

Doctor Today Ltd

Doctor Today

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 16 April 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 not 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.

Background

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.

Doctor Today is an independent health service based in the Finchley Road and Frognal area of North West London that provides patient consultations, treatment and referrals for adults and children. Dr Marissa Vassiliou is the registered manager and a partner doctor in the business. 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:

- There were gaps in some safety arrangements that the service dealt with during or after our inspection, including medicines management, fire safety, and out of date blood sample bottles.
- Systems were in place to protect people from avoidable harm and abuse. When mistakes occurred

Summary of findings

lessons were learned and action was taken to minimise the potential for reoccurrence. Staff understood their responsibilities under the duty of candour.

- The service had arrangements in place to respond to medical emergencies.
- The service implemented clinical governance systems and had put processes in place to ensure the quality of doctors and non-clinical service provision
- Arrangements for oversight and verification of training for nursing staff were limited.
- Staff we interviewed were aware of current evidence based guidance. Staff were qualified and had the skills and experience to deliver effective care and treatment.
- The service's patient survey information and patient feedback we received indicated that patients were very satisfied with the service they received.
- Information about services and how to complain was available, lessons were learned and improvements made following complaints.
- There was a clear leadership structure and staff felt supported by management and worked well together as a team.

- There was a clear vision to provide a personalised, high quality service.

We identified regulations that were not being met and the provider must:

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

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 and improve arrangements to ensure appropriate training and embedded clinical oversight of nursing staff.
- Review and improve communication and access arrangements for patients with a sensory impairment or requiring translation services.
- Review and improve systems to ensure good governance in accordance with the fundamental standards of care such as checking for gaps or weaknesses in existing systems and processes.

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 not providing safe care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

- Refrigerated medicines were not properly secured, there were vaccines that were out of date and controlled drugs not being used or intended for use that the provider was not aware of and requiring disposal.
- Some blood sample bottles were out of date.
- Arrangements for premises hard wiring safety and fire safety were either not in place or sufficiently effective.
- The service otherwise had systems, processes and risk assessments in place to keep patients and staff safe and safeguarded from abuse, including infection control, legionella and control of substances hazardous to health (COSHH).
- The service used safety incidents and alerts as an opportunity for learning and improvement.
- Appropriate arrangements were in place for the event of a clinical emergency or major incident.

Are services effective?

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

- The service provided care and treatment in line with current guidelines.
- Staff we interviewed and records we reviewed indicated staff had the skills and knowledge to deliver a clinically effective service.
- There was an effective clinical quality improvement process in place.
- Arrangements for seeking and recording patients consent were effective.

Are services caring?

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

- The service treated patients with kindness, respect and compassion.
- Reception staff told us that if patients wanted to discuss sensitive issues they would offer them a private room to discuss their needs.
- Patient feedback was positive about the service experienced; patients said that staff were caring, helpful and kind.

Are services responsive to people's needs?

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

- Patients were able to access care and treatment from the service within an acceptable timescale for their needs.
- The appointment system was easy to use. Patients could make appointments face to face, by telephone or by email and could ask to see a specific clinician.
- The service had a complaints policy in place and complaints were managed promptly and appropriately including to make improvements in the practice.
- The services website was comprehensive and informative and clearly set out services offered with related fees.
- Access and arrangements to facilitate communication could be reviewed and improved.

Summary of findings

Are services well-led?

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

- The leaders had the capacity and skills to deliver high quality, sustainable care and were aware of and receptive to improving areas required.
- There was a strategy and the provider had a clear vision to deliver high quality care and promote good outcomes for patients.
- Most processes for managing risks, issues and performance were effective.
- There was a positive and professional working culture at the service. Staff stated they felt respected, supported and valued.
- The service took on board the views of patients and staff and used feedback to improve the quality of services.

Doctor Today

Detailed findings

Background to this inspection

Doctor Today operates under the provider Doctor Today Ltd. The service was taken over by the current owners in 2009 to provide a personalised, convenient and high quality independent health care service to its patients. The core services include family medicine, travel health, sexual health, and antenatal care. The location site address that we visited as part of this inspection is Doctor Today, 182 Finchley Road, London NW3 6PB and the service has a website www.doctortoday.co.uk. The staff team includes two female doctors, a male specialist doctor (in Accident and Emergency medicine), a nurse prescriber, a team of two reception and administration staff, and a cleaner.

