

DR-IME Limited

Adonia Medical Clinic

Inspection report

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Ratings

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

Overall summary

We carried out an announced comprehensive inspection on 12 April 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

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.

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.

Summary of findings

Adonia Medical Clinic offers primary care appointments for non-acute health conditions. The primary care service has only been seeing patients since January 2018 although it has been registered since August 2017. The service has treated just two patients to date.

The clinic is run by the medical director who founded the clinic and is a doctor. They contract with a qualified GP on a locum basis to provide primary care consultations.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner. Adonia Medical Clinic predominantly provides aesthetic cosmetic treatments which are exempt by law from CQC regulation. Therefore, we were only able to inspect the primary medical service and not the aesthetic cosmetic services.

The medical director 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 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.

Our key findings were:

- Systems were in place to protect people from avoidable harm and abuse.
- There were systems in place to identify, review and learn from mistakes or incidents. The staff understood their responsibilities under the duty of candour.
- The clinical team were aware of current evidence based guidance.
- The clinical team were qualified and had the skills, experience and knowledge to deliver effective care and treatment.
- The practice had only seen two primary care patients. General feedback from people using the clinic indicated high levels of satisfaction with the clinic and staff overall.
- Information about services and how to complain was available although some information was incorrect.
- The doctor had a clear vision to provide a high quality, personalised service.
- There were systems in place to monitor and improve the quality of service provision.

There was an area where the provider could make improvements and should:

- Review the quality of medical note keeping to ensure records are clearly dated and signed.

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?

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

The service had systems in place to assess and manage risks including safeguarding patients from the risk of abuse; recruitment; learning from incidents and infection prevention and control. The service had acted on risk assessments for example in relation to fire safety.

Are services effective?

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

The clinical team were up to date with current guidelines and considered these when delivering patient care. The locum GP had the skills, knowledge and ongoing professional development to deliver a clinically effective primary care service. The medical director and locum GP undertook periodic external appraisal as required.

Are services caring?

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

The service ethos was to treat patients courteously and with respect. Patients could choose consultations lasting from 30 minutes to an hour and were given time to discuss their health. The clinic provided information including costs, prior to the start of treatment. The service did not have many primary care patients so feedback was limited to date.

Are services responsive to people's needs?

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

The service was responsive to patient needs. Appointments could be booked both within and outside normal working hours including on the weekend. The clinic had an accessible consulting room. The service had a complaints policy in place.

Are services well-led?

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

The medical director had a clear vision to provide an integrated primary care and aesthetic service to meet patient needs which was underpinned by a supporting strategy. The service had a comprehensive range of policies and procedures in place to identify and manage risks. The GP kept written notes of consultations but these were not dated and signed appropriately.

Adonia Medical Clinic

Detailed findings

Background to this inspection

Adonia Medical Clinic Limited is an aesthetic and primary care clinic. The service is run by the medical director who owns the business. The clinic employs a locum GP as required to provide primary care consultations for patients with non-acute or urgent conditions. The service also employs a manager and aesthetic therapists. The service treats adults only. The clinic offers appointments at the following times:

Monday, Tuesday, Wednesday and Friday: 9am - 6pm

Thursday: 11am - 8pm

Saturday: 10am - 6pm

The current GP is normally available on Wednesdays although the clinic can offer some flexibility depending on patients' needs. Patients contacting the clinic with acute problems are advised to contact their NHS GP or urgent services.

The clinic has a registered patient list. Two patients in total have attended primary care consultations at the clinic. The clinic predominantly provides aesthetic consultations. The aesthetic service falls outside the scope of CQC regulation and this inspection.

The clinic is located in recently refurbished premises over three floors. There are consultation rooms on the ground and first floors with the first floor being accessible by stairs. Patients with mobility difficulties can be seen on the ground floor. The waiting room and reception are also located on the ground floor.

We carried out this inspection of the Adonia Medical Clinic on 12 April 2018. 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:

- Spoke with the medical director and manager.
- Reviewed documentary evidence relating to the service and inspected the facilities, equipment and security arrangements.
- We reviewed two patient records. We needed to do this to understand how the service assessed and documented patients' needs, consent and any treatment required.
- Reviewed 13 comment cards completed by clients and patients of the clinic in the days running up to the inspection. It was not possible to tell if any of the people commenting had directly used the primary care 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 formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

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

Safety systems and processes

The service had considered relevant health and safety and fire safety legislation and had access to relevant risk assessments covering the premises in addition to practice policies and protocols which were regularly reviewed. Any changes in safety procedures were communicated to staff and patients if relevant.

