including oxygen and a defibrillator. We saw that these were checked regularly to ensure medicines were in date and equipment in good working order. The emergency medicines were stored securely but accessible if needed and staff knew of their location. Records seen showed that staff had undertaken basic life support training.
- Reception staff were aware to advise patients to call for the emergency services if their needs were urgent. The practice had clinical equipment needed to identify patients with severe infections, for example sepsis.
- There were appropriate indemnity arrangements in place to cover potential liabilities.
- The provider had a documented business continuity plan in the event of major disruptions to the service such as power failure or building damage. This included a list of contacts for services that might be needed.

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 and were accessible to relevant staff. The care records we saw provided a comprehensive account of the information needed to deliver safe care and treatment.
- Patients that were new to the service were required to complete a new patient registration form which ensured the GP was aware of any important information such as the patient's medical history, allergies or medication.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, when referring patients to other services.
- The provider had considered how they would retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading. This had been formally documented in a practice policy.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. Clinical staff were clear about medicines that they would not prescribe.
- The service had not carried out any medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Records seen did not identify any concerns in relation to prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments in relation to safety issues which underwent regular review.
- There were processes in place for monitoring the service for example, fail safe systems for monitoring samples sent to the laboratory to ensure results were received and acted on.
- The service monitored and reviewed activity in relation to incidents and complaints but advised that there had not been any in the last 12 months.

Lessons learned and improvements made

The service had systems to learn from incidents when things went wrong.

- There was a system for recording and acting on significant events. Staff told us that they could raise concerns with senior staff.
- The provider was aware of the requirements of the Duty of Candour but did not have examples where they had needed to comply with this.

The doctors and service manager were signed up to receive safety alerts. We saw that these were printed and signed by staff once read to ensure they were aware. We asked about any action taken in response to safety alerts. Staff advised that they had checked equipment in response to safety alerts but due to the lack of long term patients there hadn't been any recently that they had needed to act on.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Requires improvement because:

We found staff had appropriate skills, knowledge and experience to carry out their roles and took account of current legislation, standards and guidance in the provision of care and treatment. However, the provider was not able to demonstrate quality improvement activity including clinical audits.

Effective needs assessment, care and treatment

We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Two out of the three GPs who worked at the practice were also currently employed within NHS and were able to bring skills and experience from their other work.
- Our discussions with clinical staff on the day of inspection demonstrated they understood and followed best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Patients completed a registration form when they first attended the service to ensure clinical staff were made aware of any past medical history or medicines.
- Clinicians had sufficient information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Clinical staff used recognised travel websites to support travel advice and vaccinations.

Monitoring care and treatment

The service had undertaken some quality improvement activity but this was limited.

- The service had some monitoring systems in place to support the safe running of the service for example, safe systems for ensuring results were received for samples

sent to the laboratory, vaccine stock checks, emergency medicine checks and a review of antibiotics prescribed. They also undertook patient surveys to gather feedback from patients about the service.

- However, no specific clinical audits or quality improvement activity had been undertaken to support service improvement. This was identified in our previous inspection.

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) were registered with the General Medical Council (GMC) and were up to date with revalidation. (Revalidation is the process by which doctors demonstrate their fitness to practice).
- Staff received annual appraisals to discuss any development needs.
- The provider understood the learning needs of staff and provided protected time and training to meet them.
- The provider had identified mandatory training for staff and we saw evidence that this had been completed.

Coordinating patient care and information sharing

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

- Information was shared between services with patients' consent. For example, referrals to secondary care.
- The provider sought permission to share information with the patients usual GP as part of the registration process.
- Many of the patients seen at the practice were from overseas. The provider told us that they did not routinely share information with a patients usual doctor but would if necessary. They did however encourage patients to share details from their consultation with their usual doctor as appropriate.
- There were service level agreements in place in relation to the laboratory used by the service. Test results were followed up in line with the agreements in place.

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- The provider offered health screening and vaccinations as part of the service. Any risk factors identified would be discussed with the patient and followed up as required.
- Where appropriate, staff gave people advice so they could self-care.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Staff were required to complete Mental Capacity Act training as part of the provider's mandatory training.
- Information about the cost of care and treatment was clearly available on the provider's website, practice leaflet and as part of the registration pack.

Are services caring?

Our findings

We rated caring as Choose a rating because:

Feedback from patients obtained through our CQC comment cards, patients interviewed and the provider's own survey was consistently positive. Patients were treated with dignity and respect and involved in their care and treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. The provider carried out an on-going in-house patient satisfaction survey. A total of 230 responses were received between June 2017 and June 2018. Results showed that:
- 100% of patients said the welcome / greeting they received on arrival was good or very good.
- 100% of patients said the overall quality of their appointment was good or very good.
- We received 24 completed CQC comment cards and spoke with two patients on the day of the inspection. Patients were complimentary about the service they had received and described staff as friendly, knowledgeable and efficient. All responses received were positive.
- 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 their care and treatment.