The service's opening hours are:

- Monday and Tuesday 9am to 7pm
- Wednesday to Friday 9am to 6pm
- Saturday 9.30am to 1.30pm

The provider is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury, and diagnostic and screening procedures. There are some 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. Services that were provided including aesthetic procedures such as

wrinkle reduction treatments and dermal fillers; and occupational health related services provided to clients under a contractual arrangement through their employer or government department are exempt by law from CQC regulation and did not fall into the scope of our inspection.

Prior to the inspection we reviewed information requested from the provider about the service they were providing. The inspection was undertaken on 16 April 2018 and the inspection team was led by a lead CQC inspector and included a GP specialist adviser and GP practice manager specialist adviser. During the inspection we spoke with a lead partner doctor and a non-clinical staff member, analysed documentation, undertook observations and reviewed completed CQC comment cards. Feedback gathered from patients through speaking to them directly and CQC patient comment cards showed patients found the service accessible and were satisfied with their care and treated with dignity and respect.

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

Safety systems and processes

The service generally had systems to keep patients safe and safeguarded from abuse, with the exception of some out of date blood sample bottles.

- The service conducted safety risk assessments including for Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and had safety policies which were regularly reviewed and communicated to staff. Staff received safety information for 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, accessible to all staff and outlined clearly who to go to for further guidance. The service had a system to verify patients' identities, including checking that adults attending with children had parental responsibility. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- 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 service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. 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).
- Arrangements were in place for staff appraisal and the revalidation of nurses and doctors.
- There was an effective system to manage infection prevention and control and systems for safely managing healthcare waste.
- The service ensured that premises and equipment were safe and that equipment was maintained according to

manufacturers' instructions. There was no evidence of premises fixed wiring safety testing and the service told us they would ensure this in conjunction with premise's landlord.

- Most of the sample bottles used to collect patient's blood samples were in date but we found some that had expired. The service disposed of the out of date bottles on the day of our inspection and treated the issue as a significant event, which it dealt with rapidly and the outcome was to instigate a checking process to prevent recurrence and ensure all bottles remained in date.

Risks to patients

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective staff induction system in place.
- There was a recent fire risk assessment, and fire safety signage and extinguishers were in place and fit for use. Some staff were trained in fire safety and the fire alarm was tested regularly. However, the fire safety lead was not trained and no fire drills had been undertaken.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- Staff received annual basic life support training and the service had an emergency trolley which was equipped with emergency oxygen with adult and child masks, and a defibrillator. There was also a first aid kit available.
- The service kept an appropriate stock of emergency medicines to treat patients in an emergency that were in date and the emergency equipment was regularly checked.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening (smear test) programme. The service had systems to follow up women with an abnormal or inadequate result.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 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 was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters such as to patients GPs included all of the necessary information and we also found the service requested information from patient's GPs where needed.

Safe and appropriate use of medicines

There were gaps in systems for appropriate and safe handling of medicines.

- The service dispensed medicines to patients, including anti-malarial treatment and antibiotics for treatment of infections and provided patients with appropriate information verbally and through patient information leaflets.
- Medicines were not always stored securely. Keys to medicines stored in drawers in a treatment room were kept locked and were only accessible to authorised staff; however, keys to the medicines refrigerator were stored in an unsecured drawer in a room that was openly accessible to patients. After our inspection the service immediately changed these arrangements to ensure the secure storage of all medicines.
- There was a policy for ensuring refrigerated medicines were kept at the required temperatures which described the action to take in the event of a temperatures going out of range. The service completed daily monitoring of the medicines refrigerator temperatures.
- Medicines that were not in use had not been identified for safe disposal. Refrigerated medicines were stored appropriately but we found four pneumococcal vaccines that expired in August 2017. These vaccines had not been disposed of and were not being administered as the season for the vaccine had ended. We also found a small quantity of a controlled drug that records showed the service had not been dispensing for

a long time, these were in date but required disposal as they were out of use. After our inspection the service immediately changed arrangements to ensure on-going safe disposal of medicines which were no longer in use.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There was evidence of actions taken to support good antimicrobial stewardship. The nurse was an independent prescriber.

