

# Samedaydoctor Manchester Clinic

## Inspection report

28 Queen Street  
Manchester  
Greater Manchester  
M2 5HX

Tel: 01618277868

[www.samedaydoctor.org/clinic/manchester/](http://www.samedaydoctor.org/clinic/manchester/)

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall.** (Previous inspection in November 2018 was not rated).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

Samedaydoctor Manchester Clinic is a franchise of SDD Medical 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 31 Care Quality Commission comment cards completed prior to the inspection. Each comment about the service was positive. Patients commented that staff were professional and caring and they were always treated with dignity and respect.

We carried out an announced comprehensive inspection at Samedaydoctor Manchester Clinic as part of our inspection programme.

## 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 available to patients on the practice website although this was not easy to find.
- 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 policies and are relevant to the Manchester clinic.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP** Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

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

## Background to Samedaydoctor Manchester Clinic

Samedaydoctor Manchester clinic is provided by the Samedaydoctor group which is a private independent GP company. The head office and other clinics are based in London. The Samedaydoctor LLP management team provide clinical and business support and has oversight of all aspects of governance for all the clinics including the franchised Manchester clinic. However, the registered provider of the Manchester clinic is the owner of the franchise and 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 two female Advanced Nurse Practitioners. The clinical team are supported by a business manager and administration staff.

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

The practice website:

### **How we inspected this service**

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

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?

## We rated safe as Good because:

### Safety systems and processes

#### 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. They outlined clearly who to go to for further guidance. 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.
- 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 on an ongoing basis where appropriate. The provider had a policy to carry out carry out Disclosure and Barring Service (DBS) for all staff. (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). This is the service's policy and not a CQC policy that states this must be done
- 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 check had been completed this year and the provider had carried out further checks to minimise the risk of legionella developing, for example regular water flushing checks.
- 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.
- 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.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place for all clinical staff. 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.
- 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.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. A risk assessment was submitted immediately after the inspection which showed an updated list of emergency

medicines kept and the reason why other

medicines were not kept on the premises. The service kept prescription stationery securely and monitored its use.

## Are services safe?

- The service carried out regular medicine audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff 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.

### **Track record on safety and incidents**

#### **The service had a good safety record.**

- 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. Senior clinical staff reviewed safety information such as significant events and staff record keeping and practices.

### **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 was a system for reviewing and investigating when things went wrong. Regular staff meetings were held so that staff had opportunity to talk about any issues of concern for learning and identifying themes that required action to improve safety in the service.
- 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 including sessional and agency staff.

# Are services effective?

**We rated effective as Good because:**

## **Effective needs assessment, care and treatment**

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed assess needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- 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.**

- The service used information about care and treatment to make improvements. There was a programme of quality audits to check the quality of the service and outcomes for patients
- The service made improvements using clinical audits which had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, the practice had carried out a yellow fever audit which had led to better record keeping and closer adherence to national guidelines.

## **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 professionals (medical and nursing) were registered with the General Medical Council (GMC)/ 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 reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.
- The practice provided a service to children, although we were informed this rarely happened. GPs and clinical staff had completed paediatric training, for example, Basic Life Support and regularly used clinical tools which have checklists for spotting acute illness/sepsis for all ages.

## **Coordinating patient care and information sharing**

**Staff worked 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.
- 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.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For

## Are services effective?

example, the provider had contacted the emergency services when a patient was at risk of harm. The patient then received support and medical care to ensure their safety.

- 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.

### **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.
- Where patients' needs 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?

## **We rated caring as Good because:**

### **Kindness, respect and compassion**

#### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received
- Feedback from patients was positive about the way staff treated patients.
- Staff 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.**

- Staff communicated with people in a way that they could understand. For example, 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.

- As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all positive about the standard of care received. Patients commented positively about the care and treatment they received from the GPs and clinical staff and the support provided by other members of the staff team. They said that their privacy and dignity was maintained and that they were always treated with respect. Patients said that were given enough time to discuss their concerns and that they felt listened to during their consultations. They described the staff as professional, caring, friendly and helpful.

#### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of maintaining patients' dignity and respect.
- 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?

## **We rated responsive as Good because: 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.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, a number of staff spoke different languages and interpretation services were used when needed.

### **Timely access to the service**

#### **Patients were able to 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.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

### **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.**

- No complaints had been received in the last 12 months.
- Information about how to make a complaint or raise concerns was available on the practice website although this was not easy to find.
- The service had a complaint policy and procedure. The service had a system to ensure staff learned lessons from individual concerns, complaints and from an analysis of trends. It would always act as a result to improve the quality of care.

# Are services well-led?

## We rated well-led as Good because:

### 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 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.

### 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 and external partners (where relevant).
- 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.
- 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. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff 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. All staff were considered valued members of the team. They 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 equally.
- 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 partnerships, joint working arrangements and shared services 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.

### Managing risks, issues and performance

#### 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.

# Are services well-led?

- The provider had plans 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
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service 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 service involved patients, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from patients and staff and there was a system for senior staff to act on these comments to shape services and culture.
- Staff could describe to us the systems in place to give feedback. For example, the member of staff we spoke with said they enjoyed their work and felt well supported in their role. They confirmed there was an open and inclusive culture amongst the staff team and senior staff were open to listening to their views and ideas about the running of the practice.
- The service was transparent, collaborative and open with stakeholders about performance.

### **Continuous improvement and innovation**

#### **There was evidence of systems and processes for learning, 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.