Dr Kenric Li

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Inspection report

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Date of inspection visit: 8 June 2018
Date of publication: 16/07/2018

Overall summary

We carried out an announced comprehensive inspection on 8 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.

Dr Kenric Li provides a primary care service from a clinic in Kensington. The practice holds a list of registered patients who can book appointments with a GP or nurse with onward referral to diagnostic and specialist services as appropriate. The service treats children and adults.

We received 53 completed comment cards completed by patients in the days leading up to the inspection. These were wholly positive and described the service as accessible; the quality of care as excellent; and the staff as kind, caring and professional.

Dr Kenric Li is registered as an individual provider. The service is registered to provide the regulated activities of: diagnostic and screening services and treatment for disease, disorder or injury.

Our key findings were:

- Systems were in place to protect people from avoidable harm and abuse.
- When mistakes occurred lessons were learned and action was taken to minimise the potential for reoccurrence. Staff understood their responsibilities to be open with patients.

Summary of findings

- Clinical staff were aware of current evidence based guidance.
- Staff were qualified and had the skills, experience and knowledge to deliver effective care and treatment.
- Patient feedback indicated that patients were happy with the service they received.
- Information about services and how to complain was available.
- There was clear leadership and staff felt supported. The practice team worked well together.
- There was a clear vision to provide a family focused and personalised service.
- The service had some systems in place to monitor and improve the quality of service provision although systems were not always operating as intended.

There were areas where the provider could make improvements and should:

- Review its policies and protocols to assure itself these are operating as intended, for example that mandatory training is completed when due. It should also review for example, the introduction of periodic audit of infection prevention and control in line with national guidelines.
- Review whether clinical staff should undertake training on their responsibilities under the Mental Capacity Act 2005 if they have not already done so.
- Review the scope to improve its quality improvement activity including clinical audit.
- Review the scope to document meetings and share these notes with the staff team for future reference and to ensure any agreed actions are followed up.

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.

The service had systems in place to assess and manage most risks including responding to safety alerts; learning from incidents and the safe management and prescribing of medicines. The practice was equipped to respond to medical emergencies.

We identified some areas for improvement during the inspection for example, sharps bins had not been labelled correctly on installation; some staff members were overdue safeguarding training and the practice had not stocked all emergency medicines recommended for primary care settings. The provider acted to rectify these issues the same day.

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

The clinical team was up to date with current guidelines and considered these when delivering patient care. The service had systems in place to ensure that staff had the skills, knowledge and ongoing professional development to deliver an effective service.

We found one area where improvements should be made. The provider had a limited quality improvement programme, for example, it had not carried out any audits of its prescribing.

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

The service treated patients courteously and with respect. The service promoted a family-friendly ethos and involved patients in decisions about their care. Screens were provided in consulting rooms to maintain patients' privacy and dignity. Patients gave very positive feedback about the service and the staff.

Are services responsive to people's needs?
We found that this service was providing responsive care in accordance with the relevant regulations.

The service was responsive to patient needs. Patients were usually able to access appointments at the clinic the same or next day. The principal GP and practice nurse carried out home visits when appropriate. The service had a complaints policy in place and information about how to make a complaint was available for patients.

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

There was a clear leadership structure, vision and strategy for the service. The service had policies and procedures in place to identify and manage risks and to support good governance. The service supported staff members to develop in their role and there was a focus on service development and improvement.

Kenric Li

Detailed findings

Background to this inspection

Kenric Li provides an independent GP service from a clinic in Kensington. The service is provided to a registered list of patients and is available to children and adults. The service offers primary care consultations including cervical screening; childhood immunisations and travel health advice and vaccinations (including yellow fever). Appointments are available with a GP or the practice nurse. The principal GP and practice nurse are available by mobile telephone when the practice is closed and patients are advised they can call at any time if they experience an emergency. The principal GP and practice nurse carry out home visits when appropriate.

The clinic is open from Monday to Friday from 9am to 5pm. The practice nurse normally attends one day a week, usually on Wednesday but there is some flexibility depending on patient requirements.

The staff team includes the principal GP; two part-time salaried GPs; the practice nurse; the practice manager and administrative and reception staff. The service is located in a converted property and is rented. The service consultation rooms and office areas occupy the ground floor and basement which is accessible by stairs.

