

Citydoc Medical Limited

Citydoc Canary Wharf

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 7 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 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, in one area, this service was not 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.

Citydoc Canary Wharf is an independent health service based in Canary Wharf, London.

Our key findings were:

- Clinicians had completed appropriate safeguarding and basic life support training, however the service did not have any oversight of whether reception staff had completed this training.
- The chaperone system was not effective to maintain patient safety.
- Appropriate emergency medicines and equipment were accessible for staff and we saw evidence of regular checks.
- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- The service had a system in place to verify that adults attending with children for appointments had parental responsibility.
- The service delivered care in line with relevant and current evidence based guidance and standards.
- Updates and best practice guidelines were shared amongst clinicians by email, but there was no formalised system to ensure these were received and acknowledged by all clinical staff.

Summary of findings

- The service reviewed the effectiveness and appropriateness of the care provided through quality improvement activity such as clinical audits.
- Clinicians had the skills, knowledge and experience to carry out their roles.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making, although the nurses had not completed any Mental Capacity Act 2005 training.
- There was no privacy screen or curtain in the consultation room for patients to use if needed to maintain dignity.
- Patient feedback was positive about the service experienced and staff helped patients be involved in decisions about their care.
- The service organised and delivered services to meet patients' needs.
- There was a clear leadership structure, and staff told us that they felt able to raise concerns and were confident that these would be addressed.
- The service had a governance framework in place, which supported the delivery of quality care, and processes for managing risks, issues and performance.

- There were systems and processes for learning, continuous improvement and innovation.

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

- Ensure that all patients are treated with dignity and respect.
- 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 the system to ensure updates and best practice guidelines are received and acknowledged by all clinicians.
- Review training requirements for all clinicians in relation to consent and the Mental Capacity Act 2005.
- Review the process for checking and recording patient identification.

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 at the end of this report).

- Clinicians had completed appropriate safeguarding and basic life support training, however the service did not have any oversight of whether reception staff had completed this training.
- The chaperone system was not effective to maintain patient safety.
- Appropriate emergency medicines and equipment were accessible for staff and we saw evidence of regular checks.
- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- The service had a system in place to verify that adults attending with children for appointments had parental responsibility.

Are services effective?

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

- The service delivered care in line with relevant and current evidence based guidance and standards.
- Updates and best practice guidelines were shared clinicians by email, but there was no formalised system to ensure these were received and acknowledged by all clinical staff.
- The service reviewed the effectiveness and appropriateness of the care provided through quality improvement activity such as clinical audits.
- Clinicians had the skills, knowledge and experience to carry out their roles.
- Staff worked together and with other professionals to deliver effective care and treatment, and referral letters included all the necessary information.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making, although the nurses had not completed any Mental Capacity Act 2005 training.

Are services caring?

We found that, in one area, this service was not providing caring services 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).

- There was no privacy screen or curtain in the consultation room for patients to use if needed to maintain dignity.
- Patient feedback was positive about the service experienced.
- Staff helped patients be involved in decisions about their care.
- Interpretation services were available for patients whose first language was not English.
- The service complied with the Data Protection Act 1998 and was registered with the Information Commissioner's Office.
- Patient records and information were held securely.

Are services responsive to people's needs?

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

Summary of findings

- The service organised and delivered services to meet patients' needs, and the facilities and premises were appropriate for the services delivered.
 - The service made reasonable adjustments when patients found it hard to access services.
 - The appointment system was easy to use; patients could book by telephone through the provider's call centre, or via the service's website.
 - The service had a complaints policy in place, and complaints we reviewed had been handled appropriately and in a timely way.
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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, and staff told us that they felt able to raise concerns and were confident that these would be addressed.
 - The service had a governance framework in place, which supported the delivery of quality care, and processes for managing risks, issues and performance.
 - There were processes for providing clinicians with the development they needed; this included annual appraisals and support for professional revalidation.
 - The service had a business continuity plan in place.
 - There were systems and processes for learning, continuous improvement and innovation.
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Citydoc Canary Wharf

Detailed findings

Background to this inspection

Citydoc Canary Wharf is an independent health service based in Canary Wharf, London. The service is a location for the provider Citydoc Medical Limited, which manages three Citydoc clinics across London.

Citydoc Canary Wharf offers general private doctor services, health screening, sexual health testing, travel vaccines and children's vaccines (those not offered by the National Health Service). The service holds a licence to administer yellow fever vaccines.

