

MSMB Healthcare Ltd

MSMB Healthcare - Harley Street

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 13 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.

MSMB Healthcare- Harley Street is an independent health service based in central London, where general practitioner services are provided.

Our key findings were:

- Systems were in place to keep patients safe and safeguarded from abuse.
- Doctors made use of NICE guidelines and peer reviewed each others' consultations.
- There were systems to update external bodies such as GPs and consultants of care and treatment being provided.
- All members of staff were up-to-date with training relevant to their role.
- There were comprehensive risk assessments to mitigate current and future risks.
- Policies and procedures to govern activity were in place and reviewed annually.

Summary of findings

- Emergency equipment and procedures kept patients and staff safe.
- Systems were in place to protect personal information of patients.

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.

- Systems and practices kept patients safe and safeguarded from abuse.
- The service had systems for reporting and recording significant events.
- There were adequate arrangements to respond to emergencies and major incidents.
- The service had a range of risk assessments and action plans to minimise risks to patients and staff members.

Are services effective?

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

- Patients' needs were assessed and delivered in line with best practice guidance.
- Systems were in place to ensure appropriate record keeping and documentation.
- The service was aware of the most current evidence based guidance.
- The service had arrangements in place to share information appropriately about care and treatment given with all necessary external bodies such as GPs and consultants.
- The doctors regularly attended conferences in relation to their areas of expertise.

Are services caring?

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

- The service provided opportunities to enable patients to be involved in decisions about their care.
- Staff understood their responsibility in terms of patients' privacy, dignity and respect.
- Chaperone posters were displayed in the consultation room.

Are services responsive to people's needs?

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

- The premises were suitable for the services provided.
- Patients were able to choose appointment times to suit their needs.
- Information about how to make a complaint was readily available.

Are services well-led?

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

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- Comprehensive risk assessments including risk assessments for future developments had been carried out.
- The service proactively sought feedback from patients.
- The practice had designed and developed a mobile app which was in the testing phase to allow the public to book different types of appointments with clinicians from different specialities at a time and location of their choosing.

MSMB Healthcare - Harley Street

Detailed findings

Background to this inspection

MSMB Healthcare – Harley Street operates under the provider MSMB Healthcare Ltd. The provider is registered with the Care Quality Commission to carry out the regulated activity of diagnostics and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury. The location site address we visited as part of our inspection is 69 Harley Street, London, W1G 8QW. This location is shared with other services such as alternative medicine and osteopathy.

Dr Drashnika Patel is the registered manager, a registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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. This service is a new service set up in 2106 and on average sees four patients a week, it is made up of two doctors and an administration staff member/personal assistant.

This service is open Monday to Friday between 9am and 6pm, appointment times are scheduled to suit patients' needs and out of hours appointments are able to be booked directly with the doctors via a mobile phone number that was monitored 24 hours a day and seven days a week. Services provided are general practice services with the most patients attending for acute illnesses.

Patient records are all computer based. The service refers patients when necessary to other private providers as well as to NHS services.

Prior to the inspection we reviewed information requested from the provider about the services they were providing. The inspection was undertaken on 13 June 2018 and the inspection team was led by a CQC inspector who was supported by a GP specialist advisor. During the inspection we spoke with GPs and the administration staff member. We viewed a sample of key policies and procedures, viewed patient records, made observations of the environment and infection control measures and reviewed completed CQC patient comment cards.

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 clear systems and processes to keep patients safe and safeguarded from abuse.

- Policies were regularly reviewed and were accessible to all staff members, policies included the contact details of external bodies such as social services and the police and local CCG safeguarding teams who could be contacted if there was any cause for concern.
- We found that all staff members had the appropriate documentation saved in their files prior to employment. This included revalidation where required, references and Disclosure and Barring Service (DBS) checks. 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.
- All staff members had received up-to-date training appropriate to their roles, this included the administration staff member who had only been employed for two weeks prior to inspection. For example, all staff had completed information governance and safeguarding training to the required levels.
- A poster advising that chaperones were available was displayed the consulting room. All staff members who carried out the role had received safeguarding training and were all DBS checked.
- There was an effective system to manage infection and prevention control (IPC). An IPC audit had been completed and a legionella risk assessment had been carried out. The service was clean and tidy and there were cleaning schedules that allowed for communication between cleaning staff members and the service.

Risks to patients

There were effective systems to monitor and manage risks to patient safety.

- The service had adequate arrangements to deal with emergencies, there was a defibrillator and oxygen and emergency medicines on site.
- All staff members received annual enhanced life support training.
- All electrical equipment had undergone portable appliance testing to ensure that it was safe and in good working order, but clinical equipment had not undergone calibration to ensure its clinical efficiency, this had been completed post inspection.
- When there were changes to services this was communicated to staff in meetings where the possible impact was discussed.
- All clinical staff had their own individual professional indemnity cover.

Information to deliver safe care and treatment

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

- Individual care records were recorded and managed in a way that kept patients safe, this included a clinical failsafe system which prevented clinical records from being edited after 48 hours of initial consultation entry.
- There was no repeat prescribing of high risk medicines but policies and procedures were in place to ensure that this would be done safely including informing other services such as patients NHS GPs of what had been prescribed.
- Referral letters and documentation to other services contained all the necessary information.

Safe and appropriate use of medicines

- Medicines were used by the service in a safe way, the service kept limited stocks of antibiotics, these were locked away and their use monitored and recorded. Vaccines such as the flu vaccine were appropriately stored and prescription stationary was stored securely and there were systems in place to ensure they could not be fraudulently used.
- There was no repeat prescribing and no prescribing of high risk medicines.

Track record on safety

The service had a good safety record.

