

The Northway Clinic

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

This service was inspected and not rated overall.

We previously carried out an announced focused inspection of The Northway Clinic location on 7 April 2022 and found the practice was in breach of Regulation 12: 'Safe care and treatment' and Regulation 17 'Good governance' of the Health and Social Care Act 2008. We urgently suspended the providers registration on 8 April 2022 for a period of six months in line with the Care Quality Commission's (CQC) enforcement processes and under Section 31 of the Health and Social Care Act 2008, in respect of regulated activities undertaken at The Northway Clinic location. This notice of urgent suspension of the provider's registration was imposed because we believed that a person would have or may have been exposed to the risk of harm if we did not take this action. The full report for the previous 7 April 2022 inspection can be found by selecting the 'all reports' link for The Northway Clinic on our website www.cqc.org.uk.

The provider requested we inspect The Northway Clinic location again prior to the expiry of its suspension, to assess whether sufficient improvements had been made to lift the suspension. We carried out an announced focused inspection onsite on 8 July 2022 and reviewed further evidence off site on 13 July 2022 and found the practice had taken sufficient action to lift the suspension we imposed.

The 8 and 13 July 2022 inspection was focused on risks we found at the previous 7 April 2022 inspection. As a result, the following key questions were partly inspected but not rated.

Are services safe? – Inspected but not rated

Are services effective? – Inspected but not rated

Are services well-led? - Inspected but not rated

The Northway Clinic is an independent health service based in front of Canning Town transport hub, that is approximately 5 minutes away from Canary Wharf financial district.

Our key findings were:

- There were systems to keep people safe and safeguarded from abuse and harm.
- Systems were in place for patients' clinical needs assessment, care and prescribing in line with evidence-based guidance.
- The service had systems to identify and learn from significant incidents.
- The appropriateness of clinical care and treatment was reviewed effectively, including through quality improvement activity.
- Effective short to mid-term leadership and governance arrangements were implemented, and the provider had plans to sustain appropriate arrangements in the longer term.

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

- Ensure longer term plans for sustainable and effective clinical leadership and governance.
- Review and improve the prescribing policy, including regarding controlled drugs.

On 15 July 2022 the provider was issued with a notice to confirm that the suspension of the registration as a service provider under the Health and Social Care Act 2008 that began on 8 April would end on 20 July 2022 and the service would be able to resume carrying out Regulated Activities on 20 July 2022.

Overall summary

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a CQC GP specialist adviser.

Background to The Northway Clinic

The Northway Clinic is an independent health service based in front of Canning Town transport hub, that is approximately 5 minutes away from Canary Wharf financial district. The service provides consultations and treatment for children and adults of all nationalities and ages.

The service directly employs a practice manager, sales and marketing manager, three receptionists, two phlebotomists and three nurses. A number of self-employed clinicians also work for the service on a contractual basis including a clinical lead general practitioner, a general internal medicine specialist, a dermatologist, an otorhinolaryngologist, a urologist, a cardiologist, a neurologist, two gynaecologists, two physiotherapists, an orthopaedic specialist, an anti-ageing specialist, and two sonographers.

The provider, Baltic Medical Centre Limited, undertakes regulated activities from two locations (The Northway Clinic and The Baltic Medical Centre) and is registered with the CQC to provide the following regulated activities: diagnostic and screening procedures; family planning; surgical procedures; and treatment of disease, disorder or injury.

The Northway Clinic service is open from Monday to Saturday (except on bank holidays), with appointments available from 9am to 7pm.

The registered manager of the service had been on extended leave from the service since October 2021 and the provider appointed interim cover for this role. 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.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Completing clinical searches on the practice's patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.

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

- Is it safe?
- Is it effective?
- Is it well-led?

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

Are services safe?

