

## Private Doctor Clinic Limited

# Private Doctor Clinic

### Inspection report

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Date of inspection visit: 30 January 2018

Date of publication: 19/03/2018

### Overall summary

We carried out an announced comprehensive inspection on 30 January 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

#### **Background**

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.

This was the first inspection undertaken at this service.

Private Doctor Clinic is an independent provider of GP services operating from rented clinical consultation and administration space in the premises of an NHS GP practice within the World's End Health Centre, 529 Kings Road, London SW10 0UD. The premises are fully accessible to all patients and all services are provided on the ground floor.

The service is provided by a principal GP, supported by the service manager who is responsible for the day-to-day running of the service and three administration/reception staff. The service offers pre-bookable face-to-face private GP services to both adults and children, which includes travel immunisation and minor surgery. Patients can access appointments Monday to Sunday from 8am to 8pm. At the time of our inspection the service was seeing less than 30 patients per month of which 60% were aged between 17 and 40 years of age. The service told us demand for appointments peaked between 11am and 3pm.

# Summary of findings

The provider, Private Doctor Clinic Limited, is registered with the Care Quality Commission (CQC) for the regulated activities of Treatment of Disease Disorder or Injury, Diagnostic & Screening Procedures, Maternity and Midwifery Services and Surgical Procedures.

The service manager 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.

As part of our inspection, we asked for CQC comments cards to be completed by patients prior to our inspection. Sixteen comments cards were completed, all of which were positive about the service experienced. Patients commented that staff were efficient, professional and friendly. We were unable to speak with any patients directly at the inspection.

## Our key findings were:

- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns. All staff had been trained to a level appropriate to their role.
- The service had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- The practice carried out staff checks on recruitment and on an ongoing basis, including checks of professional registration where relevant.
- Staff were aware of current evidence based guidance and they had the skills, knowledge and experience to carry out their roles.
- There was some evidence of quality improvement and clinical audit, for example post-operative outcomes from minor surgical procedures.
- Consent procedures were in place and these were in line with legal requirements.
- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- Systems were in place to protect personal information about patients. The service was registered with the Information Commissioner's Office (ICO).
- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- Information about services and how to complain was available.
- The service had proactively gathered feedback from patients.
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management. However, the provider did not have effective systems in place to alert it to the fact that some medicines required for use in medical emergencies had expired and had not been replaced. The provider relied on the NHS GP practice where it rented clinical rooms to ensure these were available.

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

- Review the system in place to ensure all emergency equipment and medicines provided at the premises are available and fit for purpose.

# 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.

- There were systems and processes in place to keep patients safe and safeguarded from abuse. All staff had undertaken safeguarding training relevant to their role.
- There was a system in place for the reporting and investigation of incidents and significant events. Lessons learnt were shared with staff.
- There were arrangements in place to deal with emergencies and major incidents.
- We observed the service premises to be clean and there were systems in place to manage infection prevention and control (IPC), which included a recent IPC audit.
- There were systems in place to meet health and safety legislation.
- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

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### **Are services effective?**

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

- Staff were aware of current evidence based guidance.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- There was some evidence of quality improvement and clinical audit, for example post-operative outcomes from minor surgical procedures.
- There were formal processes in place to ensure all members of staff received an induction and an appraisal.
- Consent procedures were in place and these were in line with legal requirements.

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### **Are services caring?**

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

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- Systems were in place to ensure that all patient information was stored and kept confidential. The service was registered with the Information Commissioner's Office (ICO).
- Patient feedback through CQC comment cards and internal surveys showed that patients were satisfied with the care and treatment received and that they were treated with dignity and respect.
- Information for patients about the service was available on the website and in a patient leaflet. This included the cost of services provided.
- Translation services were available for patients who did not have English as a first language and the website had the functionality to translate.

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### **Are services responsive to people's needs?**

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

- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- Access to the service was available for people with mobility needs.
- Staff told us that they had access to interpreting services for those patients whose first language was not English.

# Summary of findings

- There was a complaints policy which provided information about handling complaints from patients. There was a patient leaflet outlining the complaint process in line with guidance.

## **Are services well-led?**

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

- Clinical and non-clinical leads had the capacity and skills to deliver high-quality, sustainable care.
- The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The service engaged and involved patients and staff to support high-quality sustainable services.

We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not have effective systems in place to alert it to the fact that some medicines required for use in medical emergencies had expired and had not been replaced. The provider relied on the NHS GP practice where it rented clinical rooms to ensure these were available.

# Private Doctor Clinic

## Detailed findings

### Background to this inspection

We carried out an announced comprehensive inspection of Private Doctor Clinic on 30 January 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements within the Health and Social Care Act 2008 and associated regulations.

Our inspection team was led by CQC Lead Inspector and included a GP Specialist Advisor.

Pre-inspection information was gathered and reviewed before the inspection. On the day of the inspection we spoke with the principal GP, service manager and an

administrator/receptionist. We also reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment and training records, significant events, patient survey results and complaints.

