

Doctor Now Limited

Doctor Now

Inspection report

The Old Barn
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Overall summary

We carried out an announced comprehensive inspection on 24 July 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

This service was previously inspected in January 2016 and we identified breaches of regulation. We found these concerns had been addressed since the last inspection.

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

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

Start this section with the following sentence.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

CQC inspected the service in January 2016 and asked the provider to make improvements regarding the safety and effectiveness of their care and to review leadership and governance processes. The provider sent us an action plan following the inspection, setting out what they were going to do to improve their services. We checked these areas as part of this comprehensive inspection and found they had been resolved.

The service provides private GP services to patients including consultation, treatment (which may include long term care) and vaccinations.

The lead partner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 feedback from 52 patients including 35 comment cards and 17 patients reporting directly to CQC. All the feedback we received was highly positive regarding the care and access to the service.

Our key findings were:

- Patients received timely care when required and were able to easily access appointments.
- There were systems in place to monitor patient care and treatment.
- Incidents and complaints were reported and investigated openly and thoroughly.
- The premises were clean, safe and well maintained.
- Staff provided a caring environment for patients to receive care in.
- Medicines were stored safely and repeat prescribing was monitored.
- Staff received training and development to ensure they were safe and capable to provide care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

At our previous inspection in January 2016 we found the provider was not fully identifying and assessing risks related to the provision of patient care.

At this inspection we found that this service was providing safe care in accordance with the relevant regulations.

- There was an effective system in place for reporting and recording significant events.
- The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The safeguarding policies were reviewed and contained up to date contact details for the local safeguarding team.
- Procedures were in place for monitoring and managing risks to patient and staff safety. For example, there were arrangements to prevent the spread of infection.
- Information required for providing care to patients was shared and stored securely.

Are services effective?

At our previous inspection in January 2016 we found the provider was not adequately monitoring patient care and treatment. Staff were not always receiving training and supervision to ensure they were able to provide services effectively.

We found that this service was providing effective care in accordance with the relevant regulations at this inspection.

- The provider ensured patients received assessments to determine appropriate care and treatment.
- Monitoring of patients' outcomes took place including audit.
- Staff were supported to provide care and treatment safely and effectively.
- Consent procedures were in place including guidance available to staff.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- The provider was considerate towards the needs of their patients and showed compassion in the delivery of care.
- According to patient feedback, services were delivered in a caring manner and privacy and dignity was respected.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- Patients were satisfied with appointment bookings and time allocated for their needs.
- There was a complaints process in place which contained all the information for patients to ensure they understood their rights.
- There was consideration of the potential additional needs of patients who may require support due to protected characteristics.

Are services well-led?

At our previous inspection in January 2016 we found the provider was not adequately monitoring patient care and treatment. Governance arrangements did not always ensure risks were identified, assessed and mitigated.

Summary of findings

At this inspection we found that this service was providing well-led care in accordance with the relevant regulations.

- There was a clear ethos of patient centred care.
 - Governance arrangements were in place to enable the oversight of staff and monitoring of patient satisfaction.
 - Patient feedback was encouraged and considered in the running of the service.
 - Risks to patients were managed and mitigated.
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Doctor Now

Detailed findings

Background to this inspection

Doctor Now provides services from: The Old Barn Mulberry Court Windsor End Beaconsfield Buckinghamshire HP9 2JJ. In addition the provider leases premises from other healthcare providers in Windsor and Slough where they provide some patient care.

Doctor Now is an independent GP provider. They provide services including:

- Care and treatment services including vaccinations, acute conditions, assessments of conditions, home visits among other services.
- Ongoing management of patient's medical conditions including therapies for mental health conditions.
- Health checks, investigations or screening for patients.
- Prescribing of acute medicines for therapeutic reasons.
- Referrals to external private medical services or recommendations of referrals to patients' NHS GPs.

Services were available from 8am to 8pm and out of hours services were available to patients who paid for this extended service.

The regulated activities registered for are:

- Diagnostic and screening procedures

- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

There were two full time GPs, a number of sessional GPs and five members of nursing staff working at the service. In addition management and support staff were employed to support the clinical team.

The inspection was undertaken by a lead inspector and a GP specialist adviser.

We requested information from the provider before the inspection. During the inspection we spoke with clinical, management and support staff, reviewed clinical and non-clinical documentation and reviewed patient feedback. We also looked at management of emergency medicines, equipment and prescription security.

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

At our previous inspection in January 2016 we found the provider was not fully identifying and assessing risks related to the provision of patient care.

At this inspection we found that this service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

The service had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- There was consideration of safeguarding procedures and requirements. Safeguarding policies were accessible to staff. Staff had completed safeguarding vulnerable adults and children training to the appropriate level.
- The provider had a chaperone policy in place and provided training to staff. This was to support staff with defining the role of a chaperone and requesting support where needed. All staff who provided the role had training and a Disclosure and Barring Service (DBS) check (DBS checks provide background information on whether a person has committed a crime or is barred from caring for vulnerable adults or children).
- There were appropriate recruitment and staff checks undertaken by the provider to assure themselves that all staff were safe and of good character in order to work with patients. This included proof of identity, conduct in previous healthcare roles and DBS checks. This also included appropriate checks of sub-contracted staff. Health checks and appropriate inoculations were undertaken on staff.
- There was a system in place to monitor the revalidation dates for clinical staff and support was provided to enable clinicians to complete this.

