

Rose Valley Medical Centre

Inspection report

374 Shooters Hill Rd
London

Tel: 020 3875 3519

<https://www.rosevalleymedicalcentre.co.uk/your-surgery/>

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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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Rose Valley Medical Centre on 8 May 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

Rose Valley Medical Centre is a private doctors consultation service for adults and children delivered by a sole practitioner. The service mainly provides pre-employment health checks commissioned by private companies. The provider sees between four and seven patients per week.

Rose Valley Medical Centre is registered with CQC under the Health and Social Care Act 2008 to provide the regulated activities: diagnostic and screening procedures and treatment of disease, disorder or injury.

The provider is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received five Care Quality Commission comment cards from patients who used the service; all were positive about the service experienced and reported that the service provided high-quality care.

Our key findings were:

- There was a comprehensive set of policies and procedures governing activities. However, the provider did not have a system in place to ensure that children seen at the service were accompanied by an adult with parental responsibility.
- There was limited quality improvement activity carried out at the service.
- There was a complaints procedure in place and information on how to complain was readily available.
- Systems and processes were in place to keep people safe. The provider had undertaken adult and child safeguarding in line with intercollegiate guidance.
- The service had systems to manage risks, including a clear system to manage significant events and safety alerts.
- The provider was aware of current evidence based guidance and they had the skills, knowledge and experience to carry out his role.
- The service's chaperones had received training and had a Disclosure and Barring Service (DBS) check.
- The service carried out appropriate referrals to patients' GPs when additional treatment was required.
- Comment cards indicated that patients were treated with compassion, kindness, dignity, and respect.

There areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients

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

- Explore opportunities for quality improvement activity within the service.
- Review policies and procedures within the service's documented timeframe.

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

Our inspection team

Our inspection team was led by a CQC inspector, accompanied by a GP Specialist Advisor.

Background to Rose Valley Medical Centre

Rose Valley Medical Centre began operating in October 2018. The service is based at 374 Shooters Hill Rd, London, SE18 4LS. The service's website is:

The service provides private general practitioner (GP) services treating both acute and chronic health problems. The service offers a full range of blood tests, health screening, family planning, fertility investigations, sexual health, travel health and insurance medicals. The service will arrange referrals to see hospital consultants privately. X-rays and Ultra sound scans can also be arranged. The service is targeted at patients not entitled to NHS treatment from abroad. The service is registered to provide care and treatment to both adults and children.

The provider rents a room on the ground floor of a building. One other healthcare service is based in the building. There is a shared reception area, shared toilet facilities, and disability access.

Consulting hours are Monday, 10am -4pm; Tuesday, 1pm -4pm; Wednesday, 7pm – 9pm (to follow-up on test results); Thursday, 3pm – 7pm, Friday, 7pm – 9pm (to follow-up on test results) and Saturday, 10am – 2pm. The service is closed on Sundays. Appointments are pre-bookable by telephone, email or a messenger service. The service does not accept walk-in appointments.

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?

We rated safe as Requires improvement because:

Safety systems and processes

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

- The provider had appropriate safety policies, they outlined clearly who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse. Not all of the policies had been reviewed by the date required by the provider.
- The provider had up-to-date safeguarding and safety training appropriate to the role and knew how to identify and report concerns. The person who acted as a chaperone was trained for the role and had received a Disclosure and Barring Service (DBS) check. (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).
- The service had systems in place to work with other agencies to support patients and protect them from neglect and abuse.
- The provider had an agreement by way of contract for the building management company to conduct and review health and safety premises risk assessments, control of substances hazardous to health (COSHH) and legionella risk assessments (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- The provider understood how 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.

- The provider had access to the guidance for emergency equipment in the Resuscitation Council UK guidelines and the guidance on emergency medicines in the British National Formulary (BNF).
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- The provider made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. However, the provider did not stock three of the suggested emergency medicines to treat left ventricular failure, hypoglycaemia and severe asthma or severe anaphylaxis and had not carried out a risk assessment for this decision. We discussed this with the provider and two days after the inspection were forwarded proof that the provider had purchased the three emergency medicines. The service kept prescription stationery securely and monitored its use.
- The provider had carried out a case review to ensure their prescribing decisions were in line with best practice guidelines for safe prescribing.

Are services safe?

- Processes were in place for checking medicines and kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned, and improvements made

The provider had systems in place to learn and make improvements when things went wrong.

