

Visiting Doctor Services Ltd

The Surgery

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 7 March 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 not 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.

The provider offers face to face consultations and examinations at the clinic and during visits to people (UK and overseas patients) in their home or other places that they are staying such as hotels or care homes. The service informed us that the majority of the patients they see are from overseas and they rarely used the clinic to see patients.

We received 27 Care Quality Commission comment cards from patients who used the service; all were all positive about the service experienced. Many patients reported that the service provided high quality care. Due to the nature of the service we were unable to speak to any patients during the inspection.

Our key findings were:

- The service had systems in place so that safety incidents were less likely to happen; however processes in place for managing risks to patient safety required improvement.
- The service did not routinely review the effectiveness and appropriateness of the care it provided; however the patient records we reviewed indicated that care and treatment was delivered according to evidence based guidelines.

Summary of findings

- Comments cards indicated that staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients reported that they were able to access care when they needed it.
- Information on how to complain was available and easy to understand.
- Governance arrangements in place to identify and monitor risks to patient safety and performance required improvement.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

You can see full details of the regulations not being met at the end of this report.

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 manage risk. The service had a system in place to manage significant events. The service reported that they had no safety incidents during the last year.
- The service had a business continuity plan.
- Staff knew how to recognise the signs of abuse and how to report concerns.
- Staff were qualified for their roles and the service completed essential recruitment checks.
- Premises and equipment were clean and properly maintained.

Are services effective?

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

- The provider ensured that care and treatment was delivered according to evidence based guidance.
- Staff had the knowledge to deliver effective care and treatment.
- There was limited evidence of quality improvement and they had not undertaken any clinical audits.
- There was evidence of appraisals for staff.

Are services caring?

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

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The Care Quality Commission comment cards we received were all positive about the service experienced. Many patients reported that the service provided high quality care.

Are services responsive to people's needs?

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

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Information on how to complain was available and easy to understand.

Are services well-led?

We found that this service was not providing well-led 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 at the end of this report).

- The service had a vision to deliver high quality care and promote good outcomes for patients.
- The service had policies and procedures to govern activity and held regular governance meetings.
- There were governance arrangements in place to identify risk; however there was no clear system in place for communication with patients' NHS GP where appropriate.
- There was no clear system in place to monitor the implementation of medicines and safety alerts and to ensure staff receive training relevant to their role.
- There were limited arrangements in place to monitor and improve the quality of care.
- The provider was aware of the requirements of the duty of candour.

Summary of findings

- The service kept complete patient care records which were, clearly written or typed, and these were stored securely.
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The Surgery

Detailed findings

Background to this inspection

Visiting Doctor Services Ltd is an independent provider of medical services and treats adults and children over three years of age in and around London. The service is led by the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The premises has a NHS dental service which is also led by the same registered manager.

The provider offers face to face consultations and examinations at the clinic and during visits to people in their home or other places that they are staying such as hotels or care homes. Services are available to people on a pre-booked appointment basis. The service informed us that they see approximately 40 patients a month.

The service employs one doctor who is the medical director.

The clinic has a reception and waiting area and one consulting room used by this service.

Visiting Doctor Services is registered with the Care Quality Commission to provide the regulated activity treatment of disease, disorder or injury.

The inspection was led by a CQC inspector and supported by a GP specialist advisor.

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

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

Safety systems and processes

The service had systems in place to keep patients safe and safeguarded from abuse.

- The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. The service had a system in place to check the adults attending with a child had the authority to give consent.
- Staff had not received up-to-date safeguarding training appropriate to their role; however staff we spoke to knew how to identify and report concerns and demonstrated they understood their responsibilities regarding safeguarding. The registered manager had completed level two child protection training and the service was not able to demonstrate that the lead clinician had completed level three child protection training. The day following the inspection the service booked level three child protection training for March 2018 and sent us evidence to support this.
- The service had a staff recruitment policy and procedure to ensure that they employed suitable staff. This reflected the relevant legislation. We looked at two staff recruitment records and found the service carried out staff checks, including checks of professional registration where relevant, this was both at the time of 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).
- There was an effective system to manage infection prevention and control. There were systems for safely managing healthcare waste.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions; however we found that some of clinical equipment for example blood pressure

apparatus were not regularly calibrated. The day following the inspection the service informed us that they had disposed these items and had purchased new clinical equipment and sent us evidence to support this.

- The service had an up-to date legionella risk assessment and had acted on the recommendations.

Risks to patients

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

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The lead clinician had completed basic life support training in November 2016 and had not had an update since that time; the day following the inspection the service booked this training for March 2018 and sent us evidence to support this.

Information to deliver safe care and treatment

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

- 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 did not have clear systems for sharing information with other agencies. The service informed us that patients' were given copies of their consultation notes to be given to their NHS GP; however they did not have a system to check this happened. The service did not have a clear policy or protocol to ensure written communication between the service and patients' NHS doctors'.

Safe and appropriate use of medicines

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

- The systems for managing medicines, medical gases and equipment minimised risks. The service had emergency medicines to deal with a range of medical emergencies; however they did not have glucogel (a medicine used to quickly increase blood sugar levels)

Are services safe?

and rectal diazepam (a medicine used to stop seizures in children). The day following the inspection the service had purchased these medicines and sent us evidence to support this.

- The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.

