999 Medicine Limited

999 Medical & Diagnostic Centre

Inspection report

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Date of inspection visit: 22 February, 2018
Date of publication: 04/05/2018

Overall summary

We carried out an announced comprehensive inspection on22 February 2018to 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 there were areas for improvement required to ensure that this service was providing safe care in accordance with the relevant regulations. The service provided evidence following the inspection to show that action was taken to make immediate improvements as a result of the inspection.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations. Specifically, there was no evidence of staff appraisal within the last 12 months and limited evidence of staff training.

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 regulation. Specifically, we found that there were systematic weaknesses in governance systems.

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 supplies private general practitioner services. Dr Eric Ansell 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 reviewed17 CQC patient comment cards and spoke with two patients about the service, all the feedback we received was positive about the staff, access to the service and standard of care received.

Our key findings were:

Summary of findings

- There were systems in place to manage risks to the premises and patient safety; however these were not always effective.
- There was no evidence of clinical audit or quality improvement.
- Not all staff had received essential training and regular appraisal and there was no system in place to monitor this prior to the service receiving the notice of inspection.
- There were systems in place for acting on significant events and complaints.
- There were arrangements in place to protect children and vulnerable adults from abuse.
- Adequate recruitment and monitoring information was held for all staff.
- Care and treatment was provided in accordance with current guidelines.
- Patient feedback indicated that staff were caring and appointments were easily accessible.

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

- Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The provider must ensure that persons employed in the provision of a regulated activity receive appropriate training and appraisal to enable them to carry out the duties they were employed to perform

There wereareas of practice where the providershould make an improvement. The provider should:

- Consider the provision of a hearing loop.

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.

We found that there were areas for improvement required; the service provided evidence following the inspection to show that action was taken to make immediate improvements as a result of the inspection. For example:

- There was no system in place for checking patient identity and parental authority; following the inspection the service submitted evidence of a patient identification policy which included parental authoroity checks.
- There were gaps in training for safeguarding and basic life support; following the inspection the service provided evidence that all staff were up to date with training requirements for these two areas.
- We identified areas of infection preventation and control (IPC) that were not in line with IPC guidelines. Following the inspection the service provided evidence that these issues had been resolved.
- There was no system in place to manage patient safety alerts; the service provided evidence that a system to manage patient safey alerts had been implemented following the inspection.

Are services effective?
We found that this service was not providing effective 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).

We found that persons employed in the provision of the regulated activity did not always receive the appropriate training and appraisal to enable them to carry out the duties. For example:

- Both non-clinical and clinical staff had not completed fire safety training, infection prevention and control training and mental capacity act training.
- Non-clinical members of staff had not completed basic life support training and two members of non-clinical staff had not completed children and adult safeguarding training.
- There was no evidence of completed appraisals within the last two years for one member of clinical staff and two members of non-clinical staff.

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

Are services responsive to people's needs?
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 have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

We found that systems or processes did not operate effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example:

Summary of findings

- The provider did not have an effective system for managing staff training and clinical quality improvement programme in place which included clinical audit.
- The provider had not ensured that there were effective systems or processes for identifying risk in relation to infection prevention and control, patient safety alerts and patient identity checks.

999 Medical & Diagnostic Centre

Detailed findings

Background to this inspection

999 Medical & Diagnostic Centre is a private doctor service working in partnership with clinical specialists to provide a 'one stop shop' medical service. The service is located in North London at 999 Finchley Road, London, NW11 7HB. The provider offers a pre-booked private doctor and nursing service with specialist in-house referrals that range from cardiology to orthopaedics.

The practice rents two consultation rooms and a shared reception area. The service is open Monday to Thursday from 8am to 8pm and on Friday from 8am to 4pm. The service is registered with CQC to undertake the following regulated activities: Treatment of Disease, Disorder or Injury, Diagnostic and Screening Services and surgical procedures.

