

The Third Space Medicine Limited

The Third Space Medicine Limited

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 27 and 29 March 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

We found that 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 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.

The Third Space Medicine is an independent medical practice located in Soho in the London Borough of Westminster. The practice offers services for adults and children.

Twenty seven people provided feedback about the service. The majority of feedback we received was positive about the staff and service offered by the practice.

Our key findings were:

- There was a system in place for acting on significant events. When incidents did happen, the practice learned from them and improved their processes.
- Some risks were generally well managed though improvements were needed in relation to safeguarding training and policies, calibration of clinical equipment, business continuity and paediatric equipment.
- There were arrangements in place to protect children and vulnerable adults from abuse.

Summary of findings

- The practice did not have access to historic recruitment and training information for staff.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines. However, the clinical audits carried out were not completed cycles.
- Patient feedback indicated that staff were respectful and caring and appointments were easily accessible.
- There was a clear vision and strategy and staff spoke of an open and supportive culture.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

There were areas where the provider could make improvements and should:

- Review the policies and procedures for safeguarding and business continuity.
- Review the systems in place to ensure the accuracy of fridge temperatures and the recording of safety checks for emergency equipment and medicines.
- Implement continuous clinical audit cycles to monitor and improve quality of the service.
- Review the process of checking the identity 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 not providing safe care in accordance with the relevant regulations. This was because the GP had not received Level 3 safeguarding children training, clinical equipment had not been calibrated, there were gaps in historic recruitment and training files, and the practice did not have paediatric equipment such as oxygen masks or an oximeter. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. 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 also found areas where improvements should be made relating to the safe provision of treatment. This was because the safeguarding policy did not contain relevant information for staff, there was no formalised business continuity plan, the vaccine fridge did not contain a second thermometer, and there were no records to confirm emergency equipment and medicines were regularly checked.

- The provider was taking action in response to and learning from significant events.
- There were some systems to assess, monitor and manage risks to patient safety.
- There were safe systems and processes in place for the prescribing of medicines.
- Risks associated with the premises were managed adequately.
- There was an effective system to manage infection prevention and control.

Are services effective?

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

- The service provided care and treatment in line with evidence based guidelines.
- There were systems in place to ensure that all staff had the skills and knowledge to deliver care and treatment.
- The practice carried out some quality improvement activity including audit and reflective practice.

However, we also found areas where improvements should be made. This was because there were gaps in the training records for some staff, there was no evidence of completed clinical audit cycles, and there were no formal arrangements to check patients' identity.

Are services caring?

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

- Feedback from patients was positive and indicated that the service was caring and patients were listened to and supported.
- The provider had systems in place to engage with patients and collate feedback.
- Systems were in place to ensure patients' privacy and dignity were respected.

Are services responsive to people's needs?

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

- The facilities and premises were appropriate for the services being provided.
- Patients could book appointments over the phone and appointments were usually available the same day.
- The practice monitored complaints, compliments and suggestions to ensure that the services offered met the needs of their patients.

Summary of findings

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations. This was because the practice did not have oversight of historic training and recruitment documents for staff.

- The provider had a clear vision and strategy.
- There were some systems and processes in place to govern activities. However, improvements to some policies, procedures and activities were required to ensure safety and support good governance.
- Staff we spoke with felt confident to carry out their role and described an open and supportive culture.
- The provider took steps to engage with their patient population and adapted the service in response to feedback.
- The provider engaged with staff and members of the onsite gym to promote health education.

The Third Space Medicine Limited

Detailed findings

Background to this inspection

The Third Space Medicine is located at 67 Brewer Street, London, W1F 9US. The practice is open from 7:30am to 8.30pm Monday to Thursday and 7.30am to 6.30pm on Fridays. GP appointments are from 8am to 2pm Monday to Thursday and 8am to 4pm on Fridays. There are approximately 9,000 registered patients. The practice team consists of a male GP, allied health professionals (physiotherapist, osteopath, and sports masseuse), a practice manager, a managing director, and two receptionists / administrators. The practice offers GP services and health assessments for children and adults. Patients can be referred to other services for diagnostic imaging and specialist care.