Citydoc Canary Wharf rents one consultation room in shared premises called The Wellness Centre. The clinical team at the service consists of a GP, nurse manager and nurse. The reception staff are employed by another organisation in the same premises, and they greet walk-in patients, process payments and book straightforward follow-up appointments.

Appointments are available from Monday to Thursday 9am to 6pm, on Fridays 8am to 5pm, and on Saturdays 9am to 2pm.

The service is registered with the CQC to provide the regulated activities of diagnostic and screening procedures, and treatment of disease, disorder and injury.

The GP who works at the service is also the registered manager. A registered manager is a person who is registered with the CQC 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.

We carried out this inspection as a part of our comprehensive inspection programme of independent health providers.

Our inspection team was led by a CQC lead inspector, who was supported by a GP specialist advisor and a practice nurse specialist advisor.

The inspection was carried out on 7 June 2018. During the visit we:

- Spoke with a range of staff, including the GP, nurse manager, nurse, and a receptionist for the premises.
- Reviewed a sample of patient care and treatment records.
- Reviewed comment cards in which patients shared their views and experiences of the service.

We asked for CQC comment cards to be completed by patients prior to the inspection. We received eight comment cards which were all positive about the standard of care received. Staff were described as caring and professional.

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 not providing safe care in accordance with the relevant regulations.

Safety systems and processes

- All clinicians who worked at the service had completed adult safeguarding training and level three child safeguarding training. The safeguarding policies outlined the process for reporting concerns and contained contact details for local Children's and Adult Services. The service also had a policy regarding female genital mutilation (FGM), and the GP had completed a training course on recognising and preventing FGM. However, the service did not have any oversight of whether reception staff (who were not employed by the provider) had completed any safeguarding training, and had not completed a risk assessment in respect of this.
- The service had a chaperone policy and we saw a poster in the consultation room advising patients of this. During the inspection, we found that information about chaperones was not displayed in the reception area, however following the inspection the service sent us evidence that a chaperone poster had been put up in reception. The service told us that reception staff would act as chaperones if requested by patients. However, as reception staff were not employed by the provider, the service could not be assured that the person acting as a chaperone would have had chaperone training or a DBS check. The service had not completed a risk assessment regarding reception staff having appropriate training and checks or regarding patient confidentiality.
- 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 of Citydoc staff 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).
- The clinicians undertook professional revalidation in order to maintain their registrations with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC).
- There were systems in place for reporting and recording significant events and complaints.

- The service maintained appropriate standards of cleanliness and hygiene. We saw completed logs of daily cleaning schedules.
- There was an effective system to manage infection prevention and control, and systems for safely managing healthcare waste. We saw the most recent infection control audit which was dated April 2018, which did not identify any actions to be completed.
- The landlord for the premises had health and safety policies in place. A legionella risk assessment had been carried out in January 2018 (legionella is a bacterium which can contaminate water systems in buildings). We saw that evidence that fire safety equipment was regularly tested, fire alarm tests were completed weekly and fire drills were completed twice a year. All staff had complete fire safety training in May 2018.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians and reception staff knew how to identify and manage patients with severe infections, for example, sepsis.
- Appropriate emergency medicines and equipment were accessible for staff and we saw evidence of regular checks.
- All clinicians had received basic life support training, although one clinician had last completed this training in May 2017 so was overdue for an update. Two of the reception staff told us they had completed basic life support training within the last two years, however the service did not have any oversight of whether reception staff had completed this training and had not completed a risk assessment in respect of this.
- There was a system for receiving and acting upon safety alerts. Medicines safety alerts were received by the GP and recorded in a log which separated those alerts requiring action and those not relevant to the service; we saw evidence of relevant alerts being circulated to clinicians.
- We saw evidence that there were professional indemnity arrangements in place for clinicians.

Are services safe?

- At the end of May 2018, the service introduced a new identification process for children's appointments; adults booking the appointment are told that documentation to demonstrate parental responsibility is required for treatment to take place.
- For adults attending appointments, the service asked them to provide their name, date of birth, contact details and details of their NHS GP; no other identification or information to verify this was required.

Information to deliver safe care and treatment

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

- Patient records were written and managed in a way that kept patients safe. The records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- There was an effective system for managing tests and results processed by an independent laboratory. Test results were reviewed and actioned by the GP in a timely way.
- We saw referral letters to other services or healthcare professionals included all the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- There were systems in place to check the expiry date of medicines and single-use equipment; everything we checked was in date.
- We checked medicines and refrigerators and found they were stored securely and were only accessible to authorised staff. There were policies for ensuring refrigerated medicines were kept at the required temperatures, and we saw evidence the service completed daily monitoring of the refrigerator temperatures.
- The service kept prescription stationery securely and monitored its use.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and

current national guidance. Although the service was not an NHS provider, it had access to the local Clinical Commissioning Group's antibiotics guidance and we saw evidence in patient records that clinicians adhered to this guidance when prescribing. However, the service had not completed any audits to monitor and analyse prescribing.