The inspection was undertaken on 22 February 2018. The inspection team was made up of a CQC inspector, a GP specialist advisor, a Practice Manager specialist advisor and a Nurse specialist advisor. Prior to the inspection we reviewed information requested from the provider about the service they were providing.

During the inspection we spoke with the doctor, nurse and two members of non-clinical staff, analysed documentation, undertook observations and reviewed completed CQC 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.

We found that there were areas for improvement required; the service provided evidence following the inspection to show that action was taken to make immediate improvements as a result of the inspection.

Safety systems and processes

- The provider did not have systems in place for checking the identity of patients attending the service; we did see evidence that when children were brought to the service without a parent to receive vaccinations a letter of consent from the parental authority was required.
- As a result of the inspection, the provider produced an identification policy. The policy stated that all patients registering with service would need to provide photographic proof of identity and address upon their initial registration. Parents attending with children for the first time are asked to bring identification for themselves and the child as well as the child's health record. As an additional control measure, the policy included that patient identity would be verified by clinicians at the start of every consultation.
- The provider carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. We sawevidence thatqualifications, proof of registration with the appropriate professional bodies and checks through the Disclosure and Barring Service (DBS) had been completed for all staff and that references had been taken where appropriate. 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 practice had systems in place to ensure action was taken in response to safeguarding incidents and we saw examples where action had been taken by staff in the organisation in response to safeguarding concerns.
- The practice had a safeguarding policy covering both adults and children. The policy was accessible to all staff and contained the names of the appointed safeguarding leads within the service and the process for reporting and taking action in response to concerns. Staff who spoke with usdemonstrated they understood their responsibilities regarding safeguarding. We saw evidence that clinical members of staff had completed children safeguarding level 3 training. One non-clinical member of staff had completed children safeguarding level 1 training and the two remaining members of non-clinical staff completed children's safeguarding level 1 training after the inspection took place.
- Although the premises were clean and uncluttered we identified gaps in the infection processes. For example, there was no cleaning schedule detailing areas to be cleaned, frequency and method. There were no cleaning product data sheets, mops were stored with heads down, there were no brackets in the storage areas to secure mops heads up in line with infection and prevention control guidelines. We observed the clinical waste bins were overflowing and not secured. Immediately following the inspection the service submitted evidence that these issues had been resolved.
- The provider hadcompleted an infection control audit within the last 12 months. An infection control policy was in place and there was a named clinical lead. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

Risks to patients

- Non-clinical staff that we spoke with demonstrated they had the skills and knowledge to handle medical emergencies. However, the service was unable to provide evidence that all three members of non-clinical staff had completed basic life support training within the last 12 months. Following the inspection, the service provided us with evidence that all non-clinical members of staff had completed basic life support training.
- There were enough staff, including clinical staff, to meet demand for the service.
- There were effective systems in place for managing referrals and test results.

Are services safe?

- There were arrangements in place to respond to emergencies and major incidents.
- The service held a supply of oxygen and a defibrillator and there was a process in place to check these regularly to ensure they would be available in an emergency. There was an adult pulse oximeter; there was no paediatric pulse oximeter. The service provided evidence that a paediatric pulse oximeter had been ordered before the inspection had ended.
- Emergency medicines were easily accessible to staff in a secure area known to staff and these medicines were checked on a regular basis.
- A business continuity plan was in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- The building owners were responsible for assessing risks associated with fire; we saw evidence that this wascarried outon an annual basis.
- All medical equipment had been calibrated and electrical equipment had been tested to ensure it was safe to use.

Information to deliver safe care and treatment

Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through patients' paper records and the shared drive. This included investigation and test results, health assessment reports and advice and information about treatment provided.

Safe and appropriate use of medicines

- There weresystems, policies and processes in place to ensure that medicines were prescribed safely. The service did not dispense medicinesand did not have a stock of controlled drugs.
- Private prescriptions were in hard copy form and securely stored.
- The doctorprescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- We saw evidence that the service followed guidelines for evidence-based antimicrobial prescribing.