We carried out this inspection on 8 June 2018. The inspection team comprised one CQC inspector and a GP specialist advisor. Before visiting, we reviewed a range of information we hold about the service and asked the provider to send us some information about the service which we also reviewed. We did not receive any concerning information from patients or other stakeholders. During our visit we:

- Spoke with the staff who were present, including the principal GP, the practice nurse and the practice manager.
- Reviewed documentary evidence relating to the service and inspected the facilities, equipment and security arrangements.
- We reviewed a number of patient records alongside the principal GP. We needed to do this to understand how the service assessed and documented patients' needs, consent and any treatment required.
- Reviewed 53 comment cards completed by patients attending the clinic in advance of the inspection.

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 formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Safety systems and processes

The service had considered relevant health and safety and fire safety legislation and had access to relevant risk assessments covering the premises in addition to practice policies and protocols which were regularly reviewed. Any changes in safety procedures were communicated to staff and patients if relevant. For example, the practice was undergoing remedial works to the basement floor at the time of the inspection and staff and patients were kept informed about this and arrangements to avoid these areas while the works were in progress.

The service had defined systems, processes and practices in place to keep people safe and safeguarded from abuse although these were not comprehensive:

- The service had recruitment procedures to ensure that staff were suitable for the role and to protect the public. The practice had not recruited any new members of staff since our previous inspection in 2013. The provider's policy was to request appropriate checks including Disclosure and Barring Service checks for all staff working in the service. (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 principal GP had evidence of appropriate indemnity insurance and the immunisation status for clinical staff members had been checked.
- The principal GP was the designated safeguarding lead for the service. The service had safeguarding policies and protocols. These were updated with contact details for the local statutory safeguarding team on the day of the inspection. Staff had access to information outlining how to contact statutory agencies for further guidance if they had concerns about a patient's welfare.
- Staff understood their responsibilities to report suspected abuse and most had received safeguarding training relevant to their role. The doctors and practice nurse were trained to child safeguarding level 3. However, one administrative staff member had not had safeguarding training and one of the GPs was overdue for training on both safeguarding children and adults. The service provided evidence that these staff had been booked on the appropriate training immediately after the inspection.
- The service displayed posters informing patients they could request a chaperone and the doctors' policy was to routinely ask patients if they would consent to having a chaperone present before conducting any examination. Practice policy was to use only staff who had been trained in chaperoning.
- The premises were clean on the day of the inspection. The service had designated the practice nurse as the operational lead for infection control. The service had infection prevention and control policies and protocols in place and the practice nurse provided staff with periodic training, for example, on hand washing techniques. Clinical waste was separated, stored and disposed of appropriately although the sharps bins had not been labelled with the date of installation. This was addressed on the day of the inspection. The service kept waste disposal destruction notices on file.
- The service was not regularly carrying out any infection control audits to check that all policies and procedures were being implemented correctly.
- The premises were suitable for the service provided. The clinic was located in a converted building with clinical rooms and patient waiting areas located on the ground and basement floors. The basement area was accessible by stairs. Patients could be seen on the ground floor if they were unable to use the stairs although we were told that this had not yet been required.
- The service had health and safety policies in place. Staff had access to the service policies in the manager's office. Health and safety risk assessments for the premises, equipment and materials had been carried out or obtained. Fire safety equipment was regularly tested and the service carried out fire drills annually.
- All electrical and clinical equipment in the clinic had been checked and calibrated to ensure it was safe to use and was in good working order
- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. The service planned ahead to ensure cover was in place for example, in advance of the principal GP taking leave. The patient list was also managed. For example, the practice was not accepting new patients at the time of the inspection to ensure the service had the capacity to meet existing patients' needs.

Risks to patients

The service had arrangements in place to respond to emergencies and major incidents:

Are services safe?

- The service had emergency oxygen and pulse oximeters on the premises and the necessary masks and tubing. The equipment was in date and ready for use. The practice nurse checked this equipment weekly but did not keep a written record. The provider created a monitoring recording form on the day of the inspection when this was pointed out.
- The practice did not keep a defibrillator on the premises. It had carried out a risk assessment and decided this was not required because a defibrillator was located at a police station opposite the service and also at an NHS practice on the same road. This service was open during the clinic hours. The practice secured written confirmation from the NHS practice the defibrillator would be available should it be required.
- All staff received annual basic life support training including training on using a defibrillator.
- The service kept a small stock of medicines to treat patients in an emergency for example patients experiencing symptoms of anaphylaxis. The emergency medicines were in date and were regularly checked. The practice did not have all the recommended medicines for use in primary care, for example it did not stock a recommended antibiotic. However it purchased these items on the day of the inspection when this was pointed out.