- Interpretation services were available for patients who did not have English as a first language. We saw that the practice had contact details for interpreter services if needed.
- Many of the staff (including clinical) were multi-lingual and patients were made aware of this.
- Patients told us through the CQC comment cards we received and in person that they felt listened to, were supported by staff and that they had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- As part of the provider's in-house patient survey, patients were asked questions about their involvement in decisions about their care and treatment. All responses received were positive.
- 100% of patients said they received explanations about their proposed treatment by the doctor.
- 100% of patients said their questions were answered.
- 100% of patients said the clarity of any health advice or instructions to follow was good or very good.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Information governance training was undertaken by staff.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Consultation and treatment room doors were kept closed during consultations and privacy screens were available.
- Patients told us they were treated with dignity and respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

The provider organised services to meet patients' needs and had processes in place to learn from concerns and complaints. Patients received timely care and treatment.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, the service supported patients who may not be able to access NHS care or have difficulty accessing the NHS. They recognised language may be a barrier and ensured translation services were available.
- The facilities and premises were appropriate for the services delivered. However, the service was located in the basement of a pharmacy and accessed by steps only. The provider advised that they would offer patients a home visits if they were unable to access the surgery.
- Home visits to patients within the local area were provided on request.
- Patients received a standard 30 minute appointment to enable them to discuss their needs.

Timely access to the service

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

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

- Patients were able to access appointments by telephone, online or in person and were usually seen the same day.
- The practice was open Monday to Friday between 9.30am to 6.30pm and on a Saturday 10am to 4.30pm.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Feedback received from patients through the CQC comment cards and in person told us that patients received an efficient and timely service.
- Results from the provider's in-house survey told us that 100% of patients who responded found their appointment time was punctual.
- Patients did not have to wait long for test results and referrals and transfers to other services were undertaken in a timely way.
- When the service was closed the answerphone message directed patients to other services as appropriate.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems to respond and learn from them.

- Information about how to make a complaint or raise concerns was available and included in the practice leaflet and new registration folder.
- 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.
- Staff advised that they had not received any complaints within the last 12 months but had systems for responding and monitoring any complaints received to support improvement.

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 Choose a rating because:

The provider had a clear vision and strategy to deliver high quality care. There was strong and supportive leadership in place to manage risk and develop the service.

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and took action to address them.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and aimed to provide safe patient centred care in which their ethos was to treat patients how you would want your family to be treated.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values of the service.
- The provider advised that they had not had any incidents and complaints but were aware of the requirements of duty of candour should things go wrong.

- Staff told us they could raise concerns with senior staff and had confidence that they would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received annual appraisals in the last year and were supported to meet the requirements of professional revalidation where necessary. Clinical staff, were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity.
- Staff told us that they were a small team and that they worked well together and regularly communicated with each other.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear about their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Regular staff meetings were held to ensure important information was shared with staff.

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. We saw risk assessments in place relating to the premises and service which were kept under review.

Are services well-led?

Good 

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

- The provider maintained an oversight of safety alerts, incidents, and complaints. However they advised that there had been no incidents and complaints received within the last year.
- The provider had systems to monitor the safety of the service to ensure standards were being maintained, for example samples sent to the laboratory. However, there was little evidence of activity to support quality improvement for example, through clinical audit.
- The provider used patient feedback as the main quality performance measure.
- 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.
- The provider demonstrated that they were aware of statutory notifications that they were required to submit to external organisations.
- 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.
- Confidentiality agreements were signed by staff and information governance training was part of the provider's mandatory training for all staff.
- Patient records seen were well documented and stored securely to ensure the confidentiality of patient information.
- The provider was registered with the Information Commissioners 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 proactively encouraged feedback from patients which it used to shape services and culture. For example, the provider carried out an ongoing patient survey, there were 230 responses received between June 2017 and 2018, all were positive. The provider advised patients had requested access to wifi and so were looking to implement this.
- Staff were able to provide feedback through staff meetings and appraisals. As a small team they were also able to discuss any issues when needed.
- We saw service level agreements in place for key stakeholders such as the laboratory used and for the management of waste.

Continuous improvement and innovation

There was some evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. Staff received a comprehensive induction programme and ongoing appraisals.
- The service had systems to share learning from internal and external reviews of incidents and complaints.
- The provider had a comprehensive range of monitoring processes to support the safety of services provided.
- The provider told us that they prided themselves in their ability to support international patients to receive healthcare they may otherwise have difficulty accessing.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • The provider was not proactive in undertaking clinical improvement activity such as clinical audit. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.