- There was a system for recording and acting on significant events. The provider understood the duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service had not received a complaint since operation.
- The provider was aware of the requirements of the Duty of Candour. The service had systems in place for knowing about notifiable safety incidents.
- They provider kept written records of verbal interactions as well as written correspondence.
- The provider had a system in place to act and learn from external safety events as well as patient and medicine safety alerts.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep up to date with current evidence-based practice. We saw evidence that the provider assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- 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.
- We noted that consultation appointments were of a suitable length of time. In addition, patients told us that the consultations were very thorough.
- The provider had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service did not have any repeat patients and therefore, had not carried out clinical audits.

However, we saw evidence of quality improvement activity.

- The provider had carried out a clinical case review of a patient who had travelled to the UK to get a second opinion about their symptoms. The purpose of the clinical review was to assess whether the treatment offered by the provider was appropriate and safely managed. We found that the provider had made the appropriate investigations and took appropriate action which led to an improvement in the patients physical wellbeing. All relevant information had been documented in the patient's notes.

Effective staffing

The provider had the skills, knowledge and experience to carry out their roles.

- The provider was appropriately qualified as a General Practitioner and was registered with the General Medical Council (GMC) and up to date with revalidation.

- Up to date records of skills, qualifications and training were maintained. We saw evidence that the provider sought opportunities to develop.

Coordinating patient care and information sharing

The provider worked with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, patients were required to complete a registration form detailing their medical, drug and allergy history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, such as opioids. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately and there were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

The provider empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice, so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to another practitioner involved in their care.
- Where patients needs could not be met by the service, the provider redirected them to the appropriate service for their needs.

Consent to care and treatment

Are services effective?

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

- The provider understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. The provider knew how to assess a patient's mental capacity to make a decision and had undertaken training in the Mental Capacity Act 2005.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

The provider treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. All the five CQC comments cards were positive about the service.
- The provider 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.
- The provider had recently signed up to an electronic service that emails patients after their consultation to obtain feedback on their experience. There were no results yet to review.

Involvement in decisions about care and treatment

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

- Self-help information was available to patients on the service's website. This included information about healthy eating, how to get the best out of a consultation (including a section titled 'Don't be afraid to ask questions') and seasonal health.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The provider recognised the importance of people's dignity and respect.
- The provider stored patient records in a locked cabinet.
- There was a privacy screen available for patients.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- Services were offered on a private, fee-paying basis only and was accessible to people who chose to use it. The service was designed to offer quick, easy and efficient access to patients.
- The facilities and premises were appropriate for the services delivered.
- People in vulnerable circumstances could access and use services on an equal basis to others. For example, the premises were accessible to those with mobility problems.

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. We reviewed the service's urgent referrals and saw that they were undertaken on the same day.

Listening and learning from concerns and complaints

The service had a system in place to manage patient complaints.

- The service had a complaint policy and procedures in place.
- Information about how to make a complaint or raise concerns was available.
- 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 not received any complaints in the months since it started.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- The provider was knowledgeable about issues and priorities relating to the quality and future of the service and the challenges. The provider mentioned the cost of check-ups as a challenge for some patients and explained that a careful assessment is required to ensure that tests are clinically appropriate.
- The provider had taken part in self-directed learning.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

The service described its aim and objective as being:

- To deliver a high quality safe and caring primary health care service to private patients that cover the whole population. Providing a high-quality primary health care in a responsive, supportive, compassionate and cost effective manner.
- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The provider understood what was required to achieve the service's strategy.
- The service monitored progress against delivery of the strategy.

Culture

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

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes in place for the development of the provider, which included an annual appraisal and career development conversations.

Governance arrangements

The systems and processes in place supported good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- The provider was aware of the role and accountabilities.
- The provider had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

In the main, there were clear and effective processes for managing risks, issues and performance.

- There were processes in place to identify, understand, monitor and address current and future risks including risks to patient safety. However, the provider had not developed a policy or process to ensure children attending the service were accompanied by an adult with parental responsibility.
- The service had processes to review current and future performance. Performance was demonstrated through case reviews of their consultations. The provider had oversight of safety alerts.

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.
- 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 provider informed us the plan to acquire an electronic recording system to support quality improvement.
- 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 external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients, and external partners.

Are services well-led?

- 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.

- The provider informed us of plans to carry out peers with other clinicians to support shared learning and quality improvements.
- There was a focus on continuous learning and improvement. The provider had completed self-directed learning on an on-going basis.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>The provider did not have a documented process in place to demonstrate that children attending the service were accompanied by an adult with parental responsibility.</p> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.