JDoc Medical Limited

JDoc Medical - Wellington Diagnostic Centre

Inspection report

JDoc Medical - Wellington Diagnostic Centre
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Overall summary

We carried out an announced comprehensive inspection on 16 August 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 care 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 not 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.

JDoc Medical - Wellington Diagnostic Centre provides private general practitioner consultation and treatment services.

Two people provided feedback about the service – both of whom were entirely positive.

Our key findings were:

- Governance arrangements did not always operate effectively. For example, although staff safely managed medicines, the written protocols governing this activity were either out of date, not specific to the service or not in place. The service also lacked a written patient safety alert protocol and governance arrangements had failed to identify lapsed staff training.
- There was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.

Summary of findings

- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Clinical audit was being used to drive improvements in patient outcomes.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.
- The service's lead GP 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 identified regulations that were not being met and the provider must:

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

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review protocols for ensuring that regular adult antibiotic prescribing audits take place.
- Review protocols to ensure that there is a formal protocol in place for checking patient test results.
- Review protocols for ensuring that staff teams receive sepsis training.

Professor Steve Field

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Chief Inspector of General Practice

JDoc Medical - Wellington Diagnostic Centre

Detailed findings

Background to this inspection

JDoc Medical - Wellington Diagnostic Centre is run by JDoc Medical Limited. The service offers private GP consultation and treatment services from a single floor of the Wellington Diagnostics Centre located in Golders Green, North London.

Five doctors and one Health Care Assistant work at the service; supported by a practice manager and receptionists.

Consulting hours are 9.00am to 9.30pm Monday to Sunday (including bank holidays). Appointments are available within 24 hours, and sooner for urgent medical problems. Patients can book by telephone, e-mail and on-line. The service is accessible by lift and is also fully accessible to wheelchair users. In the past 12 months, approximately 13,000 GP consultations have taken place at this location.

Out of core hours, a mobile phone is held by the lead GP (this number is not shared with patients). In the event of a critical laboratory result which cannot wait until the next working day, the doctor will call the patient directly.

We inspected JDoc Medical - Wellington Diagnostic Centre on 16 August 2018. The team was led by a CQC inspector, with a GP specialist advisor and CQC pharmacist inspector.

Before the inspection we reviewed notifications received from and about the service (including from oversight bodies). We also reviewed a standard information questionnaire completed by the service.

During the inspection, we received feedback from people who used the service, interviewed staff, made observations and reviewed documents.

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

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

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

Are services safe?

Our findings

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

There was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.

Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

The service had adequate arrangements to respond to emergencies and major incidents.

Although we noted overall that the service had protocols to minimise risks to patient safety, we identified risks associated with lapsed phlebotomy training for the service's Health Care Assistant.

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. 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. Policies were regularly reviewed and were accessible to all staff, locums. They outlined clearly who to go to for further guidance and we discussed examples where the service had used them when referring concerns to local safeguarding bodies.

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. We were told that nurses employed by The Wellington Diagnostics Centre acted as chaperones and that they had been DBS checked and trained for the role.

There was an effective system to manage infection prevention and control.

The provider's landlord had undertaken a Legionella risk assessment within the previous 24 months and was also undertaking periodic water sample analyses and water temperature monitoring.

The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The provider's landlord had systems in place for safely managing healthcare waste.

Risks to patients

We looked at the systems in place for assessing, monitoring and managing risks to patient safety.

There were arrangements for planning and monitoring the number and mix of staff needed.

There was an effective induction system for agency staff tailored to their role.

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 although we noted that formal sepsis staff training had not taken place. Shortly after our inspection we were advised that training had been booked.

When there were changes to services or staff the service assessed and monitored the impact on safety.

There were appropriate indemnity arrangements in place to cover all potential liabilities such as professional medical indemnity insurance.

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 ten records we reviewed showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Are services safe?

The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

We looked at policies, storage, records, training and systems for medicines management at the service; and found that the service was managing medicines safely.