Track record on safety

Clinical staff were aware of recent safety alerts however there was no written evidence to demonstrate a system was in place to record alerts. The provider told us that safety alerts were monitored in their role as an NHS GP and therefore alerts would only be recorded in the service if it was relevant. Following the inspection the provider submitted a safety alerts protocol which stated that all alerts would be saved on the shared drive. A log of recent alerts was submitted with the protocol.

There was a system in place for recording and investigating significant events. Staff we spoke with on the inspection all knew the process for reporting a significant event. We saw an example of an incident that had been recordedincludingevidence of discussionsand learning outcomes. For example we reviewed an incident regarding a failure in all electrical equipment, including telephones. We saw evidence that the incident had been discussed in a meeting and learning had been shared with staff. The outcome was that staff had resolved the issue appropriately by reverting to the business continuity plan.

Lessons learned and improvements made

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/or written apology.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was not providing effective care in accordance with the relevant regulations. Specifically, there was no evidence of staff appraisal within the last 12 months and limited evidence of staff training.

Effective needs assessment, care and treatment

Patients' needs were assessed and care was delivered in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence based practice. The service used guidance such as The Royal College of Physicians sepsis toolkit.

Monitoring care and treatment

There was no evidence of clinical audit or quality improvement for exmaple, two cycle clinical audits. Following the inspection the provider submitted a monitoring audit to evaluate the percentage of patients whose GPs were informed of pathology tests and specialist referrals over a two month period. The audit indicated that patients GPs were informed, with patient consent, 70% of the time. A second audit was scheduled to commence after the inspection to gauge whether this percentage had improved.

The provider had close working relationships with a number specialist consultants and was able to demonstrate a strong track record in continuing professional development.

Effective staffing

The provider had an induction programme for all newly appointed staff. Online training including: basic life support, fire safety, health and safety, infection control, safeguarding andinformation governance would be completed on induction.

We found there was no system in place to identify completed or outstanding training. For example, none of the staff within the service had completed fire safety training, mental capacity act training and infection control training. The service submitted evidence that non-clinical members of staff had completed fire safety, infection control and mental capacity act training after the inspection took place. We did not receive evidence of completed training within the last 12 months for fire safety, infection control and mental capacity act training for clinical members of staff.

Clinical staff had completed clinical updates relevant to the patients they consulted with including cytology updates. We saw evidence that continuing professional development sessions were undertaken monthly.

We saw a schedule of upcoming appraisals however we were told that neither the practice nurse nor the three non-clinical members of staff had been appraised within the last 12 months. We were told that staff had not been appraised as the practice manager role was currently vacant

- Two members of non-clinical staff had been employed for just under six months and were not yet due an annual appraisal.
- One the new members of staff previously worked at the service and there was no evidence of an annual appraisal during her previous employment at the practice in 2016/17 which was over 12 months.
- The third member of non-clinical staff had last been appraised in 2016. However, following the inspection the provider submitted evidence of an appraisal from 2017.
- The practice nurse, who has not been appraised throughout her employment with the service. We were told the nurse had not been appraised as she works a maximum of two hours per week and is appraised annually in her NHS role; we were not provided with evidence of the NHS appraisal and whether it covered the nurse's role at 999 Medical & Diagnostic Centre. Following the inspection the service submitted an appraisal for the practice nurse.

Coordinating patient care and information sharing

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

- The provider had clear protocols for referring patients to specialists or other services.
- The provider shared important information with the patient's usual NHS GP as required such as for patients

Are services effective?

(for example, treatment is effective)

with poor mental health, safeguarding issues and urgent cancer referrals. For the routine sharing of information with patients usual NHS GP the provider obtained consent as part of the registration process.

- The practice had arrangements in place for managing samples taken. The provider told us that they had daily sample collections and that the pathology laboratory used had a 24 hour turn around for returning results from samples sent. There were systems in place for ensuring test results were fed back to patients in a timely way.