Track record on safety

- There were risk assessments in relation to safety issues within the premises.

Lessons learned and improvements made

The service had a system in place to learn and make improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The service informed us that they had not had any incidents or significant events in the last year so we were not able to review any incidents or significant events to demonstrate that the service learned and shared lessons, identified themes and took action to improve safety in the service.
- There was a system for receiving and acting on medicines and safety alerts and the service informed us that they had discussed alerts relevant to the service; however they did not have a system to oversee the implementation of these alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance. The service had a system in place to keep clinicians up to date with current evidence-based practice.

- Patients' needs were fully assessed.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- During the inspection we looked at the records of five adult patients, and found they were prescribed medicines according to evidence based guidelines.

Monitoring care and treatment

- There was limited evidence of quality improvement. The service had not undertaken any clinical audits.
- The service had completed an audit to ascertain the time patients wait for the doctor to reach the patients' home or place of residence. Following this audit the service informed patients about the average waiting time to reach them and booked appointments if patients' were happy with this.

Effective staffing

- Staff had the skills, knowledge and experience to carry out their roles.
- Up to date records of skills, qualifications and training were maintained.
- Staff were encouraged and given opportunities to develop.

- The service provided staff with on-going support; this included induction and one to one meetings.

Coordinating patient care and information sharing

- The lead clinician confirmed they referred patients to an NHS or private service when required. The service had a referral form to make private referrals and had appropriate referral pathways.
- There was no evidence of written communication between the service and patients' NHS doctors' and they did not have a clear policy or protocol in place to support this. The service did not routinely ask for the details of the patients' NHS GP while seeing new patients. The day following the inspection the service informed that they started recording this information in the patient notes and were in the process of re-designing their patient form to accommodate this information.

Supporting patients to live healthier lives

We did not see any evidence to indicate that the service had identified patients who may need extra support and referred them to relevant services.

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; clinical staff had completed Mental Capacity Act training.
- The service had a system in place to check the adults attending with a child had the authority to consent.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- The service gave patients clear information to help them make informed choices; staff listened to them, did not rush them and discussed options for treatment with them.
- The service's website provided patients with information about the services available.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- They stored paper records securely.

The service had obtained feedback from 35 patients who used the service. All the 35 patients indicated that their doctor was polite, made them feel at ease, listened to them, explained their condition and treatment, and involved them in decisions about their care. They also indicated that the doctor was honest and trustworthy and were happy to see the doctor again.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

- The facilities and premises were appropriate for the services delivered. For example, there was an accessible toilet and baby changing facilities.
- All patients attending the service referred themselves for treatment; none were referred from NHS services. The service informed us they referred patients to other services when appropriate.

Timely access to the service

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

- The majority of patients were seen by the service as visits by the lead clinician to the patients' home or their place of residence.

- The service informed us that most of the patients they saw were from overseas.
- The service had access to interpretation services when patients were seen in the clinic; patients were also informed about the multilingual staff.
- Patients had timely access to appointments.
- The appointment system was easy to use.
- The service had completed an audit to ascertain the time patients wait for the doctor to reach the patients' home or place of residence. Following this audit the service informed patients about the average waiting time to reach them and booked appointments if patients' were happy with this.

Listening and learning from concerns and complaints

- Information about how to make a complaint or raise concerns was available.
- The complaint policy and procedures were in line with recognised guidance. The service had not received any complaints in the last year so we were not able to review any complaints to demonstrate they were satisfactorily handled in a timely way.

Are services well-led?

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

Our findings

We found that this service was not providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability;

The lead clinician had the capacity to deliver high-quality care.

- The registered manager and the lead clinician were knowledgeable about issues and priorities relating to the quality and future of services.
- The registered manager and lead clinician were visible and approachable.

Vision and strategy

- The service had a vision to deliver high quality care and promote good outcomes for patients.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

- Staff stated they felt respected, supported and valued.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to 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; however this was not effective in relation to identifying training relevant to their role for example there was no system to ensure staff received updates in basic life support training.
- All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The service actively promoted equality and diversity.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. The lead clinician had overall responsibility for the management and day to day running of the service and supported by the registered manager.

- Structures, processes and systems to support good governance were effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The service held regular governance meetings.
- The service had policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

The processes for managing risks to patient safety and performance required improvement.

- The service did not have a clear system in place to monitor the implementation of medicines and safety alerts.
- There was no clear system in place for communication with patients' NHS GP where appropriate.
- The service did not have all the emergency medicines to deal with a range of medical emergencies and some of the clinical equipment were not regularly calibrated.
- The service had a detailed business continuity plan in place to manage major incidents.
- There was limited evidence of quality improvement and they had not undertaken any clinical audits.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- There were 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

- The service had a system in place to gather regular feedback from patients. They obtained feedback from patients after each consultation.

Continuous improvement and innovation

- There was a focus on learning and improvement.

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
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that effective systems and processes are in place to ensure good governance in accordance with the fundamental standards of care. In particular:</p> <p>The provider had not ensured there was a clear system in place to monitor the implementation of medicines and safety alerts.</p> <p>The provider had not ensured there was a clear system in place for communication with patients' NHS GP.</p> <p>The provider did not have the knowledge of the training required relevant to their role.</p> <p>The provider did not ensure a system to demonstrate quality improvement for patients for example through clinical audits.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>