Track record on safety

The service generally had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed most activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. The service had not consistently picked up on items and medicines requiring disposal but addressed these issues on the day of our inspection and implemented systems to prevent recurrence.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The provider was aware of the Duty of Candour. The provider encouraged a culture of openness and honesty and had systems in place for knowing about notifiable safety incidents and significant events. For example, after the wrong vaccine was administered to a patient in error, no harm came to the patient. The service telephoned the patient to apologise, explain what had occurred and offer them the vaccine the patient originally wanted, as well as completing the course for the additional vaccine. This event was investigated and attributed to human error, it was discussed with information and learning shared during a staff meeting to prevent recurrence.
- There was a system for receiving and acting on safety alerts. The service learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Current evidence based guidance and standards were cascaded to clinicians, such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. A lead doctor we interviewed provided evidence that they assessed needs and delivered care in line with evidence based guidance and standards. Updates to guidelines were assessed for relevance, discussed and shared across the clinical team. The service offered a range of in-house diagnostic tests and also used diagnostic services run by other independent providers. The service had developed links with a range of specialists to facilitate appropriate referrals.

Monitoring care and treatment

The service had systems in place to monitor the quality of care and treatment such as regular audits of Doctors medical record keeping and the adequacy of cervical smear taking.

The service had a well-developed clinical audit programme and had recently undertaken three clinical audits to monitor and improve care and treatments for patients with asthma, vitamin D deficiency, and urinary tract infection (UTI). Two of these were completed two-cycle audits where the audit has shown changes and outcomes for desired improvements in patient's clinical care. For example, an audit to improve rates of an annual care review for patients with asthma, in the first cycle 62% of patients had received a review and staff met to discuss ways of improving the rates of review and invited patients to attend. In the second cycle 75% of patients with asthma had attended for an annual review which represented an increase of 12%.

Effective staffing

Staff generally had the skills, knowledge and experience to carry out their roles but there was no evidence of relevant cervical screening training for a service nurse.

- The service 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 not always maintained for the service nurse. For example, there was no evidence of nurse's yellow fever immunisation update, or wound care training or cervical screening sample taker training. Staff told us the nurse

had not done specialised training in wound care as there was no demand for this in the patient group seen, but basic wound care and dressings that was covered in nurse's core training was offered. The clinical director audited doctor's consultations quarterly to monitor the quality and safety of care but nurse's consultations were not included. We reviewed a sample of patient notes of nursing consultations which indicated they were all undertaken appropriately. After our inspection the service sent us evidence of nurse's yellow fever update and an initial audit of nursing consultations with a plan to continue this on a quarterly basis.

- Staff were encouraged and given opportunities to develop and the service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.

Supporting patients to live healthier lives

The service supported patients to live healthier lives by providing same day doctor access for patients including those unable to take time off to attend their local GP or obtain a same day appointment. The service was also available for patients who worked in London but did not have an NHS GP, preferred to access a private doctor or who were visiting from abroad, particularly tourists. These patients were able to access a doctor, receive a diagnosis and medication where required in a single quick and convenient appointment with results being sent to the patient by their preferred method. If the provider was

Are services effective?

(for example, treatment is effective)

unable to provide a service to a patient required they would refer them to other services either within the private sector or NHS. We also found a selection of health promotion information in the reception area.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians 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 including parental or guardian authority for children.

Are services caring?

Our findings

Kindness, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect. All feedback we saw about patient experience of the service was positive. We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received feedback from five patients all of which was positive and indicated that patients were treated with kindness and respect. Comments included that patients felt the service offered was excellent and that staff were caring and professional. The service also surveyed patients to assess whether patients found its services caring and this feedback was in line with the positive patient feedback we received. Staff we spoke with demonstrated a patient centred approach to their work.

Involvement in decisions about care and treatment

Patient's feedback indicated that staff listened to patients concerns and involved them in decisions made about their care and treatment. However, the service did not have a hearing loop for deaf or hard of hearing patients; staff told us they would communicate with these patients in writing.