Are services safe?

- There were comprehensive risk assessments in relation to safety issues.
- 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.

Lessons learned and improvements made

The service had systems to learn and make improvements when things go wrong.

- The provider was aware of the Duty of Candour and had a policy to support them in adhering to this.
- There was a significant events policy and reporting and recording forms but that there had been no significant events to record or report.

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 had systems to keep up-to-date with current evidence based practice. We saw that the doctors assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Clinicians reminded patients of the remit of the service and where to seek further help and support.

Monitoring care and treatment

The service was relatively new and on average saw four patients a week. The service analysed the symptoms and diagnosis that they were consulting and there was not enough patients or patterns in order to carry out any meaningful clinical audits. To ensure the treatment given to patients was effective the two GPs completed peer reviews of each others' consultations and reviewed guidelines. Results of this showed 100% effectiveness in the following of national guidelines in treatments provided.

The service also followed up on patients prescribed antibiotics to ensure that the medicine course had worked.

Effective staffing

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

- The service understood the learning needs of staff and provided protected time and training to meet them.
- All the doctors had completed revalidation and took part in an annual appraisal process.
- The doctors attended regular conferences specific to their areas of expertise, they also worked for NHS services both in secondary and primary care.

Coordinating patient care and information sharing

The service worked together with other health professionals to deliver effective care and treatment.

- We saw evidence that showed that all appropriate organisations including GPs and consultants were kept informed and consulted where necessary on treatments given to patients.
- Patients received coordinated and person-centred health assessments.

Consent to care and treatment

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

- The service understood the requirements of legislation and guidance when considering consent and decision making.
- Consent to care and treatment was verbally obtained and appropriately documented in the patients' records.
- The service had systems to obtain assurance of identity of all patients including adults attending the service with children had the appropriate parental authority.

Are services caring?

Our findings

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

Kindness, respect and compassion

- We observed the consulting room to be spacious and clean and the consulting room door was kept closed during patient consultations to aide confidentiality.
- The patient waiting area was away from the front desk to increase patient confidentiality and prevent conversations being overheard.

Involvement in decisions about care and treatment

- We viewed a sample of patient records which indicated that treatment options were discussed with patients and they were given the opportunity to input into the decisions about their care.

- We received 20 completed Care Quality Commission comment cards all of which were positive about the standard of care received. There was a common theme of friendly, timely and attentive care.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff we spoke with recognised the importance of patients' dignity and respect.
- The service complied with the Data Protection Act 1998 and staff had received training in information governance.
- A chaperone poster was displayed in the consultation room and was also discussed in consultations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patients' needs and preferences.

- The premises were suitable for the service provided.
- Patients could access information about the service through a variety of sources including a website and leaflets.
- Health assessments and treatments were personalised to reflect individual patients' needs.

Timely access to the service

The service was open on Monday to Friday between 9am and 6pm, out of hours appointments including on weekends were also provided by the service which was accessed by calling the doctor on a mobile phone number that was monitored 24 hours a day seven days a week. The service consulted on average four patients a week and provided general practitioner services.

The service had developed a mobile app which was in the testing phase, which enabled the public to book an appointment for any time and location of their choosing with a clinician. These appointments could be via telephone to which the patient would be called through the app, a home visit or at the location of the patient choosing.

- Patients had timely access to initial assessments and ongoing treatment.
- Appointment times were not standardised, patients were able to choose appointment times to suit their needs and standard consultation duration ranged from 30 minutes to one hour.
- Where necessary the doctors followed up on patients with the use of telephone consultations.

Listening and learning from concerns and complaints

- Both doctors had lead responsibilities for managing complaints.
- The service had a complaints policy with a complaints form and information which was readily available for patients. Information was also available on the service website.
- The service had received no complaints in the past 18 months.

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 services in accordance with the relevant regulation.

Leadership capacity and capability;

This service was equally led by both doctors although one focussed more on clinical work and the other on systems, procedures and future developments. The service had an administration/personal assistant staff member who undertook administrative duties and booked appointments. The doctors met daily, discussed patient consultations and service developments.

Vision and strategy

The provider had a clear documented vision and strategy to deliver easily accessed, high quality and sustainable care whilst promoting good outcomes for patients.

- We spoke with two doctors and an administration staff member all of whom understood the services values and their role in delivering them.

Culture

There was a positive and professional working culture at the service. Staff told us that they would be comfortable to raise any concerns and make suggestions on how to improve the service. The provider was aware of their responsibility in relation to the duty of candour and had a protocol to ensure compliance with this. However, there were no incidences where this was required.

Governance arrangements

- There was a clear staffing structure and all members of staff knew and understood their roles and responsibilities including in respect of safeguarding.
- Structures, processes and systems to support good governance and management were effective.
- Policies and procedures to govern activity were established and regularly updated and accessible to all staff members.

Managing risks, issues and performance

- There were comprehensive risk assessments including fire safety and infection and prevention control.

- Processes to manage current and future risk were thought through and documented, this included in relation to the mobile app and risk associated with staff and patient safety, monitoring and managing external staff members.
- The doctors regularly attended conferences in relation to their area of interest and attended training sessions and updates.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed by relevant staff members.
- The service gathered performance information which was reported and monitored and changes were made where necessary.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

Patients were given feedback forms which were also available online to gather their experiences, thoughts and opinions about the service they received, the results of which were 100% positive.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service.
- The service designed and developed a mobile app, which was in the testing phase which the public could

Are services well-led?

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

use to book a home visit, appointment or telephone consultation at any time of day with a clinician with different specialities of their choice in a location of their choosing.

- The doctors carried out peer reviews of each other consultations to ensure that guidelines and procedures were being followed.