Safety systems and processes

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

- Systems to support patients and protect them from neglect and abuse were in place, including arrangements for safeguarding children referrals.
- All cases we were concerned about at our previous 7 April 2022 inspection had been appropriately reviewed.
- The service had reviewed and improved its safeguarding policies that were satisfactory.
- There was a system to highlight vulnerable patients on records.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The provider had a plan to implement consultants peer reviews on re-opening. Systems for peer included clinical consideration and advice regarding the basis for clinical tests such as radiology or pathology, and to ensure recording of relevant patient information such as histories and examinations.
- Where there was only one consultant in a particular specialist area such as for an orthopaedic consultant, gynaecologist, and cardiologist; the provider had a short-term plan to ensure external consultants peer review. Staff told us learning would be used to inform longer term plans to ensure appropriate clinical governance and oversight to sustain the quality and safety of clinical care.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Safe and appropriate use of medicines

There were systems for appropriate and safe handling of medicines.

- The service had reviewed and improved its prescribing policy that excluded prescribing of medicines not licensed for prescribing within the UK. The prescribing policy covered essential considerations such as controlled drugs, repeat prescribing and high-risk medicines. The policy stated the service did not prescribe any Schedule 2 or 3 controlled drugs (including methadone) or lithium but did not include consideration of schedule 3 and 4 drugs; for example, recommended prescription duration of zopiclone, or codeine-based analgesia.
- A range of internal and external audits were undertaken to review prescribing in line with best practice guidelines for safe prescribing, such pharmacists' audits.
- Medicines audited included those with higher risk factors due to a risk of substance misuse such as zopiclone, tramadol, dihydrocodeine, and gabapentin; or monitoring required such as salamol, ACE inhibitors (medicines used to lower blood pressure), and levothyroxine (a medicine used to treat an underactive thyroid gland).

Track record on safety and incidents

The service had effective systems to underpin safety.

- The service monitored and reviewed activity. This helped it gain a clear and accurate understanding of risks. For example, the service had enlisted an independent consultant and undertaken a full root cause analysis of concerns that were identified at our previous 7 April 2022 inspection. The service implemented immediate improvement plans and set out longer term improvement plans. For example, we were concerned about patients with an eGFR test result below 60 at our previous 7 April 2022 inspection and the service immediately identified and reviewed those patients to inform appropriate follow up, such as consideration of CKD.

Are services safe?

- The service had undertaken a review of clinical records for patients with a HbA1c (a measure of the amount of blood sugar attached to haemoglobin) greater than 48 and taken action to ensure systems for appropriate follow up, including to contact the patient and their own GP.
- The service undertook a retrospective audit looking at all patients who came for coil related procedures since opening of Northway Clinic until March 2022. The audit found that of 19 patients who were seen for coil insertion/removal, there were no complications, and none presented to the Northway Clinic with any sign of infection.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for monitoring compliance of safety alerts. The clinical lead GP was signed up to receive safety alerts. A protocol was in place to ensure safety alerts cascading, follow through, and discussion at clinical meetings.
- There was a process of auditing by a pharmacist and a reference log held by the practice manager to further assure safety alerts follow up.
- Prescribing of mirabegron had been audited to promote learning and adherence to the requirements of a safety alert released in 2015.
- We saw a safety alert regarding metformin and low B12 levels had been acted on. The service ran a search of all patients prescribed metformin and advised patients as applicable and appropriate, including regarding risks of low B12.

Are services effective?

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice.

The provider had arrangements to ensure clinicians assess needs and deliver care and treatment in line with current legislation, standards and guidance (relevant to their service).

- Where appropriate, the service had ensured clinical staff reflective practice and learning. Relevant current and draft guidelines were referred to; for example the National Institute of Clinical Excellence (NICE) guidelines on Pyelonephritis (acute): antimicrobial prescribing, EAU (European Association of Urology) guidelines on Urological infections, and EAU guidelines on the Management of Non-Neurogenic Male Lower Urinary Tract Symptoms (LUTS), incl. Benign Prostatic Obstruction (BPO).
- The service had systems to ensure patients' immediate and ongoing needs were fully assessed such as clinical record keeping reviews and consultants peer reviews, to quality and safety check clinicians making or confirming a diagnosis.

