

MSMB Healthcare Ltd

MSMB Healthcare - Harley Street

Inspection report

69 Harley Street
London
W1G 8QW
Tel: 07740 355 535
Website: www.londonelitehealth.com
www.conciergedoctor.co.uk

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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 was previously inspected on 13 June 2018 but was not rated

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 MSMB Healthcare - Harley Street on 31 July 2019 as part of our inspection programme to rate independent healthcare services.

Summary of findings

MSMB Healthcare- Harley Street is an independent health service based in central London, where general practitioner services are provided.

Dr Drashnika Patel 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 eight completed comment cards from patients using the service. All comments received were positive about the service and staff. We did not speak with any patients as the service was not seeing any patients on the day of the inspection.

Our key findings were:

- Most risks were well managed; however, we identified a lack of oversight in relation to some environmental risks.
- Systems were in place to ensure patients were safeguarded from abuse. Staff demonstrated that they understood their responsibilities and had received training on safeguarding relevant to their role.
- The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences to deliver a tailored service.
- Policies and procedures to govern activity were in place and reviewed annually. There was a complaints process in place and feedback from patients received was positive about patient experience.
- There were effective governance systems and processes in place.

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

- Develop a system to gain assurance that environmental risk assessments such as Legionella have been carried out and any actions to ensure safety have been completed
- Ensure equipment remains safe and maintained according to manufacturers' instructions

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

MSMB Healthcare - Harley Street

Detailed findings

Background to this inspection

MSMB Healthcare – Harley Street operates under the provider MSMB Healthcare Ltd. The provider is registered with the Care Quality Commission to carry out the regulated activity of diagnostics and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury. The location we visited as part of our inspection is 69 Harley Street, London, W1G 8QW. This location is shared with other services such as alternative medicine and osteopathy.

Dr Drashnika Patel 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. This service is a new service set up in 2106 and on average sees four patients a week, it is made up of two doctors and an administration staff member/personal assistant.

This service is open Monday to Friday between 9am and 6pm, appointment times are scheduled to suit patients' needs and out of hours appointments are booked directly

with the doctors via a mobile phone number that was monitored 24 hours a day, seven days a week. Services provided are general practice services with most patients attending for acute illnesses. For more information on the practice please visit their website at: www.conciergedoctor.co.uk

Patient records are all computer based. The service refers patients when necessary to other private providers as well as NHS services.

How we inspected this 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.

Our inspection team was led by a CQC lead inspector. The team included a second CQC Inspector and a GP specialist advisor.

Are services safe?

Our findings

We rated safe as Good because:

- There was a system in place for recording, reporting and managing significant events and incidents.
- Staff demonstrated that they understood their responsibilities, and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The service did not stock all relevant emergency medicines. However, responded immediately during our inspection, and had purchased additional emergency medicines on the day.
- The service had a process in place to manage most risks. However, the service had not considered calibration of the blood pressure monitor to ensure accurate readings; this was organised on the day.

Safety systems and processes

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

- 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 make an assessment of parental or legal guardian authority of adults accompanying a child.
- 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 received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The service was visibly clean and tidy and there were cleaning schedules in place for contractors to complete.
- We saw examples where the service was monitoring water temperatures to reduce risks in line with the landlords legionella policy and procedures. However, the landlord did not carry out a formal legionella risk assessment. Following our inspection, the provider explained that the landlords were making arrangements with an external company to carry out a formal legionella risk assessment.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. The service used a blood glucose monitor, finger pulse oximeter and a blood pressure monitor. The blood glucose monitor, and the pulse oximeter were purchased within the last 12 months, but the blood pressure monitor had not been calibrated. During our inspection, the practice organised for the blood pressure monitor to be calibrated.
- 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 systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Are services safe?