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

- The medical director was the designated safeguarding lead for the service. The service had safeguarding policies, protocols and contact details for the local statutory safeguarding team. The medical director and GP had received safeguarding training covering adults and children to level three. The 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 clinic could provide a trained member of staff to attend as a chaperone if required.
- The premises were clean and tidy on the day of the inspection. The clinic staff were responsible for cleaning the premises and there was a detailed cleaning schedule and rota. 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 and the staff and locum GP received regular update training. 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 and equipment were suitable for the service provided. Primary care equipment was either new or had been recently calibrated.
- The service had comprehensive health and safety policies in place. The service had engaged suitably qualified persons to carry out appropriate risk assessments for example portable fire safety. Fire safety equipment was installed and regularly tested. We saw a

range of risk assessments and inspections covering fire and electrical safety and the air conditioning and water systems. The service had acted on recommendations for example, removing unnecessary clutter from fire safety exits.

- There was a lone worker policy in place.

Risks to patients

The service had arrangements in place to respond to emergencies and major incidents:

- The clinic had a small stock of medicines to treat patients experiencing symptoms of anaphylaxis. The emergency medicines were in date and were regularly checked. There was also a first aid kit.
- The clinic had arranged to have portable emergency oxygen on the premises. The risk of a medical emergency had been assessed as low enough to not require a defibrillator on site. Patients were screened before booking an appointment to ensure that the service was suitable for their needs.
- The staff were 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.

Information to deliver safe care and treatment

The service kept paper records of appointments and consultations although it planned to utilise an 'off the shelf' electronic clinical records system. 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. Policies, strategies and risk assessments were stored electronically. The service sought patients' consent to share information about treatment or referrals 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.

- The GP had not yet prescribed any medicines for patients although we were told that the GP and medical director would prescribe medicines to patients if required. The service did not have a clear written prescribing protocol at the time of the inspection but

Are services safe?

submitted this shortly afterwards. This reflected clinic policies, for example that controlled drugs would not be prescribed and the service did not offer repeat prescriptions.

- The clinic used paper prescriptions. The medical director was implementing a system to stamp their prescriptions with a clinic identifier to reduce the risk of prescription fraud.
- The medical director routinely reviewed updates to national guidelines and medicines safety alerts. They showed us evidence of how they had acted on a medicines alert that was relevant to the aesthetic service.

Track record on safety

The service had not experienced any serious incidents involving significant harm to primary care patients or staff.

There had been an incident involving an aesthetic procedure and the staff had documented the incident, advice given and actions and had been open with the client in this case.

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 medical director and manager 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 found that this service was providing effective services in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The medical director provided evidence that the service considered relevant and current evidence based guidance and standards when assessing patient needs and delivering patient care. The medical director and locum GP received updates to national guidelines.

The clinic offered patients fast access to common investigations and tests and the medical director had put systems in place to ensure that all tests were reviewed the same day they were received.

Monitoring care and treatment

The service had systems in place to monitor the quality of the service and we were shown examples of audits of cosmetic procedures. The number of GP consultations had not yet reached the level at which these could be meaningfully audited or benchmarked, for example against published NHS norms and targets. The locum GP attended the practice regularly to introduce themselves to patients which provided an opportunity to review and reflect on the service with other staff members.

Effective staffing

The medical director and GP had the skills and knowledge to deliver effective care and treatment.

- The staff (including locum members of staff) had completed training covering safeguarding, infection prevention and control, fire safety, health and safety and information governance.
- The locum GP worked as a partner in a GP practice in London outside of their work with the Adonia Medical Clinic. This allowed them opportunities to reflect on their practice alongside clinical colleagues and other GPs.

- The medical director had undertaken additional training in aesthetic medicine. They were also currently employed as a consultant and lecturer at an NHS acute hospital trust in London.
- The doctors maintained a folder of educational sessions as part of their appraisal process.

Coordinating patient care and information sharing

The service shared information to plan and co-ordinate patient care effectively.

- The service had not yet referred patients to more specialist services.
- Information was shared between services with patients' consent. Patients were asked if they would allow the service to share information about their treatment with their NHS GP and their response was documented.

