

# The Smart Clinics Wandsworth

## 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall.** (Previous inspection April 2019 – Good)

The key questions are rated as:

Are services safe? – Good

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 The Smart Clinics Wandsworth as part of our inspection programme.

The service offers consultations with general practitioners. In addition, the service provides blood tests, diagnostic screening and referrals to specialists under arrangements with third-party service providers.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At The Smart Clinics Wandsworth services are provided to patients under arrangements made by their employer or an insurance provider with whom the service user holds an insurance policy other than a standard health insurance policy. These types of arrangements are exempt by law from CQC regulation. Therefore, at The Smart Clinics Wandsworth, we were only able to inspect the services which are not arranged for patients by their employers or an insurance provider with whom the patient holds a policy other than a standard health insurance policy.

A service manager 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.

## Our key findings were:

- The service had systems to manage risk so that safety incidents were less likely to happen. When they did happen, the provider learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients were able to access care and treatment within an appropriate timescale for their needs.
- The service had systems in place to collect and analyse feedback from patients.
- There was a clear leadership structure to support good governance and management.

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

# Overall summary

- Improve the system for auditing clinical record keeping.
- Consider installing a hearing induction loop to assist patients and visitors who use a hearing aid.
- Take action to standardise complaint responses in line with the practice's complaints policy.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical records reviews without visiting the registered location.

## Background to The Smart Clinics Wandsworth

The provider, Smart Medical Clinics Limited, provides private general practice services from four locations in London: The Smart Clinics Wandsworth, The Smart Medical Clinics - Wandsworth North, The Smart Clinics - South Kensington and The Smart Clinics - Hollywood Road.

This inspection concerned The Smart Clinics Wandsworth, located at 15 Bellevue Road, London, SW17 7EG.

This location was registered with the CQC in July 2014 to provide the regulated activities of Diagnostic and screening procedures, Family planning, Surgical procedures and Treatment of disease, disorder or injury.

The service provides private consultations with general practitioners at the registered location and via telephone and video conferencing. Service users can access a wide range of blood tests and diagnostic screening via third-party organisations. The service is available to children and adults.

The service is open Monday to Friday from 8.30am to 5.30pm, and one Saturday per month from 9am to 12pm (shared rota with other clinics). Appointments can be booked by telephone.

Details of the service are set out on the website - [www.thesmartclinics.co.uk](http://www.thesmartclinics.co.uk)

Staff are shared across all four of the provider's locations and comprise of five GPs (male and female), four health advisers, four managers and three reception/administration staff.

### 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:

- Conducting staff interviews with a GP, service manager, health adviser and two reception/administrative staff using video conferencing.
- Reviewing a sample of service user records and consultations using video conferencing and discussing findings with the provider.
- Requesting evidence from the provider.
- A short site visit.

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 Good because:**

## **Safety systems and processes**

**The service had 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. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. During our inspection visit we noted a fire exit sign on a door was misleading as it did not direct people to a route of exit from the building. As a temporary solution the sign was covered up and the practice made arrangements for the sign to be removed.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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. It was practice policy to undertake Disclosure and Barring Service (DBS) checks for all 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 systems to safeguard children and vulnerable adults from abuse. Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. We noted a newly employed GP had yet to update their safeguarding training. Following our inspection, the provider sent us evidence that this had now been completed.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. Legionella risk assessments were maintained.
- 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.**

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for clinical and non-clinical 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

## **Information to deliver safe care and treatment**

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

# Are services safe?

- Individual care records we reviewed showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. However, we noted a few examples where clinical record keeping was inconsistent. For example, there was limited patient history and examination, or vague/no safety netting. Following our feedback, the practice shared this information with clinical staff and management. All GPs were reminded of the importance of maintaining a high standard of clinical record keeping and were requested to refresh their knowledge on good note keeping. The practice also planned to audit the quality of clinical record keeping more frequently.
- The service had systems for sharing information with staff and 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.
- Clinicians 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. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Specific GPs prescribed controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Audits of controlled drug prescribing were undertaken.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were protocols for verifying the identity of patients including children. However, we noted photographic identification was not always verified by GPs during remote consultations. Management showed us evidence that GPs had recently been reminded to verify photo ID prior to consultations and informed us they would reiterate the importance of this to all staff. Following our inspection, the practice sent evidence that all staff had been sent the ID verification procedure and this would be a standing agenda item at clinical governance meetings to improve compliance.