- The nurses used Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) to administer vaccines (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment, and PSDs are written instructions from a prescriber for the supply or administration of medicines to individual patients). PGDs and PSDs had been produced in line with legal requirements and national guidance. Nurses had received appropriate training to administer the medicines referred to.
- The service dispensed some medicines to patients, including antibiotics and anti-malarials. Medicines were provided to patients with appropriate labelling and contained the patient information leaflet.

Track record on safety

- There were risk assessments in relation to safety issues on the premises, although none completed in relation to the training and competencies of reception staff.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- Clinical and electrical equipment had been checked to ensure it was working safely.

Lessons learned and improvements made

The service had a system to enable learning when things went wrong.

- There was a system for recording and acting on significant events and incidents. Clinicians and the reception staff at the premises understood their duty to raise concerns and report incidents, and leaders supported them when they did so.
- We saw significant events and complaints policies which demonstrated where patients had been impacted they would be contacted and a discussion would be arranged, and appropriate action will be taken to make any required improvements. For example, we saw an incident where the incorrect vaccine had been given to a

Are services safe?

child (which did not cause any harm) had been dealt with appropriately; the child's parents were contacted and an apology was given, clinical advice was sought and discussed with the parents, and the error was fed back to the clinician.

- The service was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

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

- The service delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE updates were shared amongst clinicians by email, but there was no formalised system to ensure these were received and acknowledged by all clinical staff. However, patient records we reviewed demonstrated clinicians were adhering to up to date guidelines and evidence based practice.
- The service adhered to the local Clinical Commissioning Group's antibiotics guidance when prescribing.
- For travel health patients, we saw evidence that clinicians used NaTHNac (National Travel Health Network and Centre, a service commissioned by Public Health England), Travax (an interactive travel health website maintained and updated by Health Protection Scotland) and the Green Book (the Green Book is a publicly available document on the principles, practices and procedures of immunisation in the UK produced by the Department of Health) to inform their assessments and treatment.
- For sexual health patients, clinicians referred to the British Association for Sexual Health and HIV (BASHH) guidelines and we saw this was recorded in patient records.
- We found no evidence of discrimination when making care and treatment decisions.
- We saw that the GPs from all three Citydoc clinics attended clinical conferences and fed back any learning from these to other clinicians.
- Patient records we reviewed demonstrated that clinicians advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The service reviewed the effectiveness and appropriateness of the care provided.

- We saw a two-cycle audit from 2016 and 2017 regarding the terminology and management of cervical smear tests. The first cycle in 2016 identified that one test had

not been appropriately managed. This learning was fed back to clinicians completing cervical smears, and the second cycle in 2017 demonstrated that all tests were appropriately managed.

- The GP had carried out an audit in February 2018 of one of the nurse's consultations. This audit looked at the quality of the documentation and consultation and assessed the outcomes for sexual health and travel consultations. Learning from the audit results was fed back to the nurse.
- The service completed an annual yellow fever return as part of their Yellow Fever vaccine licence from NaTHNac. This included gathering data about the number of vaccines and booster doses administered, the reasons for giving a booster dose, details of serious adverse events reported, the number of vaccines wasted and the reasons for any wastage.

Effective staffing

Clinicians had the skills, knowledge and experience to carry out their roles.

- Clinicians had sufficient time to carry out their roles effectively and were given protected time to complete documentation and professional development activities.
- The GP had appraisals through the Independent Doctors Federation, and the service completed annual appraisals for the nurses where performance objectives were identified and any training needs or issues were discussed.
- We saw up to date records of skills, qualifications and training for staff, although one of the clinicians was one month overdue to complete basic life support training update. However, the service did not have any oversight of whether reception staff had completed any training.
- Clinicians whose role involved taking samples for cervical screenings and administering vaccines had received specific training.
- We were told that staff were encouraged and given opportunities to develop. For example, we saw in one of the nurse's annual appraisals that it had been agreed they could complete the STI Foundation training course (a nationally recognised sexual health training and assessment programme designed for nursing staff and non-specialist medical staff).

Are services effective?

(for example, treatment is effective)

- There was an induction system for staff, which included training in relation to resuscitation, medicines safety, incident reporting, infection control and health and safety procedures.

