

The Park Clinic London Limited

The Park Clinic London

Inspection report

286 Seven Sisters Road
Finsbury Park
London
N4 2AA
Tel: 02088000786
www.theparkcliniclondon.co.uk

Date of inspection visit: 6 June 2018
Date of publication: 13/08/2018

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 6 June 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

The Park Clinic London is an independent doctor service based in London.

Our key findings were:

- There were systems in place for acting on significant events and complaints.
- There were systems in place to assess, monitor and manage risks to the premises and patient safety.
- There were arrangements in place to protect children and vulnerable adults from abuse.
- Staff had received essential training and adequate recruitment and monitoring information was held for all staff.
- Care and treatment was provided in accordance with current guidelines.
- Patient feedback indicated that staff were caring and appointments were easily accessible.

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.

- There were systems in place to safeguard patients.
- There were risk assessments to monitor safety of the premises.
- There were systems in place to support learning and improvement.

Are services effective?

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

- Care and treatment was delivered in line with national guidance.
- There were quality improvement processes in place, including clinical audits.
- Staff had the skills and knowledge required to carry out their roles.

Are services caring?

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

- Patients were treated with respect and compassion.
- Patients were involved in their care and treatment.

Are services responsive to people's needs?

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

- Access to the service was available seven days a week.
- Patient feedback was very positive of the standard of care and treatment received.

Are services well-led?

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

- There was a comprehensive governance system in place.
- There was a clear leadership structure in place.

The Park Clinic London

Detailed findings

Background to this inspection

The Park Clinic London is an independent doctor health service based in North London. The service was set up to provide primary care services to the local Vietnamese community although patients from all nationalities are able to access the service. The service is based in a pharmacy; there is one private clinical consultation room where patients can access a doctor every Sunday. There is a Vietnamese medical student fluent in Vietnamese and acts as a translator if requested by the patient.

The service is registered with the CQC to provide the following regulated activities: diagnostic and screening procedures and treatment of disease, disorder and injury.

The Park Clinic London is open every Sunday for private doctor appointments and accessible every day of the week by telephone.

The lead GP at the service is the registered manager. A registered manager is a person who is registered with the CQC 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 carried out this inspection as a part of our comprehensive inspection programme of independent health providers. Our inspection team was led by a CQC lead inspector, who was supported by a GP specialist advisor.

The inspection was carried out on 6 June 2018. During the visit we:

- Spoke with a range of clinical and non-clinical staff.
- Reviewed a sample of patient care and treatment records.
- Reviewed comment cards in which patients shared their views and experiences of the service.
- We asked for CQC comment cards to be completed by patients prior to the inspection. We received one comment card which was positive about the standard of care received. Staff were described as caring and professional.

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?

Are services safe?

Our findings

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

Safety systems and processes

- The service had systems to keep patients safe.
- The service had appropriate systems to safeguard children and vulnerable adults from abuse. The safeguarding policy outlined the process for reporting a safeguarding concern and had contact details for reporting and concerns. We saw that all staff had received safeguarding training appropriate to their role, and knew how to recognise and report potential safeguarding concerns.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis.
- The service had undertaken enhanced Disclosure and Barring Service (DBS) checks for clinicians and standard checks for non-clinical staff. 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 a chaperone policy; we saw signs posted in the clinic alerting patients that chaperones were available. Non-clinical members of staff had received training to act as chaperones and were DBS checked prior to undertaking any chaperone duties.
- We saw evidence that the GPs undertook professional revalidation every five years in order to maintain their registration with the General Medical Council (GMC).
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. 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. We saw evidence of daily and weekly cleaning schedules.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system and training programme for staff tailored to their role. For example, we saw evidence of role specific training programme for new members of staff.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention, and we saw evidence the emergency equipment was checked regularly.
- All staff completed basic life support training annually.
- There were arrangements in place to check the identity of patients. This included a check on parental responsibility for children.
- We saw evidence there were appropriate professional indemnity arrangements in place for clinical staff.
- Staff told us they understood the fire evacuation procedures and that fire alarm tests and fire drills were carried out.

Information to deliver safe care and treatment

- Staff had the information they needed to deliver safe care and treatment to patients.
- The practice used a computer based record system.
- Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included investigation and test results.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, emergency medicines and equipment minimised risks. We saw evidence the refrigerator temperature was monitored and recorded daily.
- Prescriptions were kept securely, as prescriptions were printed directly from the secure computer system and the service did not hold any blank prescriptions.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The lead GP told us that they would speak to a patient before authorising a repeat prescription.

Are services safe?

- Arrangements for dispensing medicines at the service, such as travel health medicine, kept patients safe. Medicines were pre-labelled by the Pharmacy with the dose and frequency detailed.

Track record on safety

There were systems in place for reporting incidents. The practice had a number of procedures to ensure that patients remained safe. The practice had not recorded a significant event within the last 12 months. Although there were no significant events for us to review there was a system in place for recording and investigating significant events. Staff we spoke to on the day of inspection were able to demonstrate they understood the process for recording significant events.

There was a policy for handling alerts from organisations such as Medicines and Healthcare products Regulatory Agency (MHRA). Alerts were received by the service manager and cascaded to appropriate members of staff.

Lessons learned and improvements made

The service had a system to enable learning when things went wrong.

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 policy stated that:

- The service would give affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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.

Effective needs assessment, care and treatment

The service told us that they 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.

- Updated NICE guidelines were accessed via the GP notebook and we saw evidence of clinical consultation reviews where treatment was checked to ensure it was in line with the latest guidance.