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 in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading. The provider had a contract in place with an external company to store patient records and staff explained records were stored in line with relevant guidance.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- There was a defibrillator and oxygen and emergency medicines on site. The service had most emergency medicines available. However, a medicine for heart failure and hypoglycaemia was not kept. The practice acted immediately during our inspection, and purchased additional emergency medicines.
- All staff members received annual enhanced life support training.
- The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had carried out an audit for antibiotic prescribing for upper respiratory infections in children. The aim of the audit was to ensure clinic was adhering to NICE guidance regarding prescribing. The first audit identified that 55% of patients were prescribed antibiotics appropriately and was slightly below the standard of 60%. The second audit identified a significant improvement at 69%.
- Staff prescribed and administered 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.

- There were effective protocols for verifying the identity of patients including children. The service ensured identity of patients were verified during consultations.

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments in relation to safety issues. However, at the time of our inspection, the provider were unable to provide assurance that Legionella risk assessments had been carried out. Staff explained the landlord held responsibility for making arrangements for environmental risk assessments to be carried out. Following our inspection, the provider explained arrangements with an external company to carry out a formal risk assessment were being explored.
- 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/ 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. The service was able to provide an example where learning had been identified and implemented following an incident. However, this was not within the last 12 months as no significant events had been recorded within this time.
- The service was aware of the Duty of Candour and encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- 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 team including sessional and agency staff.

Are services safe?

We saw a spreadsheet with relevant alerts that were received and the action that were taken. For example, we

saw an alert received in July 2019 regarding a medicine Rivaroxaban (Xarelto). This was discussed in 18 July and identified that there were no patients that were currently on the medicine.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

- Patients' needs were assessed and delivered in line with best practice guidance.
- Systems were in place to ensure appropriate record keeping and documentation.
- The service was aware of the most current evidence-based guidance.

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 service 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. We saw an example of an audit where NICE guidance was used as a standard.
- 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.
- Arrangements were in place to deal with repeat patients. The services system identified any repeat patients and previous consultations including prescriptions was available to the clinician.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service made improvements through the use of 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. For example, the service had carried out an audit to review the management of patients treated for menopause with an aim to implement

changes to improve the service to these patients. The audit reviewed 60 patient records and identified all patients (100%) to have symptomatic relief. The audit found 1.6% to have abnormal results requiring further follow up and were referred urgently. The audit identified improvements to the review process and had developed a more tailored approach to the process based on the individual. A re-audit was planned 12 months' time in April 2020.

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 were registered with the General Medical Council (GMC) 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. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, we were provided with examples of patients who had been referred for relevant tests and admitted to a relevant hospital for their condition. They were then re-admitted to a hospital in another country to suit the patient needs.
- Before providing treatment, doctors at the service 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.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were

Are services effective?

(for example, treatment is effective)

not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

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.

- Where appropriate, staff gave people advice, so they could self-care.

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients need 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.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated caring as Good because:

- Doctors we spoke with demonstrated an understanding of the personal, cultural, social and religious needs of people they provided a service to and were taken in to in the way the service was delivered.
- The service provided opportunities to enable patients to be involved in decisions about their care.
- Information about people was treated confidentially in a way that complied with the Data Protection Act and that staff understood their responsibility in terms of patients' privacy, dignity and respect.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs. For example, there was a choice between a male and female GPs.

- 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.

- Interpretation services were available for patients who did not have English as a first language. This was organised by a third party who referred patients to the service.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

- The service offered a personalised service to ensure treatment was tailored to the needs of the patients.
- Patients were able to choose appointment times to suit their needs.
- There was an electronic application that could be used to track the location of the clinician if a home visit was requested.

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 service was designed to be convenient for patients with a concierge approach. The service was available 24 hours, seven days a week; 365 days a year including Bank Holidays.
- Patients were able to book an appointment or request a visit to their home, hotel or work place. The wait time was between 60 to 90 minutes.
- There was a choice and flexibility of appointment times. For example, patients could have appointments from 15 minutes to six hours. One of the GP partners explained that the six-hour appointment was ideal for patients who wanted a consultation and any referral for example, Magnetic Resonance Imaging (MRI) scan and interpretation of the results following the referral/tests on the same day.
- The facilities and premises were appropriate for the services delivered. However, patients were able to ask for a visit to a location such as their work place or place of residence if it suited them better.
- The service aimed to provide a tailored approach based on the needs of patients and therefore people in vulnerable circumstances could access and use services on an equal basis to others.