For example, the systems for managing and storing medicines including Controlled Drugs (which require extra checks and special storage because of their potential misuse), vaccines, medical gases, emergency medicines and equipment, minimised risks. The practice held stocks of Controlled Drugs which were stored in a Controlled Drugs cupboard: access was restricted and keys were held securely. Blank prescription pads used for Controlled Drugs were securely stored and there were effective systems in place to monitor their use. We saw evidence of the safe handling of requests for repeat medicines and medication reviews were carried out periodically by GPs.

However, we also noted an absence of written protocols and also that where these were in place, they were either not specific to the service or out of date. For example, the service's medication review was brief and referenced data from 2005 and 2009. The guidance on the management of Controlled Drugs was not service specific and referred to an organisation that no longer existed. We also noted an absence of written instructions on how to dispense Controlled Drugs. Overall, although staff demonstrated they understood the legal requirements for managing medicines safely (including Controlled Drugs) we noted failings regarding protocols.

Also, we did not see evidence that the service carried out regular audits to ensure that antibiotic prescribing was in line with local and national best practice guidelines.

We were advised that the service's Health Care Assistant (HCA) carried out phlebotomy at the service, to those patients deemed by a doctor to be within their professional competency. However, we noted that the HCA had last received phlebotomy training in 2011 and also that they had not been formally trained in the service's phlebotomy protocol. Shortly after our inspection we were advised that the HCA no longer worked at the service and that protocols would be introduced to ensure that post holders were appropriately trained and that periodic training updates took place.

Track record on safety

We looked at the service's safety record.

There were comprehensive risk assessments in relation to some safety issues such as Legionella but the service lacked a pro-active approach to monitoring, understanding and acting upon other risks such as those associated with lapsed staff training.

Lessons learned and improvements made

The service learned and 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.

Although there had not been any significant events recorded in the previous 12 months, we saw evidence that when things went wrong, there were adequate systems for reviewing and investigating. For example, in 2016 the service took prompt action in response to a Medicines and Healthcare Products Regulatory Agency (MHRA) investigation into the illegal importation of vaccines. We noted that the service shared lessons identified and actions it had taken to improve safety in the service, such that the MHRA was satisfied and decided not to take further action.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

The service gave affected people reasonable support, truthful information and a verbal and written apology.

They kept written records of verbal interactions as well as written correspondence.

The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a mechanism in place to disseminate alerts to

Are services safe?

all members of the team including sessional staff but this was not governed by a written protocol. We were advised that the Chief Executive Officer received all alerts and recalls but that the majority did not relate to the service. However, the service could not provide documentation relating to those past patient safety alerts which had required action.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective care in accordance with the relevant regulations.
Staff were aware of current evidence based guidance.

Clinical audits demonstrated quality improvement.

Staff had the skills and knowledge to deliver effective care and treatment.

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 provider 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.

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.

Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service used quality improvement activity to drive improvements in patient outcomes such as through the use of two cycle completed audits which had a positive impact on quality of care and outcomes for patients. For example, in January 2018, the service audited whether patients with raised blood sugar levels were being followed up correctly. The first cycle of the audit identified 7 such patients who were diagnosed as being diabetic. A July 2018 follow up audit highlighted that four of these patients were either abroad or had been referred to a private consultant and that the remaining three patients had had a recent review.

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 records we looked at confirmed that they 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 and qualifications were maintained. Staff were encouraged and given opportunities to develop.

Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

Staff worked well together (and with other organisations) in order 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, a doctor spoke positively about how paediatric consultants being co-located in the same building enhanced inter-organisation communication and referral pathways.

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.

Care and treatment for patients in vulnerable circumstances was coordinated with other services.

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. There were clear and effective arrangements for following up on people who have been referred to other services.

Are services effective?

(for example, treatment is effective)

Although we did not identify any concerns regarding outstanding test results, we noted that the service did not have a written test results protocol in place.Shortly after our inspection we were advised that training had been booked.

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. For example, the service regularly hosted consultant led patient information evenings, covering topics such as asthma and sports injuries.

Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

Staff understood the requirements of legislation and guidance when considering consent and decision making.

Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

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

Feedback from patients was positive and indicated that the service was caring and that patients were listened to and supported.

The provider had systems in place to engage with patients and seek feedback using a survey emailed to all patients after their appointment.