Risks to patients

Risks to patients were assessed and managed.

- There was a plan for emergencies which may occur and affect the running of the service.
- Staff received resuscitation training (CPR) training. Emergency medicines and equipment were available to

staff and monitored to ensure they were ready if required. A stock of medicines was available to take on home visits and this was monitored in line with the stock kept onsite.

- The various services provided were risk assessed and any mitigating actions as a result were undertaken.
- There was an infection control policy and monitoring processes. Staff were provided with training relevant to their role. An audit tool was used to monitor cleanliness. The supporting policy stated what action to take in the event of a sharps injury. Staff were supported with any occupational healthcare needs.
- Annual testing of legionella (a bacterium which may occur in water storage systems) was in place. The most recent testing in 2017 indicated water was safe to use.

Information to deliver safe care and treatment

Staff were able to access medical records belonging to patients when delivering care. Any data supplied to the service was stored and transported securely.

Correspondence was shared with external professionals in a way that ensured data was protected. Incoming patient correspondence was received and acted on securely by staff.

Staff had access to the relevant information they needed in order to support patients with the specific medicines for which they were being supported and monitored.

Doctor Now shared information with patients' NHS GP with consent from the patient to do so. If patients presented with any conditions that would require information from a patient's regular NHS GP and they did not consent to share this information, the provider assessed the risk and would only provide care they deemed safe in these circumstances.

Patients' identity was checked prior to treatment and this included a system to check a child's identity with their next of kin and to ensure the next of kin had the authority to consent to a child's care.

Safe and appropriate use of medicines

- The provider prescribed medicines for patients where needed. There were systems to monitor patients on medicines and recalls were in place to request patients to attend for periodic reviews of their medicines when required.

Are services safe?

- The provider had a process for receiving medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw these were acted on as necessary.
- Prescriptions were processed securely and there were systems to identify any potential misuse of medicines.

Track record on safety

There were systems to identify, assess and mitigate risks. For example:

- Infection control processes were in place including regular audits. Where actions were identified as required they were undertaken.
- Any risk assessments related to the provision of the service were reviewed and updated periodically to ensure they were up to date.

- The premises and equipment were well maintained. Regular checks of electrical equipment took place including calibration of medical equipment.
- A fire risk assessment and related safety checks were in place.

Lessons learned and improvements made

There was a formal process for recording and investigating incidents and events which may indicate required changes to practice and procedure. Staff could report incidents and investigations subsequently took place. The quality of clinical work was monitored through audit to identify any instances where patients may encounter problems in order to improve the quality of care.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection in January 2016 we found the provider was not adequately monitoring patient care and treatment. Staff were not always receiving training and supervision to ensure they were able to provide services effectively.

At this inspection we found that this service was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

Staff undertook appropriate assessments prior to planning and delivering care.

- Assessment guidance and forms were used to identify patients' care needs and we found these to be comprehensive and appropriate to the services delivered.
- National Institute for Health and Care Excellence (NICE) guidance was used to plan and deliver patients' care.
- Patients were prioritised for appointments if their needs were deemed urgent.

Monitoring care and treatment

The provider monitored the care provided via clinical audits, patient feedback and clinical governance meetings. The audits undertaken were part of a programme to either be or continuing to be repeated. They included an audit of patients on Warfarin to determine who had responsibility for medication reviews and ensure they were being undertaken and an audit on diabetes care. The audits identified areas of improvement and where care could be improved by ensuring monitoring of individual patients.

Patient feedback was sought via questionnaires and surveys on the support and care provided. This was highly positive about the quality of service patients received.

Effective staffing

The provider had a system to continually assess their staff's skills and knowledge and identify what training was

needed on an ongoing basis. A training programme was in place which included a broad range of clinical and non-clinical training including, safeguarding, infection control and equality and diversity.

There were clinical procedures in place for various care and treatment provided. These were tested and monitored.

Staff received an induction from the provider prior to starting work. Annual appraisals were provided to staff to ensure they could identify any additional development and training needs.

Coordinating patient care and information sharing

The provider shared information with patients' GP practices where necessary to ensure the safety and effectiveness of care. Other professionals and services involved in the provision of patient care were communicated with where necessary, this included district nurses and care homes.

Supporting patients to live healthier lives

Services were designed to enable patients to access appropriate GP care in a timely manner with the aim of early identification of illness to enable quicker treatment.

For ongoing or chronic conditions patients were frequently referred to consultants with expertise in specific areas, enabling patients to receive lifestyle advice and appropriate care planning.

Consent to care and treatment

Consent was obtained where necessary. There was guidance and a protocol on consent available to staff.

There was dedicated Mental Capacity Act (MCA) 2005 training provided to staff. Gillick Competency (consent rights for patients under 16) training was provided to staff who consulted with and treated children.