Information to deliver safe care and treatment

The service kept paper based patient records of consultations. Patients making an appointment for the first time were asked to complete a new patient registration form with their contact details, date of birth, allergies, medical and family history and any current treatment or health conditions. The service had recently changed its protocol and now also asked newly registering patients for proof of identity for themselves and any family members. Staff checked that children were attending with their parent or guardian. If a child attended the clinic with an adult without parental authority (such as a nanny), the service contacted the parent or guardian for consent before proceeding.

The 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 and files. The principal GP used an electronic dictation system to generate contemporaneous typed notes which were printed and stored in the patient's records.

The doctors did not routinely share information about treatment or referrals with the patient's NHS GP. More commonly, they encouraged patients to share information with their own GP directly. The service did not hold information about the patient's normal NHS GP in its records. The service reserved the right not to treat patients if the doctors considered this unsafe or inappropriate in a private clinic setting.

Safe and appropriate use of medicines

The provider had effective arrangements for obtaining, recording, handling, storing and the security of medicines.

- The service had protocols for prescribing and repeat prescribing. It did not issue prescriptions without the patient having attended a consultation.
- The doctors occasionally prescribed medicines for up to six month periods without requiring a review. In these cases, the medicines prescribed were not high risk and were prescribed for stable conditions, for example gout.
- The clinical staff routinely reviewed updates to national guidelines and medicines safety alerts. The practice nurse received electronic updates and patient information about travel health and vaccinations.
- The practice nurse administered vaccinations under patient specific directions authorised by the principal GP. She kept a record of patient consent, batch numbers, expiry date and details about the course and dose in the patient records. She contacted patients by telephone after the vaccination to check for any after effects and also recorded this in the notes.
- The practice did not prescribe controlled medicines or unlicensed medicines but referred patients to the appropriate specialist.
- The fridge temperature was monitored on a daily basis, and we saw evidence that the cold chain was maintained. The service was monitoring maximum, minimum and current temperatures.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The service had a clinic-specific stamp for prescriptions which could make prescription forgery more difficult.
- The doctors routinely took microbiological samples when prescribing antibiotics.
- The service had not carried out any prescribing audits, for example of antibiotic prescribing to check its prescribing performance against published guidelines.

Are services safe?

Track record on safety

The service did not maintain a comprehensive file of incidents although it had a formal reporting procedure. Accidents and complaints were logged separately. Recent incidents included a structural problem with the basement flooring which was under repair at the time of the inspection. The practice had also experienced difficulty on two occasions getting blood samples collected quickly enough for certain tests to be carried out. As a result, it had purchased its own centrifuge which allowed blood samples to be processed and stored for longer on the premises. The doctors had contacted the patients involved, apologised, explained the problem and the need to take a repeat sample.

Lessons learned and improvements made

There were systems in place for identifying, investigating and learning from safety incidents. The service defined an 'incident' as any incident that could lead to potential harm or loss to patients or affect the running of the service. There was also an accident book. Staff told us they would inform the principal GP of any incidents.

The doctors and managers we interviewed understood the duty of candour and the responsibility to be open with patients. Staff consistently told us that their policy was to ensure that any affected patients were given reasonable support, a truthful explanation and an apology. We were told that any incidents would be discussed and shared with the staff team in line with the policy.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The service provided evidence that the doctors considered relevant and current evidence based guidance when assessing patient needs and delivering patient care. The clinical team received updates to national guidelines (and international updates in the case of travel health requirements) and had access to advice from diagnostic and specialist teams and professionals.

The service offered patients timely access to investigations and tests and had developed links with a range of specialists to facilitate appropriate referrals.