Systems were in place to ensure that patients' privacy and dignity were respected.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Feedback from patients was positive about the way staff treated people. For example, in 2018, the provider's lead GP scored five stars out of five (based on 44 patient reviews submitted to an independent doctor ratings website). Patients spoke positively about the extent to which tests and treatments were explained and about the doctor's compassionate approach.

Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.

The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

Interpretation services were available for patients who did not have English as a first language although this service was not publicised in reception. Patients were told about multi-lingual staff who might be able to support them.

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.

We were told that for patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

Staff communicated with people in a way that they could understand.

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.

When we spoke with a receptionist, they stressed the importance of treating each patient with respect and as an individual.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

The service understood its patient profile and had used this understanding to meet the needs of service users.

The service had good facilities and was well equipped to treat patients and meet their needs.

Information about how to complain was available and complaints were acted upon, in line with the provider policy.

Responding to and meeting people's needs

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

The provider understood the needs of their patients and improved services in response to those needs (for example offering a 9am-9pm, 7 days per week service).

The facilities and premises were appropriate for the services delivered.

Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, a separate waiting area for patients who required seclusion.

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.

Patients with the most urgent needs had their care and treatment prioritised.

Patients reported that the appointment system was easy to use.

Referrals and transfers to other services were undertaken in a timely way; supported, for example, by some referral services being located in the same building.

Listening and learning from concerns and complaints

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

Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

The service had a complaint policy and procedures in place. Twelve complaints had been recorded in the previous 12 months. The service learned lessons from individual concerns and complaints and also from analyses of trends. For example, following a complaint concerning an adverse reaction to a vaccination, records showed that the service had subsequently reviewed its patient consent form to ensure that the possibility of an adverse reaction was appropriately highlighted.

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 not providing well-led care in accordance with the relevant regulations.

The provider had a clear vision to provide quick and high quality healthcare.

However, governance arrangements did not always operate effectively in that medicines management protocols were either not documented, out of date or not specific to the service. Also, the service could not provide documentation for past patient safety alerts which it had received and acted upon.

Leadership capacity and capability

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

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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

Culture

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

Staff felt respected, supported and valued. They were proud to work for the service.

The service focused on the needs of patients.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

We saw evidence that openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.

There was a strong emphasis on the safety and well-being of all staff.

The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

There were positive relationships between staff and teams.

Governance arrangements

We looked at responsibilities, roles and systems of accountability to support good governance and management.

Governance arrangements did not always operate effectively in that although staff safely managed medicines, the written protocols governing this activity were either out of date, not specific to the service or not in place. The service also lacked written patient safety alert and test result protocols; and governance arrangements had failed to identify lapsed staff training.

Managing risks, issues and performance

We looked at processes for managing risks, issues and performance.

Although there was an overall process to identify, understand, monitor and address current and future risks

Are services well-led?

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

to patient safety (such as Infection Prevention and Control), we also noted that other patient safety risks (such as those associated with lapsed staff training) had not been identified or acted upon.

The service had processes to manage current and future performance. Leaders had oversight of 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.

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 used performance information which was reported and monitored and management and staff were held to account.

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 and staff to support high-quality sustainable services.

Views and concerns were encouraged, heard and acted on to shape services and culture. For example, a receptionist spoke positively about how a suggestion to develop a staff clinical software user guide had been approved by the lead doctor...

Staff were able to describe to us the systems in place to give feedback such as quarterly patient surveys.

The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

There was a focus on continuous learning and improvement.

The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

There were systems to support improvement and innovation work. For example, the service regularly hosted consultant led patient information evenings, covering topics such as asthma and sports injuries.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 HSCA (RA) Regulations 2014** Good Governance **How the regulation was not being met:** **The provider did not have systems in place to ensure that adequate governance and monitoring was taking place. This was because:** • The service's medicines management protocols were either out of date, not specific to the service or not formally documented. • The service did not have a written patient safety alert protocol in place. • The service's governance arrangements failed to identify that its Health Care Assistant (HCA) had not received recent phlebotomy training and had failed to ensure that service specific phlebotomy training had taken place.