Monitoring care and treatment

The service was actively involved in clinical quality improvement activity.

- There was a comprehensive programme of internal and external quality improvement activity that covered all areas of concern identified at our previous inspection 7 April 2022, this was overseen by a newly appointed clinical lead GP.
- The provider undertook clinical consultation audits of consultations undertaken at its other location (the Baltic Medical Centre) during the period of the Northway Clinic suspension. Clinical staff worked across the two locations and findings were used for learning and improvement across both locations.
- The service undertook record keeping and ID checking audits and implemented improvement actions. For example, to ensure a signed and completed copy of an appropriate consent form, and to record that the intended benefits of each procedure have been discussed with the patient.

Coordinating patient care and information sharing

Systems were in place to work with other organisations to deliver effective care and treatment.

- At our previous inspection April 2022, there were weaknesses in systems for patients test results. At this inspection July 2022, the service had created a system of fail safes for reconciling and managing blood and histology test results.
- There were systems to ensure doctors at the service had adequate knowledge of the patient's health before providing treatment, such as taking their temperature or blood pressure where clinically required.
- Systems were in place for monitoring prescribing of medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma.

Are services well-led?

Leadership capacity and capability.

- At our previous inspection 7 April 2022, the clinical lead GP did not have sufficient knowledge or skills to undertake the role and did not ensure effective clinical oversight or demonstrate basic safeguarding insight. By this inspection July 2022, the service had suspended and subsequently withdrawn the practicing privileges of the former clinical lead GP that was no longer engaged by the service. A new interim clinical lead GP appointed that understood the clinical challenges and risks. Appropriate systems to ensure effective clinical oversight such as clinical audit, peer review, and supervision of clinical staff and their consultations were implemented.
- The service had separated the role of CQC responsible individual and CQC registered manager to increase scrutiny and oversight of the manager.

Governance arrangements

- The service had a program of monthly clinical meetings chaired by the clinical lead GP where minutes were taken and distributed to all clinicians. We checked minutes of the June 2022 meeting that had standing agenda items including significant events, safeguarding, complaints, and safety alerts. The service manager ensured all clinicians signed to confirm they had received and read clinical meeting minutes.
- The service had standardised key documents such as clinical consultation templates, where appropriate.
- The service had reviewed and implemented appropriate arrangements and policies for safeguarding, significant events, and safety alerts.

Managing risks, issues and performance

- The provider had satisfactorily addressed all concerns that triggered our suspension of services at our previous 7 April 2022 inspection, including to review care and treatment for individual patients and follow up as needed.
- The service had an appropriate risk managed reopening plan phased over 16 weeks, to build up the service and monitor quality during this process, with oversight from external consultants. The plan included not seeing children for the first eight weeks of re-opening.
- The service conducted a retrospective review of all children's consultations since January 2022 to ensure there were no further missed or delayed safeguarding notifications.
- The provider used learning such as from significant events at its second location to inform safety improvements at the Northway Clinic.
- Staff told us to make pharmacist auditing activity was now a permanent part of monitoring to help manage risks, issues and performance.
- The service had introduced an ongoing program of clinical audits and consultants clinical peer review.
- Significant events were recorded and discussed with all staff at meetings such as the monthly doctors' meetings. The service treated the findings from our previous April 2022 inspection as a significant event and undertook a full root cause analysis that informed improvements.
- The responsible individual told us there would be regular and unscheduled visits to continue to check the quality of the service after reopening.
- The service implemented consultation observations and feedback to clinicians.
- The service had a system for comparison assessments for notes entered onto the patient clinical record system, to improve and sustain the quality or recording.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Audits were discussed in meetings.

Are services well-led?

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The practice manager was appointed to the Caldicott Guardian Lead role and improved communication standards for sharing consultations with NHS GP's were implemented.