Supporting patients to live healthier lives

- The service had a focus on holistic health and offered a range of primary health and aesthetic services. The service offered 'well woman' and 'well man' type consultations.
- 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 found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

The service treated patients and clients with dignity, respect and compassion. Thirteen CQC patient comment cards were completed in advance of the inspection although it was not possible to tell if these had been completed by any patients who had used the primary care service. All the comment cards were very positive about the standard of care and service at the clinic. Patients praised the medical director and other staff members saying they were professional and took the time to explain and listen.

The service could only offer appointments with a male GP at the time of the inspection. Patients could request a chaperone when they booked an appointment. The clinic had not yet included information about chaperones on its 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 information in advance about the costs. Standard appointments were scheduled to last from 30 minutes to an hour allowing time for detailed discussion and questions.

The clinic provided facilities to help involve patients in decisions about their care:

- We were told that both patients who had attended the clinic had spoken English fluently. The service had access to translation services should patients need this.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity. Staff recognised the importance of patient confidentiality and the service complied with the Data Protection Act 1998.

We observed the treatment room to be clean and well organised. Paper records were stored out of sight. 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 found that this service was providing responsive services in accordance with the relevant regulations.

Responding to and meeting people's needs

The service was organised and delivered in a way that was responsive to patients' needs and preferences. The service was developing an understanding of the needs of its population and tailored services in response to those needs, for example it no longer offered 15 minute walk-in appointments as there had been no demand for this. The service made it clear to the patient what services were offered and the limitations of the service on booking. The practice had a website which included information about the service.

Appointments could be booked over the telephone. Patients attended the clinic for consultations. The service did not offer home visits.

The clinic consultation rooms were located on the ground and first floor which was accessible by stairs. The GP could use a ground floor room if patients could not use the stairs.

It was made clear to patients in advance that they could only consult with a male GP at the clinic for primary care consultations.

Timely access to the service

The clinic had capacity to offer appointments to patients at a mutually convenient time. Patients had timely access to initial assessment, test results, diagnosis and treatment.

The clinic operated both within and outside working hours (including at weekends) to suit the needs of working patients. We were told that the locum GP was usually available on Wednesdays but there was some flexibility about this. The service offered appointments at the following times:

Monday, Tuesday, Wednesday and Friday: 9am - 6pm

Thursday: 11am - 8pm

Saturday: 10am – 6pm.

Listening and learning from concerns and complaints

There were no recorded complaints against the service. The medical director 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. This detailed the process for complaints handling and how patients could escalate their concerns if they were not satisfied with the investigation. Some of this information was not applicable to patients of independent health care services and the medical director submitted evidence to show that this text had been removed from the policy shortly after the inspection.

Are services well-led?

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

Our findings

We found that this service was providing well-led services in accordance with the relevant regulations. The primary care service had only been running since January 2018.

Leadership capacity and capability

The clinic was operated by the medical director who had founded the clinic. The medical director was well-qualified; had recruited a manager, a GP and therapist; and, had located appropriate premises for the service. The medical director recognised their responsibilities and accountability for the quality of the service provided.

Vision and strategy

The medical director had a clear vision to provide an integrated primary care and aesthetic service to meet patient needs although the primary care service remained in the early stages of development. There was a strategy and supporting business plans to achieve identified priorities which were regularly reviewed.

Culture

There was a professional and welcoming atmosphere at the clinic. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Governance arrangements

There were systems in place to support good governance as the service developed. Policies and procedures were documented, accessible and the doctor had systems in place to assure these were operating as intended..

The medical director and GPs had an external clinical appraisal annually as required and maintained their professional development and skills.

Managing risks, issues and performance

There were clear processes for managing risks. For example, the medical director maintained oversight of relevant safety alerts audit results and patient feedback. The service monitored actions taken to mitigate risks, for example it carried out an annual infection prevention and control audit and six monthly fire drills.

The staff were 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 service did not yet have enough patient consultations to carry out much in the way of clinical quality improvement work. We found that the two medical records we reviewed included relevant information on history and a record of the consultation but they were not signed or dated correctly.

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners. For example, the service had held an event to celebrate the clinic's first anniversary and had introduced new aesthetic services following suggestion and patient feedback. The clinic had scored highly on internet feedback sites.

Continuous improvement and innovation

The immediate focus was on establishing the service. However, the medical director had identified areas for improvement. For example the medical director was in the process of introducing an electronic clinical record system. The service was also about to contact GPs in the area to increase awareness of the services it could provide.