

Samedaydoctor London City Clinic

Inspection report

Pinnacle House
23-26 St Dunstons Hill
London
EC3R 8HN
Tel:

Date of inspection visit: 26 May 2021
Date of publication: 30/06/2021

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 

Overall summary

Previous overall rating, 15 May 2019: Good.

Previous rating for the key question Safe: Requires Improvement.

This service is again rated as Good overall.

The key questions are rated as: -

Are services safe? – Good

The ratings carried forward from our previous inspection are: -

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We previously carried out a comprehensive inspection of Samedaydoctor London City Clinic on 15 May 2019, under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was conducted to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We rated the service Good overall and in respect of the key questions Effective, Caring, Responsive and Well-led. We rated the service as Requires Improvement in relation to the key question Safe. There were procedures in place for monitoring and managing risks. However: -

- There was a lack of a systemic approach for ensuring patient safety alerts had been actioned.
- The provider could not demonstrate care was provided in a way that kept patients safe and protected them from avoidable harm. For example: the adult and children safeguarding policies needed to be updated to reflect some of the new categories of abuse, the provider needed to evidence that staff had a Disclosure and Barring Service (DBS) check at an appropriate level to their role, and Patient Group Directions (PGDs) needed to be current and up to date.
- There were clear responsibilities, roles and systems for accountability to support good governance and management, but some of the arrangements, such as consultation reviews, were on an informal basis, so it was difficult for the provider to evidence any action taken or feedback given.

We served requirement notices in relation to Regulations 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and made some recommendations for improvement. The provider had produced a plan of actions to address these.

We carried out this focused inspection to review the action taken by the service provider to meet the requirements of the regulations and to re-assess the rating for the key question Safe. We found the provider had taken appropriate action to address the issues noted at our inspection in May 2019 and have revised the rating for the key question Safe to Good.

The provider offers a range of private GP services, including face to face, video and telephone consultations, email exchange consultations, and testing. It offers referrals for x-rays and scans and to specialists for secondary care. It also provides services relating to sexual health and vaccinations, including provision of childhood immunisations.

Overall summary

The clinical lead for the service 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' with 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 provider had introduced an effective procedure for monitoring and actioning patient safety alerts.
- Safeguarding policies had been revised. Evidence of appropriate DBS checks was maintained, and suitable risk assessments carried out.
- Patient Group Directions (PGDs) relating to administering vaccines and medications were no longer used in the service. Where appropriate, Patient Specific Directions (PSDs) were used in accordance with relevant guidance.
- There was an effective system for conducting consultation and notes reviews and for feedback from the review to be given to members of the clinical team.

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 lead inspector and included a GP specialist adviser.

Background to Samedaydoctor London City Clinic

Samedaydoctor City Limited (the provider) is registered with the Care Quality Commission to carry out the regulated activities Diagnostic and screening procedures and Treatment of disease, disorder or injury.

The service is provided under franchise arrangements at the registered location Samedaydoctor London City Clinic, Pinnacle House, 23-26 St Dunstan's Hill, London EC3R 8HN. The clinic is located on the ground floor of an office block, fully accessible to people with reduced mobility. There are two other associated clinic locations in London, one in the West End and the other at Canary Wharf, operated by Sameday Doctor Holdings LLP, and another in Manchester, operated by SDD Medical Ltd.

The provider offers a range of private GP services, including face to face, video and telephone consultations, email exchange, and testing. It offers referrals for x-rays and scans and to specialists for secondary care. It also provides services relating to sexual health and vaccinations, including childhood immunisations. Details of the services provided, together with prices, are available on the provider's website – www.samedaydoctor.org

The clinic is open between 9.00 am and 5.00 pm on weekdays and from 10.00 am to 2.00 pm on Saturdays. Walk-in patients are seen, but currently they are strongly encouraged to book an appointment to help with social distancing measures. Walk-in patients are usually seen by the duty doctor within 15 minutes of arrival. Outside the times mentioned, patients can be seen by appointment at the sister clinic in the West End. Appointments, including for the same day, can be booked online, by email, telephone or by walking in during opening hours.

The childhood immunisation service is available four days a week between 10.00 am and 4.00 pm and one Saturday a month from 10.00 am to 2.00 pm.

The clinic team is comprised of two GPs, one of whom was the registered manager; a sexual health consultant; a baby vaccine consultant, who works from home; a baby vaccine nurse; the director of business and four administrative staff. Some members of the team also work at the other London clinics.

How we inspected this service

We reviewed documentary evidence sent to us by the provider, such as policies and records, conducted a remote online interview on 21 May 2021 with the registered manager for the service, which included reviewing several patients' healthcare records. We undertook a site visit on 26 May 2021.

Are services safe?

At our comprehensive inspection in May 2019, we rated the service as Requires Improvement for the key question Safe, because the provider did not have clear systems to keep people safe and safeguarded from abuse. Following this inspection, we have revised the rating to Good.