Supporting patients to live healthier lives

The service supported patients to live healthier lives by providing same day GP access and fast referrals to a range of speciality clinical services. The provider offered in-house services which included phlebotomy, childhood immunisations and travel vaccinations.

Consent to care and treatment

There was clear information available with regards to the services provided and all associated costs. Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. The service provided evidence that all non-clinical staff had completed training after the inspection took place for the Mental Capacity Act 2005.

Written consent was required for all patients requesting a letter for visa applications and insurance.

Are services caring?

Our findings

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

Kindness, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.

We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received17 completed comment cards and spoke with two patients on the day of inspection. All of the feedback we received was positive and indicated that patients were treated with kindness and respect. Comments included that patients felt the service offered was excellent, appointments were convenient and staff were caring and professional.

Patients were sent a survey annually asking for their feedback. Patients that responded indicated they were very satisfied with the service they had received.

Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results. The receptionist described instances when clients wanted to discuss sensitive issues they were offered a private room to speak with a member of staff.

The service reviewed online feedback from Google. The majority of comments were very positive, with the service scoring 4 and 5 stars out of 5 respectively.

Involvement in decisions about care and treatment

The feedback from the service's own survey indicated thatpatients felt listened tooand involved in decisions made about their care and treatment.

The service used a number of means to communicate with patients who did not speak English as a first language. The service also had access to a telephone translation service and would use an online written translation programme.

The service did not have a hearing loop and would communicate with patients who were hard of hearing in writing.

Privacy and Dignity

- The provider respected and promoted patients' privacy and dignity.
- Staff we spoke with recognised the importance of patients' dignity and respect, training on treating patients with compassion, dignity and respect was included in the induction programme.
- The practice had systems in place to facilitate compliance with the Data Protection Act 1998.
- Privacy screens were provided in the treatment room to maintain patients' privacy and dignity during examinations, investigations and treatments.

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. It took account of patient needs and preferences.

- The provider understood the needs of their population and tailored services in response to those needs. This included flexibility and longer appointments. Appointments were usually 30 minutes but could be extended, subject to additional costs which patients were made aware of.
- Information was clearly provided in advance to patients about the cost of consultations and treatment, including investigations and tests.
- The provider made reasonable adjustments when patients found it hard to access services. For example, the premises were accessible to patients with mobility difficulties. Clinical consultation rooms were available on the ground floor.
- The provider made it clear to patients on their website what services were offered
- The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group. Allstaff had been provided with training in equality, diversity and inclusion.
- Discussions with staff indicated the service was person centred and flexible to accommodate people's needs.

Timely access to the service

Appointments were available from 8am to 8pm Monday to Thursday and Friday 8am to 4pm. Patients booked appointments by phone or online through the provider's website. Results from blood tests and external diagnostics were sent to the patient in a timely manner using the patient's preferred method of communication.

Feedback from both the comment cards and the provider's own survey indicated that access was good and patients obtained appointments that were convenient.

Listening and learning from concerns and complaints

The provider advertised its complaint procedure online and dissatisfied patients could feedback when the patient survey was sent to them following a consultation. There was a lead for complaints and a policy outlining the complaints procedure.

We reviewed the complaints protocol and spoke with staff about how they would manage a complaint. We were unable to review examples of complaints as the service had not received a complaint in several years.

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 regulation. Specifically, we found that there was a lack of oversight of governance systems.

Leadership capacity and capability;

On the day of inspection the registered manager of the service could not demonstrate that they had the capacity to ensure systems or processes were established and operated effectively in compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically, the inspection identified that systems relating to infection control, patient identity checks, patient safety alerts, clinical audits, training and appraisal required improvement.

Whilst practice staff told us they felt supported through daily briefings, it was unclear how staff were supported in their role due to the absence of any scheduled training or annual appraisal. There was a lack of systems to support and promote learning.

Vision and strategy

The vision was to provide the community with fast access to private doctor and nursing services which included referrals to outpatient consultations for various specialties, ranging from cardiology to psychology.