## 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 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.

# Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, there was evidence of action taken and lessons learned following a significant event where IT security had been compromised.
- 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 or 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 an effective mechanism in place to disseminate alerts to all members of the team including sessional staff although we noted there was no clinical lead accountable for overseeing that safety alerts were actioned. Following our inspection, the practice created standard operating procedures for recalls, alerts and safety information and a clinical lead had been assigned to oversee the process.

# Are services effective?

**We rated effective as Good because:**

## **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 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. 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.
- Arrangements were in place to deal with repeat patients. For example, annual reminders for health checks and blood tests.
- Staff assessed and managed patients' pain where appropriate.
- The service used technology to improve treatment and to support patients' independence. For example, where appropriate, telephone and video consultations were offered to registered patients and test results could be sent to patients via encrypted email. The practice could also send prescriptions directly to a patient's chosen pharmacy or could arrange for delivery of medicines via a private medication delivery service.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The practice completed annual audits to identify if systems and processes had been followed. These included audits on health and safety, infection prevention and control, emergency scenarios, incidents, complaints, information governance, clinical notes, inadequate smears, laboratory test results and correspondence. Completed clinical audits included reviews of PSA test results, urine analysis and prescribing controlled drugs. The practice planned to undertake a second audit cycle for antibiotic prescribing next year.

## **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 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, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

## **Coordinating patient care and information sharing**



# Are services effective?

## **Staff worked together, and worked well 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. For example, information and results were shared with specialists during referrals.
- 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 when registering with the practice. Where information sharing was required, the clinician would seek consent from the patient at the time. Following our inspection, the practice informed us they would email patients annually to see if their preference to share medical/consultation details with their NHS GP had changed.
- The GPs had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their NHS GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse.
- 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 had been referred to other services.

## **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, GPs gave people advice so they could self-care. Health advisors were also trained to provide lifestyle advice to patients.
- 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.

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received and general customer satisfaction.
- Feedback from patients (collated by the practice) was generally positive about the way staff treated people. If patients were not satisfied, the practice attempted to contact them to discuss their feedback.
- Feedback from patients (received by CQC) was positive about the way staff treated people.
- 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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Feedback collated by the practice showed that most patients felt listened to and supported by staff.
- Staff communicated with people in a way that they could understand, for example, easy read materials were available if required.

## **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.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **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, telephone and video consultations were available to registered patients if clinically appropriate.
- The facilities and premises were appropriate for the services delivered.
- This location did not have level access to the toilet facilities. Patients with mobility impairment or wheelchair users were informed of this at the time of booking at appointment. Staff informed us that these patients were offered appointments at one of the provider's other clinics which were easier to access.
- Staff informed us there was no hearing loop available.

## **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.
- Referrals and transfers to other services were undertaken in a timely way.

## **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 had complaint policy and procedures in place. This included information of any further action that may be available to a patient should they not be satisfied with the response to their complaint and this information was on display in the waiting areas. However, we reviewed two complaints and noted this information was not included within the response to patients. Management informed us that this information would be included within complaint responses going forward.
- The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, learning points were identified to improve communication with patients following a complaint about consultation fees.

# 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.**

- Leaders 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.

## **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 mission statement which incorporated the practice's values.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

## **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.
- 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 told us they could 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. Staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were given protected 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.
- There were positive relationships between staff and teams.

## **Governance arrangements**

**There were clear responsibilities, roles and systems of accountability to support good governance and management.**

# Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- 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 arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Managing risks, issues and performance

### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. However, during our remote clinical records review we noted the quality of clinical record keeping was inconsistent and could be improved.
- Leaders had oversight of safety alerts, 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.

## Engagement with patients, the public, staff and external partners

### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

# Are services well-led?

## Continuous improvement and innovation

### **There were 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 practice had commissioned a new compliance management system that was now used to record significant events, complaints and audits.