We carried out this inspection on 27 and 29 March 2018. The inspection was led by a CQC inspector who was accompanied by a GP specialist advisor on 29 March 2018.

Before visiting, we looked at a range of information that we hold about the practice. We reviewed information submitted by the service in response to our provider information request. During our visit we interviewed staff (GP; managing director; practice manager; and two receptionists/administrators), observed practice and reviewed documents.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We found that this service was not providing safe care in accordance with the relevant regulations.

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse. Although improvements relating to safeguarding policies, recruitment and the calibration of clinical equipment were needed.

- The practice had a safeguarding policy which made reference to child protection and safeguarding vulnerable patients. However, the policy did not detail how safeguarding concerns should be managed within the practice or who to go to for further guidance externally. The GP was the safeguarding lead and all staff were aware of this.
- All staff received up-to-date safeguarding training appropriate to their role, with the exception of the GP who had received Level 2 safeguarding children training. Staff we spoke with knew how to identify and report concerns and we were told there had been no reported safeguarding incidents. During our inspection the GP made arrangements to attend Level 3 safeguarding children training appropriate to their role.
- Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff.
- There was a chaperone policy in place and patients were notified of this service via notices in the waiting area and consultation rooms. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment. It was practice policy to undertake Disclosure and Barring Service (DBS) checks 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). We noted gaps in the recruitment file of a member of staff who had worked at the practice for over two years. For example, there were no details of previous employment, proof of identity, or references. The managers told us that recruitment was previously managed by another company (the onsite gym) who had carried out these checks, however the practice did not have access to these files. The current managers took over recruitment for the practice in November 2017 and we saw staff checks and recruitment documents had been obtained for a new member of staff employed in November 2017.
- The GP had undergone professional revalidation in 2013.
- There was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and electrical equipment were safe to use. However clinical equipment, such as weighing scales, blood pressure monitors, and the vaccine fridge had not been calibrated to ensure they were working correctly.

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 approach to managing staff absences and for responding to sickness and holidays.
- There was an induction system for staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The GP knew how to identify and manage patients with severe infections including sepsis. However, the practice did not have a paediatric pulse oximeter and had not assessed the risks of this.
- There was no formalised business continuity plan in place for major incidents such as power failure or building damage. The managers did however describe informal arrangements to use another site (owned by the gym) should the current premises not be accessible and divert telephone calls to mobile devices if there were issues with the telephone system.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Are services safe?

- Professional indemnity arrangements were in place for the GP.

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 practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was an approach to the management of test results.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Although improvements relating to emergency equipment and the monitoring of fridge temperatures were needed.

- There was a system for managing and storing medicines, including vaccines. However, there was no second fridge thermometer and the current integrated thermometer was not calibrated to confirm accuracy. The practice told us they rarely stocked large volumes of vaccines. During our inspection we observed a small quantity of vaccines in the fridge that were in date however the practice could not ensure they were stored at the correct temperature as the fridge thermometer had not been calibrated.
- We were told medical gases, emergency medicines and equipment were checked regularly to ensure they were safe to use. However, the practice did not keep records of these checks and there were no paediatric oxygen masks to use in an emergency. The practice had carried out a risk assessment to identify emergency medicines that it should stock and during our inspection ordered an additional medicine to help manage medical emergencies.

- The practice kept prescription stationery securely.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had taken action to support good antimicrobial stewardship in line with national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The GP told us they had limited management of patients with chronic conditions as these were managed by patients' NHS GP.

Track record on safety

The practice had a good safety record.

- There were risk assessments in relation to safety issues such as fire and general health and safety. These had been arranged by the building's management.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. 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 practice learned and shared lessons, and took action to improve safety in the practice. For example, a practitioner working at the practice had contravened the practice's infection control policy. As a result the practice suspended their practicing privileges. The incident was shared with all staff and in-house infection control refresher training provided to staff.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

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 practice had systems to keep clinicians up to date with current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.

- We saw that the GP assessed needs and delivered care and treatment in line with current legislation, standards and guidance.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The practice had a programme of quality improvement activity which included clinical audit and reflective study, although the clinical audits were not completed cycles.