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. Waiting times, delays and cancellations were minimal and managed appropriately. The service aimed to see patients within 60 to 90 minutes of request of a home visit. The service had carried out a home visit response time audit. The service reviewed 22 home visit requests from January 2019 to March 2019 which was offered on 24-hour basis. The service had a target time of 60-90 mins to see patients following request of a visit. One of the GP partner explained that they worked in accident and emergency and had been involved in setting up some urgent care centres around the country. They told us that they used some of the same principles to set up their home visit service. The result of the audit showed that 76% of patients were seen within the target time of 60-90 minutes and the service was looking at reducing the target time to 60 minutes. Five patients (24%) were seen outside of the target time and the service identified delays were due to rush hour traffic and some patients who had requested a specific time for the home visit. The service identified some improvements to the home visit process. For example, the service planned to recruit more doctors so that they could base themselves at specific areas to reduce travel times and distance for home visits.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and there was a complaints policy in place.
- The service had not received a complaint in the previous 12 months.

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 and strategy to deliver high quality care and promote good outcomes for patients.
- The providers understood the challenges to quality and sustainability, and were aware of the actions needed to address them
- The culture of the service centred on the needs and experience of people who used 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 were addressing them. For example, they wanted to offer a tailored service and told inspectors that they were only undertaking targeted marketing to ensure they were able to deliver effectively with the resources available to them. The service had recruited a GP recently as demand was increasing and planned to recruit further GPs as demand increased further.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership 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. The service had a realistic strategy and supporting business plans to achieve priorities.
- 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.

- The culture of the service centred on the needs and experience of people using the service.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The culture of the service encouraged, openness and honesty at all levels within the including with people who used services. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour although there were no incidences where this was required.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff. For example, we were told that the female GP did not carry out home visits alone, particularly during out of hours.

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.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There was a programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. The service took immediate action to risks identified on the day.

Are services well-led?

Good 

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

- 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.

- There were effective arrangements to ensure that the information used to monitor, manage and report on quality and performance was accurate, valid, reliable, timely and relevant. For example, home visit audit was used to identify areas for improvement.
- 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 all staff had sufficient access to information.
- The service submitted data or notifications to external organisations as required.
- 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.

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 the public, patients, staff and external partners and acted on them to shape services and culture. The service had carried out a patient satisfaction survey in September 2018 where 80 questionnaires were given out to patients on the day or posted out. The survey

asked 29 questions from booking appointment to their experience of pre and post consultation. The survey asked patients to rate their experience on a scale of 1 to 5 (one being very poor to 5 being very good). A total of 20 responses were received and an overall score of 85% was achieved. A 100% score represented a score of five. A second survey in December 2018 showed an improvement to 91% with feedback from 20 patients.

- The service had developed an electronic application where patients could book consultations with a GP. The application asked patients to rate their experience from one to five stars. Staff explained, if a GP received less than three stars on three consecutive times, then they were taken off the platform. This had been developed recently and the plan was to use this further as the service expanded. Currently there were four GPs working for the service including the two GP partners.
- The service was transparent, collaborative and open with stakeholders. The service had direct relationships with other physicians such as in the USA, Middle East and India. Some patients who travelled to the UK for work were contacted by the patients regular GP who requested the service to act as their doctor on a temporary basis. The service was able to receive relevant summary of medical notes following verbal discussion with the patients regular GP. For example, if a blood test was required, the patients GP was able to send out a request form which could be processed by the service. Similarly, the service was able to work with other doctors for their patients.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- There were systems to support improvement and innovation work. The service had developed an electronic application which it had started to use following the testing phase. This application allowed the public to book an appointment, telephone consultation or home visit. Patients were able to track the location of the visiting clinician if they requested a home visit.