Coordinating patient care and information sharing

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

- The service's patient registration form requested contact details for patients' NHS GP. If patients consented, the service provided patients' NHS GPs with a written update on the treatment given. The GP told us that consent to share information with an NHS GP would be overridden if there was a significant diagnosis and risk to the patient or the public if the information were not shared; this was clearly detailed in the service's confidentiality policy.
- Clinicians would refer patients to other specialists where appropriate. For example, we saw an appropriate referral to a consultant gynaecologist. The referral letter contained all the required information.

Supporting patients to live healthier lives

- Clinicians provided patients with advice and information leaflets which supported them to live

healthier lives. For example, information about sexually transmitted infections and contraception, and information regarding travel related illnesses, food and water hygiene, and insect bite protection.

Consent to care and treatment

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

- Clinicians understood the requirements of the Mental Capacity Act 2005 legislation and guidance when considering consent and decision making, although the nurses had not completed any Mental Capacity Act 2005 training.
- We saw examples of consent forms for patients to sign when receiving certain medicines or treatment such as the yellow fever vaccine or cryotherapy to remove genital warts, and consent forms for adults to sign when attending with children for appointments. We saw evidence of completed consent forms attached to patient records.
- Consent was sought from adults with parental responsibility when attending with children; adults booking the appointment are informed that documentation to demonstrate parental responsibility is required for treatment to take place.
- Clinicians supported patients to make decisions about their care and treatment.

Are services caring?

Our findings

We found that, in one area, the service was not providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

The service treated patients with kindness, respect and compassion.

- The service gave patients timely support and information.
- Reception staff told us that if patients wanted to discuss sensitive issues or appeared distressed they would offer them a private room to discuss their needs.
- All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described the service as quick, hygienic and safe, and one comment card stated the patient felt very well taken care of.
- The comment cards were in line with the results of the services' patient survey results from June 2018. For example, 18 of 20 respondents stated that their overall rating of their visit was 'excellent', 'very good' or 'good', and the remaining two respondents stated that it was 'fair'.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Interpretation services were available for patients whose first language was not English through the use of Language Line (a telephone interpretation service used by NHS organisations).
- The service provided patients with relevant general, travel and sexual health information and explained the treatment options and medicines available.
- Clinicians printed off information leaflets for patients about treatment options, such as the risks and side effects of any vaccines administered.
- One of the CQC comment cards stated that the service was informative and interactive, and in the service's patient survey 100% of respondents stated that the doctor was attentive during the consultation.

Privacy and Dignity

- The service complied with the Data Protection Act 1998 and was registered with the Information Commissioner's Office.
- Patient information and records were held securely and were not visible to other patients in the reception area.
- The service's computer record system was encrypted, required two passwords to access it, and was backed up daily.
- We saw that doors were closed during consultations and that conversations taking place in the consultation room could not be overheard.
- There was no privacy screen or curtain in the consultation room for patients to use if needed to maintain dignity. The clinicians told us they would leave the room and lock it whilst the patient was getting undressed, and then would knock before re-entering.

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 service organised and delivered services to meet patients' needs.

- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when patients found it hard to access services. The premises were accessible to patients with mobility issues, interpretation services were available for patients whose first language was not English, and reception staff described how they communicate with patients with hearing difficulties.
- Information about the service was available to patients on the website, including procedure and consultation costs and side effects where relevant. A patient information leaflet was available in the reception area which provided a list of services, contact details for all the Citydoc clinics, and which directed patients to the website for more detailed information.

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 offered appointments from Monday to Thursday 9am to 6pm, on Fridays 8am to 5pm, and on Saturdays 9am to 2pm.
- The provider has another two Citydoc clinics in London which patients can also attend.
- The service offered same day appointments for walk-in patients who had not pre-booked.

- The service offered standard consultations of 15 minutes duration, as well as extended consultations of 30 minutes.
- The appointment system was easy to use; patients could book by telephone through the provider's call centre, or via the service's website.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Three of the CQC comment cards described the service as quick and one stated that there were very short waiting times.

Listening and learning from concerns and complaints

- The service had a complaints policy in place which detailed how patients could complain and gave contact details for other organisations patients could contact if they were dissatisfied with how their complaint was handled. However, information on how to make a complaint was not detailed in the reception area. Following the inspection, the service sent us evidence that the complaints policy was now displayed in reception.
- Complaints were reviewed and dealt with by the GP and we saw evidence that they were discussed in governance meetings.
- The service had received two complaints in the last year. We reviewed these and found that they were handled appropriately and in a timely way. For example, an appointment was incorrectly booked for a patient to have a specific vaccine administered on a day when the GP was not working at the service; the patient attended and made a verbal complaint when the appointment could not go ahead. The service apologised to the patient, offered the patient another appointment, the call logs from the provider's call centre were analysed to determine how the error occurred, and retraining was provided to the call centre staff member who made the incorrect booking.