Monitoring care and treatment

The service had some systems in place to monitor the quality of care and treatment. For example, the principal GP obtained feedback from specialist colleagues on the quality of their referrals and information sharing. The service did not have a well-developed clinical audit programme but could provide evidence of a recent single cycle audit of influenza testing and was auditing its cervical screening service. The service was not generally benchmarking its clinical activity or reviewing patient outcomes, for example against published NHS norms and targets. The principal GP directed patients requiring higher risk medicines with associated monitoring to attend their NHS GP or a specialist.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The service had a stable staff team with no recent recruitment. The service had an induction programme which included mandatory training and shadowing more experienced staff members.
- The mandatory training for all staff covered basic life support, child safeguarding, infection prevention and control, fire safety, health and safety and information governance and security. The practice booked training for staff on safeguarding vulnerable adults immediately after the inspection.
- The service could demonstrate how it ensured role-specific training and updating for relevant staff. The doctors and practice nurse maintained a folder of educational sessions as part of the appraisal and revalidation process.
- The practice nurse attended regular update training appropriate for their role, for example, covering travel medicine updates and cervical screening. The nurse received regular updates about travel health and consulted recognised sources for reference (for example, the Travel Health Pro website). The service was registered to provide the yellow fever vaccination and the nurse had received training and updates on this. Other travel medicines, for example, appropriate malaria prophylaxis were prescribed by the principal GP by consultation.
- The learning needs of staff were identified through a system of appraisals and more informal discussion between staff members and the principal GP.
- All non-clinical staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

The service shared information to plan and co-ordinate patient care effectively.

- From the sample of documented examples we reviewed we found that the service shared relevant information with other services in a timely way, for example when referring patients to other services. Staff worked together and with other relevant health care professionals such as hospital consultants to assess and plan ongoing care and treatment. The service carried out follow-up in coordination with specialist services for patients with longer term conditions.
- Information was shared between services with patients' consent. The service tended not to share information directly with patients' NHS GPs but recommended to patients that they do this themselves. The staff did not routinely check whether patients had done so.
- The principal GP had daily informal discussion with the salaried doctors when they were present in the clinic and weekly meetings. These were not documented.

Supporting patients to live healthier lives

The service had a focus on preventative health and offered a range of preventative health and screening services including child immunisations and cervical screening.

Are services effective?

(for example, treatment is effective)

- The usual length of appointment was 30 minutes for standard consultations and we were told this allowed for time to discuss other questions patients might have about their wider health and circumstances. The doctors could refer to a range of relevant services, for example specialist endocrinology and obesity services.
- The service offered a comprehensive range of travel services and was registered to provide the yellow fever vaccination.
- The service provided advice on sexual health and contraception. It did not fit contraceptive implants or IUDs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. The clinical staff understood the relevant consent and decision making requirements of legislation and guidance relating to adults and children although some members of the clinical team had not received training on the Mental Capacity Act 2005. If children attended without their parents (for example, in the company of a nanny) the parents were contacted to authorise the child's visit.

Are services caring?

Our findings

Kindness, respect and compassion

The service aimed to provide a caring and responsive service. Staff we spoke with told us patients were treated with dignity and respect at all times. Fifty-three CQC patient comment cards were completed in advance of the inspection by patients attending the clinic. All the comments we received were positive about the quality of the service and the patient experience. Patients described the service as excellent and the staff as professional, thorough and respectful. Patients consistently described the doctors and nurse as attentive and willing to listen without rushing consultations. Several patients commented that they had received follow-up telephone calls after their consultations from their clinician to check their progress. Reception staff were described as welcoming, warm and friendly.

The service offered patients privacy to discuss sensitive issues on arrival. It was service policy to provide chaperones before any examination and information about chaperones was clearly signposted in the waiting area and in the consultation rooms.

Involvement in decisions about care and treatment

The service ensured that patients were provided with all the relevant information they needed to make decisions about their treatment including information in advance about the costs. Patients commented that they were involved in decisions and staff took account of their individual needs, preferences and circumstances.

The service provided facilities to help involve patients in decisions about their care:

- We were told that most patients who attended the clinic spoke English fluently. The service allowed patients to bring an appropriate friend or relative to translate if required.
- The principal GP had recruited a Russian speaking salaried doctor to meet the needs of Russian expatriate patients resident in the area who did not speak good English.
- The clinic staff team spoke a range of languages including Russian and Arabic.
- Information leaflets were available explaining the services available. The service did not have a functioning website. This was partly because of the policy to manage new patient demand in line with capacity.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity. Staff recognised the importance of patient confidentiality and the service complied with the Data Protection Act 2018 and understood the requirements of the General Data Protection Regulation. The consultation rooms were equipped with a privacy screen. The consultation room doors was kept closed to ensure conversations taking place remained private.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs and preferences. The service understood the needs of its population which was comprised mainly of young and middle aged adults and families resident in the local area and tailored services in response to those needs. The service was clear with patients about the range of primary care services it offered.