The cost of consultations was made clear to patients prior to appointments. When patients required additional tests or treatment the costs of these were advised in advance of consent to these procedures.

Are services caring?

Our findings

We found that this service was providing caring care in accordance with the relevant regulations.

Kindness, respect and compassion

We received feedback from 52 patients including 35 comment cards and 17 patients reporting directly to CQC. All the feedback we received was highly positive regarding the care and access to the service.

The provider regularly sought feedback from patients on the services they received via surveys and comment cards. They had undertaken their last survey in Spring 2017.

The survey identified satisfaction with the service was high, with 93% of patients being very satisfied with the service they received from the provider and 7% satisfied.

Involvement in decisions about care and treatment

Patient feedback suggested that patients felt treatments options and assessment outcomes were explained clearly to them. Feedback provided on CQC comment cards was positive in regards to patients' involvement in care decisions.

There was patient literature available and it explained the various types of treatment and what they entailed, including clear costings.

Privacy and Dignity

Staff received training and procedures in order to protect patients' dignity and privacy. Clinical staff explained how they tried to put patients at ease when undertaking intimate examinations or procedures. We saw no concerns in patient feedback or complaints to the provider regarding privacy and dignity concerns.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service provided personalised care to patients including ongoing access to advice and information. There had been consideration of the accessible information standard and requirements regarding the Equality Act (2010). For example,

- The provider had undertaken a risk assessment and related actions regarding the access to the premises for patients with limited mobility or disabilities.
- A choice of female and male clinicians was offered to patients.
- Communication was based on patients' needs and was assessed on a case by case basis.
- Translation services were available.
- Home visits were organised by the provider for patients who were unable to attend the practice locations.

Timely access to the service

Patients could book appointments over the phone or via online appointment booking. These were bookable from

8am to 8pm. An out of hours service including home visiting was also available with a GP on call during these times. This was part of a superior package of care patients could opt into.

Appointment times were usually allocated for 20 or 30 minute slots.

Patient feedback collected by the provider and through CQC comment cards showed positive outcomes for patients in their wait times for services.

Listening and learning from concerns and complaints

The provider had a complaints policy which set out the process for dealing with complaints. This included timeframes for acknowledging and responding to complaints with investigation outcomes. We reviewed a complaint a patient who was unhappy with the explanation of costs of their care and the care itself. This led to a review of the advice provided to the patient. A refund of some funds paid by the patient plus additional care was offered to ensure their needs were met.

There was information provided to patients on how to escalate their complaints to external advocacy services such as the the Independent Healthcare Sector Complaints Adjudication Service (ISCAS).

Are services well-led?

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

Our findings

At our previous inspection in January 2016 we found the provider was not adequately monitoring patient care and treatment. Governance arrangements did not always ensure risks were identified, assessed and mitigated.

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

Leadership capacity and capability

The provider had the experience, capacity and capability to ensure patients accessing services received high quality assessment and care. It was evident that the leadership within the service reviewed performance frequently. The leadership team included the relevant mix of clinicians and management expertise required to deliver the services and monitor performance.

Vision and strategy

The provider had an ethos of working with the local healthcare economy. For example, they had arranged a meeting with several leaders from local GP practices to work on improving how they could enhance patient care and streamline communication between their services.

Culture

The provider complied with the Duty of Candour and there was an open culture regarding incidents, complaints and areas for learning. Staff were complimentary about working for the provider. They insisted they would share concerns internally and were clear on how to escalate any concerns they had externally if required.

Governance arrangements

The service had suitable governance frameworks with which to support the delivery of services. Specific policies and procedures were in place and easily accessible to staff. For example,

- There were policies covering specific areas of service delivery including safeguarding, whistleblowing and significant event reporting.
- There were regular clinical governance meetings where outcomes regarding the care provided and patient outcomes were discussed.
- We found that a process for investigating and identifying actions resulting from significant events was in place.

- Audit was used to assess quality and identify improvements.

Managing risks, issues and performance

The service had systems to effectively identify, assess and manage risks related to the service provided. The risks associated with the treatment provided were assessed and well managed via ongoing assessment and periodic review of the services provided. For example, audits of clinical care took place regularly.

Appropriate and accurate information

Patient assessments, treatments, including ongoing reviews of their care, were monitored. The clinical staff responsible for delivering patients' care were able to access the information they needed.

The provider had policies for the safe sharing of information and they were registered with the information commissioner's office (ICO).

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients. They acted to improve services on the basis of this feedback.

- Comments and feedback were encouraged. These were reviewed and considered by the provider.
- Patient feedback was consistently positive.
- Staff feedback was collected via appraisal and meetings. This was valued and acted on where necessary.

Continuous improvement and innovation

There were systems to identify learning outcomes and implement improvements where necessary.

- The provider had undertaken a review of business processes to identify how the model in place could be improved to enhance efficiency and the quality of patient services.
- The provider was planning and implementing a move of premises to improve accessibility and the capacity for providing services.
- An online patient access system was being piloted and implemented in August 2018 to enable greater access to online services for patients.