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 providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

There was a clear leadership structure in place.

- The GP, who was also the CQC registered manager, was responsible for the organisational direction and development of the service and the day to day running of it.
- Clinicians and reception staff from the Wellness Centre told us that leaders were visible and approachable.
- We saw evidence of governance meetings between the GP and nurse manager being held monthly.
- The GP explained that it was difficult to hold face to face meetings with all staff at the service due to their working patterns. However, staff were informed of updates and operational issues via email; 'read receipts' were included in these emails so that the GP could monitor that these communications had been received and read by staff. There were also opportunities for informal discussions between staff.

Culture and vision

- Staff, including clinicians and reception staff not directly employed by the provider, stated they felt respected, supported, able to raise concerns and confident that these would be addressed.
- The service had an equality and diversity policy in place.
- The service was aware of the requirements of the Duty of Candour.
- There were processes for providing staff with the development they needed, including annual appraisals and support for professional revalidation.
- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- The service sought to provide private medical services to busy patients who wanted to be seen quickly and in

the immediate vicinity of their workplace. The service sought to complement NHS services, rather than replace the care patients receive through their own NHS providers.

Governance arrangements and managing risks and performance

- The service had a governance framework in place, which supported the delivery of quality care.
- There was a clear staffing structure in place. Staff understood their roles and responsibilities, including in respect of safeguarding, infection control and medicines and equipment checks.
- Service specific policies and processes had been developed and implemented and were accessible to staff electronically; these included policies in relation to whistleblowing, grievance, confidentiality, consent, significant events, complaints, chaperones, child and adult safeguarding, female genital mutilation, and health and safety.
- The service had processes to manage current and future performance. Performance of clinicians could be demonstrated through consultation audits and appraisals.
- The GP had oversight of safety alerts, significant events and complaints.
- The service had a business continuity plan in place, which included relevant contact details and could be accessed from off site. Staff were aware of processes in the event of major incidents.
- Clinicians had completed fire safety training and there were effective fire safety systems in place.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The service adhered to data security standards to ensure the availability, integrity and confidentiality of patient identifiable data and records.
- The service submitted data and notifications to external bodies as required. For example, the service completed an annual yellow fever return as part of their Yellow Fever vaccine licence from NaTHNaC.

Are services well-led?

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

Engagement with patients, staff and external partners

The service involved patients and staff to support the service they offered.

- The service carried out annual patient surveys to seek patients' views about the care they were receiving. We saw the results from June 2018 which were positive.
- Patients were emailed following their appointments with a link to complete a public review of the service on the Trustpilot website.
- Clinicians had the opportunity to raise concerns and make suggestions through their annual appraisals and informal discussions.
- The service had discussions with external organisations, such as the independent laboratory they used for test results, about improvements that could be made to the processes and systems.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- We saw evidence that the service made changes and improvements to services as a result of significant events, complaints and patient feedback. For example, as a result of a patient complaint regarding delayed test results, the service contacted the independent laboratory they used to discuss ways of incorporating a search function into the secure test results system to allow missing results to be chased up more efficiently.
- We saw evidence that learning and updates were shared between clinicians across the Citydoc clinics.

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 Treatment of disease, disorder or injury | <p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured the privacy of service users. In particular:</p> <ul style="list-style-type: none">• There was no privacy screen or curtain in the consultation room for patients to use if needed to maintain dignity. <p>These matters are in breach of Regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity | Regulation |
| Diagnostic and screening procedures 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">• The chaperoning system was not effective to maintain patient safety. The service used reception staff to act as chaperones if requested by patients. However, as reception staff were not employed by the provider, the service could not be assured that the person acting as a chaperone would have had chaperone training or a DBS check. There was no documented risk assessment completed to ensure that reception |

Requirement notices

staff who could be used as a chaperone had appropriate training and checks, or that they would adhere to patient confidentiality. Information about chaperones was not displayed in reception.

- Reception staff were responsible for meeting and greeting patients in the reception area, however the service did not have any oversight of the training completed by, or competencies of, reception staff to ensure that patients were safe when attending for an appointment. This included in relation to whether reception staff had completed basic life support or safeguarding training. There was no documented risk assessment in respect of this.

These matters are in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.