Appointments could be booked over the telephone or face to face. Most clinic patients attended in person. The doctors would not prescribe or diagnose by telephone. The service did not offer online consultations. Patients could book an appointment at the clinic with a male or female doctor.

The service's rooms were located on the ground floor and basement which were accessible by stairs. The service was fully accessible as patients could be seen on the ground floor if required and had disabled facilities and wide access. The staff could make space available in the clinic for baby changing and breast feeding on request.

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 informed us that patients would be offered same day or next day appointments and patients who commented about access confirmed this. 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 the same day. The service carried out home visits when appropriate and according to patient need. The principal GP assessed all home visit requests.

The clinic was open from Monday to Friday from 9am to 5pm. The practice nurse attended one day a week, usually on Wednesday but there was some flexibility depending on patient requirements.

Patients were provided with information about contacting the principal GP out of hours. They were told they could contact this number at any time or day of the week if they had an urgent problem. We saw evidence that when patients contacted the principal GP out of hours they received a prompt response.

Listening and learning from concerns and complaints

The service had not received any complaints in 2017 or to date in 2018 about its own service. It had received one complaint from a patient about a specialist service to which they had been referred. The complaints lead had forwarded this to the service concerned and the team had reviewed their referral policy to this provider and amended the information they provided to patients.

There was a lead member of staff for managing complaints. The policy was to share and discuss complaints openly within the staff team to identify improvements. The service had a complaints policy in place which was in line with recognised guidance. Information about how to make a complaint was available for patients and displayed in the waiting area. The complaints information detailed the process for complaints handling and how patients could escalate their concerns if they were not satisfied with the internal investigation and outcome.

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 principal GP. The service had appointed a manager and had a clear

organisational structure. The leaders had the capacity and skills to deliver high quality, sustainable care. The service had identified clear priorities for maintaining the quality and future of the service. We were consistently told by staff that the principal GP was visible and approachable.

Vision and strategy

The provider had a clear vision to deliver high quality care. There was a realistic strategy to achieve identified priorities. The staff team said they were sufficiently involved in and informed about planned changes and were aware of the strategy and their own role in achieving this.

Culture

There was an open working culture at the service. Staff said they were supported and valued. They told us they were able to raise any concerns and were encouraged to do so. They had confidence that these would be addressed. The staff team 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. Service policies and procedures were documented. We identified some gaps in governance on the day of the inspection for example in safeguarding training and the absence of monitoring checklists. The provider addressed most of our identified concerns immediately or shortly after the inspection. However, this suggested that the provider did not always have systems in place to ensure its policies were fully operating as intended.

There were processes for providing all staff with appropriate development. This included regular appraisal and discussion of development and training opportunities. All staff received regular annual appraisals with their manager or externally as appropriate to their role. The clinical staff maintained their professional development and skills. The principal GP led regular weekly meetings and more frequent informal discussions with the other doctors although they did not document these meetings.

Managing risks, issues and performance

There were clear and effective processes for managing most risks. There was effective oversight of relevant safety alerts, incidents, audit results and complaints. There was evidence of action to change practice to improve quality when issues had been identified.

The service had trained staff for major incidents and had a business continuity plan including contact details for the key contractors and utilities should there be a major environmental issue.

Appropriate and accurate information

The service acted on appropriate and accurate information. There were arrangements in line with data security standards for the accessibility, integrity and confidentiality of patient identifiable data and other key records.

The principal GP reviewed incidents, patient and colleague feedback and complaints to review service performance. However, the service did not have a well developed programme of clinical quality improvement work for example it was not conducting audits of prescribing.

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners to support the service. For example, the service requested patient feedback annually about the quality of care they experienced. The results were positive about the service as a whole and the care received by individual doctors and the nurse. The principal GP also requested feedback from specialist colleagues in relation to the quality and appropriateness of referrals and associated information. We saw evidence of positive feedback from this source. Staff told us they were encouraged to share and discuss ideas for further improvement.

Continuous improvement and innovation

There was a focus on improvement and service development within the service. For example:

Are services well-led?

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

- The practice had responded to patient suggestions. For example, a patient had recommended that the practice move to recyclable cups for use with the water dispenser in the waiting area . The service implemented this suggestion the following day.
- The service was looking to move to an electronic patient records system to improve efficiency and reduce the space required for records storage. It was assessing systems against various criteria including the need to protect patient confidentiality.