- There was a clinical audit planner to review the effectiveness and appropriateness of the care provided. Clinical areas audited included the monitoring of thyroid disease, urinary tract infections, low back pain, and intimate examinations. However, the practice did not have completed audit cycles to demonstrate the improvements made after each cycle. We were told that the practice had issues with their new IT system as it did not have the function to run the searches required for auditing data. As a result the practice had sourced a new computer system which was due to be installed in June 2018.
- The GP carried out reflective study on complaints, significant events, and clinical audits to make changes when necessary in order to improve the service.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation could demonstrate how they stayed up to date. However, there were gaps in the training records for some staff.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop. Most staff were up to date with training in basic life support; infection prevention and control; fire safety; chaperoning; and safeguarding. However, there were some gaps in the training records of staff. For example, safeguarding training for a receptionist and mental capacity act training for all staff. The practice told us that staff training had been completed and was previously managed by the onsite gym, however the practice could not locate the historic training records for staff. Staff now had access to a new online training system which was implemented in March 2018 and directly managed by the practice.
- The practice provided staff with ongoing support. This included an induction process, appraisals, and support for revalidation. The GP underwent annual external appraisals with an independent organisation and non-clinical staff underwent annual internal appraisals with the practice.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. This included when they moved between services, and when they were referred for specialist care.
- Some patients also had an NHS GP, and the practice communicated with the NHS GP with the patient's consent. For example, if the patient requested follow-up treatment via the NHS. The practice also offered patients copies of their medical records to take to their NHS GP.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice offered a range of medical assessments which included pathology tests and patients could be referred for diagnostic screening such as X-ray, ultrasound, CT scanning and MRI.

Are services effective?

(for example, treatment is effective)

- Health screening packages were available to all patients and included an assessment of lifestyle factors. Patients were encouraged to undergo regular health screening.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The practice could refer patients to allied health professionals, a nutritionist and personal trainers who worked onsite.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions.
- The practice monitored the process for seeking consent appropriately.
- A consent policy and guidance document were available for staff to refer to.
- A consent form was used for parental agreement to investigation or treatment for a child or young person. However, the practice did not have any formal arrangements to check the identity of patients.

Consent to care and treatment

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Twenty six out of 27 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with other feedback received by the practice via the practice's survey and the GP's appraisal. A partially positive comment referred to the punctuality of appointments.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- We were told that any treatment including fees was fully explained to the patient prior to their appointment and that people then made informed decisions about their care. Standard information about fees was available in the waiting area and provided over the phone.

- Interpretation services were not available for patients who did not have English as a first language. The managers told us they had never required this service but would be able to source an interpreter if requested by patients. The GP was also multi-lingual and able to support patients who spoke French, German and Italian.
- Staff communicated with patients in a way that they could understand, for example, easy read materials were available.
- The practice could refer patients to counselling and support services if required.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice waiting area was being refurbished and some conversations with receptionists could be overheard by patients in the waiting area. However, reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Confidential telephone calls were made from the back office or a consultation room.

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 practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, advanced booking of appointments, telephone consultations, and home visits (afternoons only) were available to patients.
- Patients could contact the GP via email for out-of-hours medical advice and home visits.
- There were arrangements for another doctor to see patients when the GP was on leave.
- The practice was located on the second floor of a commercial property which it shared with a gym. Patients with mobility difficulties could access the practice via a lift. The practice had four consulting rooms, a waiting area, a reception area, and accessible toilet facilities. The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, a hearing loop to assist patients with hearing aids.
- The practice utilised a pharmacy delivery service for patients who requested their medicines delivered.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- The practice was open from 7:30am to 8.30pm Monday to Thursday and 7.30am to 6.30pm on Friday. GP appointments were from 8am to 2pm Monday to Thursday and 8am to 4pm on Friday. Appointments

could be booked over the phone and the practice did not accept walk-in appointments. The practice had assessed the need for more afternoon GP appointments and concluded that afternoon sessions were not utilised frequently.