Privacy and Dignity

Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Staff were aware of the importance of protecting patient privacy and confidentiality

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The service was set up to provide GP services at convenient location for patients, it was close to London Finchley Road Underground and Finchley Road & Frognal Overground stations and served by multiple bus routes.
- The service system sent patients text message appointment reminders.
- The provider made it clear to patients on their website what services were offered and the limitations of the service. For example childhood and travel immunisations were provided including Yellow Fever and the service was registered with the NaTHNaC (The National Health and Travel Network Centre).
- The service offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group.
- Discussions with staff indicated the service was person centred and flexible to accommodate people's needs. However there was no information in languages other than English or translation services available. Staff told us this consideration was under discussion but their patients so far had been English speaking, mostly working people and families settled in the UK, and tourists with English as a first language or able to speak English mostly from America, Australia and South Africa.

Timely access to the service

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

- The service was open Monday and Tuesday 9am to 7pm, Wednesday to Friday 9am to 6pm, and Saturday 9.30am to 1.30pm.
- The appointment system was easy to use and patients could book appointments online, over the telephone or face to face.
- The service accepts walk-in patients if appointments are available. Telephone consultations are available if requested by patients and where appropriate.
- Waiting times, delays and cancellations were minimal and managed appropriately.

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 complaint policy and procedures were in line with recognised guidance. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The service learned lessons from individual concerns and complaints. For example, after a delay in completing a formal certification document in the timescale requested, the service contacted the patient's relative to apologise to them and provided the document immediately. It arranged to keep a stock of the relevant document to prevent recurrence.

Are services well-led?

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

Our findings

Leadership capacity and capability

The service was led by the two founding Doctors and overseen and supported by the medical director who was also a consultant in NHS Accident and Emergency services. Leaders had the capacity and skills to deliver high quality, sustainable care. They had identified clear priorities for maintaining the reputation, quality and future of the service. They understood the challenges facing the sector and had developed a strategy to address these. We were told by staff and patients that the service leads were visible and approachable.

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 plans for future development.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

There was a positive and professional working culture at the service. Staff stated they felt respected, supported and valued. They told us they were able to raise any concerns and were encouraged to do so and had confidence that these would be addressed. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour with patients.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management but some processes were not fully embedded or consistently effective.

- Structures, processes and systems to support good governance and management were clearly set out and understood.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control, but systems to ensure disposal of old stock including medicines and blood sample

bottles were not in place or operating effectively. Service leaders had established policies, procedures and activities to ensure safety but had not always evaluated outcomes.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance with the exception of fixed wiring and improvements needed to ensure effective arrangements in the event of a fire. There were otherwise effective processes to identify, understand, monitor and address current and future risks including risks to patient safety.

The management team had oversight of relevant safety alerts, incidents, audit results and complaints. There was clear evidence of action to change service to improve quality.

The service had trained staff for major incidents and had access to the premises business continuity plan including contact details for key contractors and utilities for in the event of major premises damage or similar disruption.

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 information used to monitor performance and the delivery of quality care was accurate and useful. There were plans and actions to address any identified weaknesses.
- 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

Are services well-led?

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

The service took on board the views of patients and staff and used feedback to improve the quality of services. For example, the service gathered feedback from patients via trust pilot, google and paper surveys and results showed patients said the location could be difficult to find using satellite navigation. As a result the provider improved the clarity of location signposting on its website which we checked and found contained clear satellite, photographic and written location instructions on the front page of its website. The service had also tried to rectify this issue in conjunction with search engine and online navigation providers but had experienced a limited response. The

most recent survey results continued to show patients had difficulty finding the service and staff told us they would be reviewing the website again to see how it could further improve.

Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels within the service, such as immediate response to our inspection feedback, through completed clinical audits, and in response to patient and staff feedback.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</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> <ul style="list-style-type: none">- Gaps in arrangements for fire safety.- Out of date blood sample bottles.- No assurance of fixed wiring safety. <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">- Secure storage of medicines.- Identification and disposal of expired medicines.- Identification and disposal of controlled drugs no longer in use. <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>