Culture

The service had an open and transparent culture. Staff told us they felt confident to report concerns or incidents and felt they would be supported through the process.

- The registered manager told us that they would act on behaviour and performance inconsistent with the vision and values.
- There was evidence of internal evaluation of the work undertaken by clinical staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality.
- There were positive relationships between staff.

Governance arrangements

There was evidence of governance systems in place, although there were systematic weaknesses which required improvement.

- There were infection prevention and control (IPC) processes in place, the premises were visibly clean and IPC audits were completed annually. Processes did not flag up the issues identified at the inspection in relation to cleaning products data sheets, cleaning supply storage, cleaning schedule and clinical waste bins. Although these issues were rectified following the inspection, this was evidence that IPC systems were not comprehensive enough to identify system failures.
- Although staff we spoke with demonstrated knowledge and understanding of areas such as safeguarding, IPC, medical emergencies, safeguarding and fire safety there was no formal system in place to monitor compliance with training requirements. The registered manager told us that a training matrix had been produced following the notice of inspection. We were given a copy of the training matrix which showed the type of training to be completed but did not include the dates of completed training. Gaps in staff training were identified by the inspection team reviewing individual staff files. The provider asked us for a list of training for each member of staff based on our review of the staff files; this was evidence that the system for monitoring staff training was ineffective.
- We identified a lack of systems or processes to manage patient safety alerts, clinical audit and patient identity checks. These systems were created as a result of the inspection.
- Practice specific policies were implemented and were available to all staff.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There were regular meetings held to support governance systems. We saw evidence from minutes of meetings that allowed for lessons to be learned and shared following significant events.

Managing risks, issues and performance

- There were procedures for assessing, monitoring and managing risks to the service. We saw evidence that risks were not always managed effectively. For example, there was no system for monitoring patient safety alerts.

Are services well-led?

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

We were told that safety alerts were monitored by the registered manager in their role at an NHS practice; however there was no documentation available to substantiate this claim. Following the inspection the service submitted evidence of a patient safety alert policy and log of alerts received.

- There was no evidence of clinical audit or quality improvement. Following the inspection, the service was responsive and completed a first cycle audit to identify whether patients GPs were informed of referrals and pathology results. A second cycle would be completed later in the year and the registered manager told us a programme of ongoing clinical audits would be created.
- The practice had plans in place for major incidents and however not all staff had received fire and basic life support training. The service submitted evidence which showed that all non-clinical staff had completed training for fire and basic life support after the inspection took place. We did not receive evidence that clinical members of staff had completed fire safety training within the last 12 months.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Accurate quality and operational information was used to ensure and improve performance, for example through patient consultation notes.
- Quality and sustainability of care were priorities for the provider.
- The practice submitted data or 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 practice took on board the views of patients and staff and used feedback to improve the quality of services.

- Patients and staff told us they could feedback about the service and we saw that the provider had taken action in response to patient feedback. For example, adding art work in consultation rooms and corridors as a result of patient feedback.

Continuous improvement and innovation

There was a focus on continuous learning and improvement at a senior level within the service. The registered manager told us that continuing professional development opportunities were taken regularly and this was evidenced by their appraisal.

This section is primarily information for the provider

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** Systems or processes did not operate effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in particular: The provider did not have an effective system for managing staff training and clinical quality improvement programme in place which included clinical audit. The provider had not ensured that there were effective systems or processes for identifying risk in relation to infection prevention and control, patient safety alerts and patient identity checks. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** Ensure persons employed in the provision of the regulated activity receive the appropriate training and appraisal to enable them to carry out the duties, in particular: Both non-clinical and clinical staff had not completed fire safety training, infection prevention and control training and mental capacity act training.

This section is primarily information for the provider

Requirement notices

Non-clinical members of staff had not completed basic life support training and two members of non-clinical staff had not completed children and adult safeguarding training.

There was no evidence of completed appraisals within the last two years for one member of clinical staff and two members of non-clinical staff.

This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.