Safety systems and processes

At our inspection in May 2019, we reviewed the provider's child and adult safeguarding policies. We noted they had been partially updated to reflect some of the new categories of abuse for example, sex workers and sex slavery, but did not include issues such as female genital mutilation, radicalisation, human trafficking and modern-day slavery. From interviews, we found staff members knowledgeable in these areas and knew how to identify and report concerns.

During this inspection in May 2021, we were shown the provider's various policies relating to adult safeguarding and child protection. We discussed matters with the service's registered manager who was the safeguarding lead for all four clinics. The policies had been reviewed and revised correcting the omissions noted at our previous inspection and updated specific training had been provided. Policy summaries were saved on the provider's intranet for quick access, which we saw demonstrated at our site visit. The provider told us laminated hard copies would also be made available to staff.

At our inspection in May 2019, we saw the provider carried out staff checks at the time of recruitment and on an ongoing basis, where appropriate. However, not all the recruitment files we reviewed contained all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulations). We found examples of missing evidence of staff vaccination / immunity history, satisfactory information about physical or mental health conditions and employment references.

Disclosure and Barring Service (DBS) checks had been undertaken for more recently recruited staff, but we saw the provider had not obtained its own DBS checks for clinicians. Instead, the provider had records of DBS checks for staff that had been conducted in relation to their employment elsewhere. Administrative staff who acted as chaperones were trained for the role and had received a DBS check, but not all to an enhanced level.

During this inspection, we were told the provider had taken over the service under a franchise arrangement and that most of the staff had transferred from the previous service provider. We were shown the provider's relevant policy, which had been reviewed and amended in October 2020. The policy set out the requirements of Schedule 3 of the Regulations. We looked at the ten staff members' personnel files and noted that all contained completed occupational health questionnaires, which were subject to regular review, and a full record of the staff members' immunisation status.

The recruitment policies confirmed it was the provider required enhanced DBS checks for new staff members. We were told there were past issues obtaining enhanced checks for administrative staff, but they had been resolved. We were shown provider's chaperone policy, reviewed and revised in November 2020 and the provider's DBS risk assessment completed in June 2019 following our previous inspection. In assessing the risks, the provider had concluded that whilst DBS checks would be carried out as required for new staff, repeated checks were not necessary. From our review of staff personnel files, we noted DBS checks for all staff had been carried out at the recruitment stage, in some cases by the previous service provider.

At our inspection in May 2019, staff told us they received training as part of an induction programme when they commenced employment. But this was not evidenced in staff files we reviewed, and we recommended that this be addressed.

Are services safe?

At this inspection, we saw evidence from the staff personnel files and records generated by the provider's online training system that appropriate induction training had been provided. They also confirmed that ongoing training needs were monitored, and necessary refresher training given.

Safe and appropriate use of medicines

At our inspection in May 2019, we saw that the nurses were authorised to administer medicines under Patient Group Directions (PGDs) and Patient Specific Directions (PSDs). However, we found that the PGDs had not been updated in a timely manner in accordance with NICE guidance and the provider's policies. Following the publication of our report, the provider prepared an action plan to address issues we raised. It confirmed at that time, as no nurses were then employed, PGDs were no longer used as the remaining clinical staff were independent prescribers.

At this inspection we noted the clinical team included a new nurse. We reviewed the provider's revised policy which stated, *All staff supplying and/or administering medicine must have relevant prescribing qualifications relevant to their role or supply a medicine or vaccine under a PSD.*

We were shown examples of PSDs in relation to children's vaccines and noted these did not contain all the information suggested in guidance by the NHS Specialist Pharmacy Service. We discussed this during our interview on 21 May with the registered manager, who agreed that more detailed PSDs would be used in future. At our site visit on 26 May, we were shown the provider's new clinical management system, which used standard templates to record patient consultations. The system was demonstrated for us and we saw it produced PSDs in the correct format, allowing patients' involvement in decision making to be fully documented.

Lessons learned and improvements made

At our inspection in May 2019, we found the provider acted on and learned from external safety events as well as patient and medicine safety alerts. The provider had a system to disseminate alerts to all members of the team including sessional and agency staff. However, we concluded the system would benefit from a more formalised approach to ensure patient safety alerts had been actioned. For example, there was no audit trail to evidence the actions described had been taken and there was no specific person responsible for ensuring that the patient safety alerts had been actioned in full.

At this inspection, we reviewed the provider's revised policy and its safety alerts log and discussed the process for dealing with alerts with the registered manager during the online interview on 21 May. We found that the system was robust and effective in monitoring and actioning safety alerts.

At our inspection in May 2019, we saw the provider had some processes to manage current and future performance. Feedback was sought from people who used the service, but the provider did not have a formal system to review, monitor and record the quality of consultations undertaken by clinical staff. The registered manager told us they reviewed the quality of the consultation undertaken by the doctors and provided verbal feedback to each clinician.

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

At this inspection, the provider sent us evidence of consultation and notes reviews conducted since our previous visit. We discussed the process with the registered manager during our online interview on 21 May and they demonstrated with several good examples of how reviews were effectively carried out and feedback provided to staff.