- Patients had timely access to initial assessment (same-day appointments), 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.
- Feedback from the Care Quality Commission comment cards showed patients found the appointment system easy to use.
- There were approximately 9,000 private patients registered with the practice for all services (GP, physiotherapy, and osteopathy).

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously.

- Information about how to make a complaint or raise concerns was available.
- There were policies and procedures in place for handling complaints and concerns. Four complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, during recent refurbishment of the premises telephone access to the practice was reduced from three lines to one. Following patient complaints regarding telephone access the practice diverted calls to mobile devices to manage more patient enquiries. The practice also emailed patients and put notices in the waiting area to inform patients of the disruption caused by the refurbishment.

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 regulations.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- Leaders were easily contactable and approachable. They worked with staff and others to make sure they prioritised compassionate and inclusive leadership.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

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

- There was a clear vision and set of principles. The practice had a realistic strategy although there were no supporting business plans.
- The practice developed its vision, principles and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, principles and strategy and their role in achieving them.

Culture

The practice had a culture of high-quality sustainable care. However, improvements in the management of staff training were needed.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice 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 were able to 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 annual appraisal. However, evidence of historic training documents had not been managed effectively and some staff had not received the level of training appropriate to their role.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- There was emphasis on the safety and well-being of all staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability. However, improvements to some policies, procedures and activities were required to ensure safety and support good governance.

- The GP had led the practice for 17 years. The managing director had worked at the practice since 2016 and the practice manager (previously a receptionist / administrator) was appointed in 2017. Monthly governance meetings were held with the practice leaders and directors of the wider company.
- The practice's branding and marketing was managed by the gym. We were told recruitment and training was previously managed by the gym, and since November 2017 the practice were responsible for this. However, the practice did not have oversight or access to historic training or recruitment documents that were managed by the gym.
- Whilst there were some policies and procedures in place, other processes to ensure safety were missing. For example, clinical equipment had not been calibrated and there was no formalised business continuity plan in place. In addition, the safeguarding policy did not detail how to escalate concerns or contain external contacts for staff to seek further guidance.
- Staff we spoke with were clear on their roles and accountabilities.

Managing risks, issues and performance

There were processes for managing most risks, issues and performance. However, improvements in relation to checking patient identity and logging safety checks were needed.

- There was a process to identify, understand, monitor and address current and future risks including risks to

Are services well-led?

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

patient safety. Although, the practice did not have formal arrangements to check the identity of patients or document when emergency equipment and medicines were checked.

- The practice had some processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations and annual appraisal feedback. Practice leaders had oversight of national safety alerts, incidents, and complaints.
- The practice carried out quality improvement activity however the clinical audits were not completed cycles to demonstrate the improvements made after each cycle.
- The practice had trained staff for major incidents.

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 audits of patient consultation notes.
- Quality and sustainability of care were priorities for the provider.
- There were 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 involved patients, staff, and the management team of the gym to support high-quality sustainable services

- The practice reviewed patient feedback via patient surveys, and complaints and compliments received. The current system for patients to provide feedback was not anonymised and the practice responded to patients with details of what action had been taken. The practice planned to launch a new website where patients could feedback anonymously.
- The practice held monthly staff meetings and minutes were forwarded to staff via email or in person.

Continuous improvement and innovation

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

- The practice worked closely with the gym for upcoming health and wellbeing events. For example, in the lead up to the London marathon the practice had written a blog on their website about how to prepare and recover from marathons. They also offered question and answer sessions for members of the gym.
- The physiotherapists carried out an annual educational programme for personal trainers of the gym.

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 Family planning services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not have effective processes to mitigate risks to patients, ensure persons providing care or treatment had the qualifications or skills to do so safely, or ensure equipment was safe to use. In particular:</p> <ul style="list-style-type: none">• The GP had not received Level 3 safeguarding training.• Clinical equipment and the vaccine fridge had not been calibrated.• The practice did not have paediatric oxygen masks or a paediatric oximeter and had not risk assessed this.• The practice did not have access to some historic training or recruitment documents for staff prior to November 2017, and could not be assured that these checks and necessary training were carried out. <p>This was in breach of Regulation 12(2) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>