Monitoring care and treatment

The service reviewed the effectiveness and appropriateness of the care provided.

The service completed quality improvement activities such as clinical audits, for example we saw evidence of a completed two cycle cytology audit and regular ethical records reviews to ensure the service was delivering the best possible care to patients.

Effective staffing

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

- Clinicians had sufficient time to carry out their roles effectively.
- We saw up to date records of skills, qualifications and training for staff, and we were told that staff were encouraged and given opportunities to develop.

- The service provided staff with support through an induction and training programme tailored to their role, regular staff meetings, and annual appraisals where performance objectives were identified and any training needs or issues were discussed.
- We saw evidence that GPs consultation notes were reviewed on a regular basis to monitor their record keeping and the treatment provided.

Coordinating patient care and information sharing

Staff worked together and with other professionals to deliver effective care and treatment.

- The service's patient registration form requested consent to share information with the patient's NHS GP. We saw evidence that if consent was provided, the service would provide patients' NHS GPs with a written update of the patients treatment.
- Where patients required a referral this was generally arranged directly through a private provider unless it was deemed beneficial for the patient to contact their NHS GP for a referral. Test results were usually received back within 24 hours.
- GPs reviewed test results received within one working day. Referrals to secondary care could be made on the same day as a GP consultation.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance. Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. All clinical staff had received training on the Mental Capacity Act 2005.

Treatment costs were on display in the waiting area and explained in detail before treatment commenced.

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 with kindness, respect and compassion.

- We saw that staff understood patients' personal, cultural and social needs.
- Medical administration staff told us that if patients wanted to discuss sensitive issues or appeared distressed they would take them to a private area away from other patients to discuss their needs.
- Both of the patient CQC comment cards we received were positive about the service experienced. Patients described the staff as caring, professional and friendly.
- The service promoted a culture of seeking patient feedback. For example, all patients were sent a survey annually and staff recorded patient feedback.
- Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- The service offered Vietnamese interpretation services and there was clear information printed for patients in both English and Vietnamese.
- Comprehensive information leaflets were available to patients providing travel health advice and detailing risks and side effects of various vaccines.
- Patients in the CQC comment cards stated they were listened to and that GPs asked if they had any concerns or questions.

Privacy and Dignity

Staff recognised the importance of patients' privacy and dignity.

- The service complied with the Data Protection Act 1998 and was registered with the Information Commissioner's Office.
- Patient information and records were held securely and were not visible to other patients in the reception area.
- The computer system was secure, backed up daily and certain parts of the system could be accessed by staff from home using an encryption key.
- We saw that when the consultation room door was closed during appointments and that conversations taking place in the consultation room could not be overheard.

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.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- The facilities and premises were appropriate for the services delivered.
- The service had leaflets available for patients which gave travel health advice and provided information about the risks and side effects of various vaccines.

Timely access to the service

Patients were able to access care and treatment from the service within an acceptable timescale for their needs.

- The service was open every day; however doctor appointments were only available on Sundays.
- The appointment system was easy to use; patients could book online or by telephone.
- In the CQC comment cards patients stated it was easy to book an appointment and they only had to wait a short time.

Listening and learning from concerns and complaints

The service had a complaints policy in place.

- We saw a sign in the reception area which detailed how patients could make a complaint; this information was also clearly displayed on the provider's website.
- The service had not received any complaints since opening two years ago. There was a complaints policy and staff we spoke to on the day of inspection were able to demonstrate the protocols for managing patient complaints.

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 care in accordance with the relevant regulations.

Leadership capacity and capability

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

- There was a clear leadership structure in place.
- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- 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.

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 in place. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision and values and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

Staff stated they felt respected, supported and valued.

- Staff told us they felt able to raise concerns and were confident these would be addressed.
- Openness, honesty and transparency were demonstrated when responding to incidents and

complaints. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- There were processes for providing all staff with the development they needed; this included annual

appraisals and regular meetings during which any concerns could be raised. Clinicians were supported to meet the requirements of professional revalidation where necessary.

- The service had a dignity and respect policy and staff told us that they felt they were treated equally.

Governance arrangements

The service had a governance framework in place, which supported the delivery of quality care.

- Staff understood their roles and responsibilities, including in respect of safeguarding and infection prevention and control.
- Service specific policies and processes had been developed and were accessible to staff on the intranet, including in relation to safeguarding, complaints, significant events, infection prevention and control, needle stick injuries, disciplinary procedures, chaperoning and consent.

Managing risks, issues and performance

There were clear and effective processes for managing risks, incidents and performance.

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through clinical audits which involved reviewing prescribing and record keeping, and the regular reviews of the other GPs consultation notes.
- Clinical staff received medicines safety alerts from the Medicines and Healthcare Products Regulatory Agency.
- We saw evidence that clinical audits were completed and regular record reviews were undertaken to ensure high quality care was provided.
- The service had business continuity procedures in place and had advised staff of the processes in the event of any major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service adhered to data security standards to ensure the availability, integrity and confidentiality of patient identifiable data and records.
- The service submitted data or notifications to external organisations as required.

Are services well-led?

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

- Pricing was explained on the practice website where patients could access a list of diagnostic services with the associated cost clearly listed.

Engagement with patients, the public, and staff

The service took on board the views of patients and staff and used feedback to improve the quality of services. We saw evidence that patient feedback was acted upon. For example, the service was previously open for doctor appointments every Saturday, patients requested Sunday availability instead and the service responded accordingly.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation. For example, the lead doctor attended CCG teaching events every two months, Saturday hospital teaching seminars led by specialist consultants and by keeping up to date through a certified training provider for clinicians.