

SDD Medical Ltd

Samedaydoctor Manchester Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 19 November 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Samedaydoctor Manchester Clinic (owned by SDD Medical Ltd) is a franchise of Samedaydoctor Holdings LLP based in London. The clinic is owned by the clinical lead and the business partner. The practice provides private primary medical services to the whole population.

The clinical lead 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.

We received feedback through 16 Care Quality Commission comment cards completed prior to the inspection. Each comment about the service was positive about the quality of the service. Respondents indicated that they were always treated with dignity and respect;

Summary of findings

respondents trusted the opinion of the clinicians and felt involved in planning their care and treatment. Respondents felt the staff were helpful and approachable and the facilities were clean and pleasant to use.

Our key findings were:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events, incidents and accidents.
- Information about services and how to complain was easily available to patients.
- Services were provided from modern, well equipped and well-maintained premises in line with patient needs.
- There were systems in place to check all equipment had been serviced regularly.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff maintained the necessary skills and competence to support the needs of patients.
- Staff were up to date with current guidelines and were supported by an accessible and visible leadership team within the Samedaydoctor group.
- Risks to patients were well managed for example, there were effective systems in place to reduce the risk and spread of infection.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.
- There was a clear leadership structure and staff felt supported by management. The clinic proactively sought feedback from patients, which it acted on.
- The provider was proactive in monitoring the quality of the service and made changes in response to the findings.
- The provider had effective systems in place to communicate with statutory agencies.
- The registered manager has ensured corporate policies are aligned to local polices and are relevant to the Manchester clinic.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Samedaydoctor Manchester Clinic

Detailed findings

Background to this inspection

Samedaydoctor Manchester clinic is provided by the Samedaydoctor Holdings LLP which is a private independent GP company. The head office and other clinics are based in London. The Samedaydoctor Holdings LLP management team provides clinical and business support and has oversight for all aspects of governance for all the clinics including the franchised Manchester clinic. However, the registered provider of the Manchester clinic has the final responsibility for the decisions made and standard of the service at the Manchester location.

Samedaydoctor operates a private GP and medical service in Manchester city centre. The service aims to provide appointments within 20 minutes of referral or request and appointments are also pre-bookable. The practice provides consultations and treatments for all age-groups; however, children are only seen by appointment and will not be seen on a walk-in basis.

There are between 500 and 1000 patients currently registered with the Manchester clinic.

The clinical team consists of two GPs (male) and an Advanced nurse practitioner (ANP) (female).

The clinical team are supported by a business manager and administration staff.

The service operates from 8am - 6pm Monday to Friday and 10am - 1pm on Saturdays. The clinic is based on the first floor and is accessible by stairs or by a lift.

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

Prior to the inspection visit we reviewed the information sent to us by the practice and information available on social media and on the practices website.

Are services safe?

Our findings

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. 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.
- There were protocols in place for ensuring that adults accompanying children had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and processes were in place to ensure these were reviewed on an ongoing basis where appropriate. 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. A Legionella survey had been completed and a certificate was in place, however the practice had not initiated the water flushing checks which had been recommended in the report. This was raised with the provider during the inspection who immediately investigated the processes required these were put in place and the checks completed before the end of the inspection visit.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

- There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for all staff tailored to their role. The provider had introduced an extended probationary period of six-months for new recruits to ensure permanent staff were fully competent.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- Emergency medicines was in line with the guidance in the British National Formulary (BNF) and emergency equipment was in line with the guidance in the Resuscitation Council UK.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- Appropriate indemnity arrangements were in place to cover all potential liabilities.
- Certificates confirmed that all clinical staff had the appropriate professional indemnity insurance.

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 had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with best practice guidance.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

Are services safe?

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing and we found outstanding practice in the management of medicines which could act as an anabolic steroid.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of patients during telephone consultations.

Track record on safety

- 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 learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and acted to improve safety in the service. For example, following an incident concerning the medicines fridges, the provider decided to routinely use only a single fridge to make monitoring easier.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team. There was effective communication concerning safety alerts and incidents between the Manchester clinic and the headquarters in London.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

- The provider had systems to keep clinicians up to date with current evidence based practice.
- The provider assessed needs and 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.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

- The service was actively involved in quality improvement activity. For example, there was a planned programme of audits to check the quality of the service and outcomes for patients.
- The service used information about care and treatment to make improvements for example newsletters and updates were provided to clinical staff. These included learning from national or international case studies concerned with relevant issues such as travel vaccines, immunisation and sexual health promotion.
- The service made improvements using completed audits. Clinical audit had a positive impact on the quality of care and outcomes for patients and audits had been completed. There was clear evidence of action to resolve concerns and improve quality. For example, the service had completed a yellow fever vaccine audit. This was to check whether clinicians had completed the documentation in keeping with best practice guidance. In response to the findings additional training and clearer guidance was provided to relevant staff. The practice repeated the audit five times and updated staff about their progress. Because of the audits improvements were made and the last two audits showed that staff achieved 100% compliance. The frequency of this audit had been reduced to annual to check for sustained improvement.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant medical and nursing staff were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and cytology tests had completed specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the provider supported patients to access additional independent or NHS services when required.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

Are services effective?

(for example, treatment is effective)

- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Patient information was shared appropriately, this included when patients moved to other professional services, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care

provider for additional support. For example, a detailed information pack about what to expect and precautions that were needed was provided to patients who were planning to travel.

- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

- The service obtained consent to care and treatment in line with legislation and guidance.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect and had monitored how well this was achieved by completing a chaperone audit. This was to make sure all female patients were routinely chaperoned by a trained female member of staff.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

Patients could access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. The practice had

professional and standardised operational relationships with local private hospitals, couriers and medical diagnostic services to ensure communication and transfers were as seamless as possible.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaints policy and procedures in place.
- The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, the service took steps to highlight the pricing structure, particularly for GP telephone consultations.

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;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the local challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- There was effective support and communication between the Manchester clinic and SDD head office.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- External agencies were made aware of the practices vision and values.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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 could 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. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical, nursing and administrative staff worked as a team. Clinical staff were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated with fairness.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- The governance and management of the service promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Corporate policies and procedures had been reviewed and amendments made to ensure they were in line with local needs and expectations.

Managing risks, issues and performance

Are services well-led?

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

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

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 in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account. There were plans to address any identified weaknesses.
- The service submitted notifications to external organisations as required.
- 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

- The patients' and staff views and concerns were encouraged, heard and acted on to shape services and culture.
- Staff described to us the systems in place to give feedback. For example, patient feedback questionnaires, team meetings and informal daily communication.
- The service was transparent, collaborative and open with stakeholders about performance.
- The provider had effective relationships with specialist teams both within the local NHS trust and private hospitals.

Continuous improvement and innovation

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work, for example regular corporate meetings, newsletters and updates detailing national and international findings in clinical, business and managerial subjects and audits in response to directives from head office and findings locally in Manchester or the north west.