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

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

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

# Are services safe?

## Our findings

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

### Safety systems and processes

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

- The service had systems to safeguard children and vulnerable adults from abuse. Policies were up-to-date and regularly reviewed and staff we spoke with knew how to access them. All staff had access to up-to-date contact information of who to go to for further guidance.
- All staff received up-to-date safeguarding children and vulnerable adults training appropriate to their role. Staff we spoke with demonstrated they knew how to identify and report concerns and understood their responsibilities to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider demonstrated that it had systems in place to check a person's identity, age and, where appropriate, parental authority.
- Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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). There was a chaperone policy and staff we spoke with who acted as a chaperone understood their role and responsibilities.
- The service had a recruitment policy and we saw evidence from four personnel files reviewed, which included substantive and locum clinical and non-clinical staff, that appropriate checks had been undertaken, which included checks of professional registration, where relevant. All staff had undertaken a DBS check.
- There was an effective system to manage infection prevention and control (IPC). We observed that appropriate standards of cleanliness and hygiene were followed. We saw that an IPC audit of the premises had been undertaken in June 2017 by the commissioning support unit's infection control team and had achieved 99% compliance. The service had nominated the principal GP as IPC lead. We saw evidence that all staff, including the lead, had received on-line IPC training. The

service had an IPC policy in place which was accessible to staff. We observed that the consulting room had information displayed on good handwashing techniques, how to deal with a sharps injury and was well equipped with personal protective equipment and waste disposal facilities. All staff we spoke with knew the location of the bodily fluid spill kits.

- There was a system in place for dealing with pathology results. Pathology specimens were sent to a professional laboratory for analysis. All specimens were collected by the laboratory directly from the service. We were told that test results were sent by encrypted email daily by the laboratory directly to the requesting GP who checked the results and contacted patients.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety. However, we found shortfalls in respect of some emergency medicines.

- The service had arrangements in place to respond to emergencies and major incidents in line with the Resuscitation Council (UK) guidelines and the British National Formulary (BNF). All staff had received annual basic life support training.
- The service operated from rented premises within a NHS GP practice and had access to emergency medicines, a defibrillator, oxygen with adult and children's masks and a first aid kit. All staff we spoke with knew the location of the emergency equipment. We saw there was a system in place by the NHS GP practice to check the emergency equipment on a monthly basis and we saw that the defibrillator and oxygen had been checked. However, we saw that emergency medicines had not been recorded as checked since September 2017 and we found that the medicines glyceryl trinitrate (GTN) spray (used for chest pain), glucogel (used for low blood sugar) and dexamethasone (used for croup in children) had expired in December 2017 and had been removed from the storage area but not replaced. During the inspection the manager from the service we were inspecting acquired the medicines from the pharmacy and replaced the stock. The service told us that they did not have a system of oversight to check that all equipment and medicines were available and fit for purpose and relied on the NHS GP practice.
- There were arrangements for planning and monitoring the number and mix of staff needed. The service had

# Are services safe?

recently increased its administration team as a result of performance and survey data to ensure patient enquiries were being handled in a timely manner. When the principal GP was absent from the service, cover was provided by one of two regular GP locums.

- The principal GP understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The principal GP knew how to identify and manage patients with severe infections, for example, sepsis.
- The principal GP had professional indemnity insurance that covered the scope of their practice.
- The clinic had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which included contact details of staff.

## Information to deliver safe care and treatment

- Individual care records were written and managed in a way that kept patients safe. Patient records were stored securely using an electronic record system. There were no paper records. Computers were password protected with restricted access dependant on role.
- The care records showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- Referral letters included all the necessary information.
- The service had systems in place for seeking consent to share information with the patient's NHS GP, if applicable. This was captured at the point of patient registration and patients were required to 'opt-out' if they did not want their information sent to their NHS GP.

## Safe and appropriate use of medicines

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

- There was a dedicated vaccine fridge, with an inbuilt and secondary thermometer. We found there was a daily fridge temperature log of maximum, minimum and current temperature maintained and these were within the recommended ranges. All vaccines we reviewed were in-date.
- All private prescriptions were processed electronically and signed by the principal GP.

- The principal GP told us the service prescribed administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The provider did not hold any stocks of medicines for dispensing.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. A service-specific accident book was available.
- The service was renting clinical and non-clinical space in an NHS GP practice. Facilities management of the premises was overseen by NHS Property Services (NHSPS).
- We saw that various risk assessments had been undertaken for the building, including fire, health and safety and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- We saw that regular fire safety checks were carried out which included a fire evacuation drill. All staff had undertaken fire awareness training.
- The service ensured that equipment was safe and maintained according to manufacturers' instructions. We saw that NHSPS had undertaken portable appliance testing in October 2017 and the service had undertaken calibration of its medical equipment in October 2017.

## 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 and incidents. There was an incident policy in place which was accessible to staff. Staff we spoke with understood their duty to raise concerns and report incidents and near misses.
- The service had recorded three incidents in the past 12 months. We saw that the service had adequately reviewed and investigated when things went wrong and took action to improve safety. We saw evidence that incidents had been discussed in staff meetings and included in a weekly staff bulletin.
- Staff we spoke with were aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

## Are services safe?

- There was a system for receiving and acting on safety alerts.



# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

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.

- We reviewed examples of medical records which demonstrated that patients' needs were fully assessed and they received care and treatment supported by clear clinical pathways and protocols.
- The principal GP advised patients what to do if their condition got worse and where to seek further help and support.

### Monitoring care and treatment

There was some evidence of quality improvement and clinical audit. For example, the service carried out ongoing monitoring of post-operative outcomes from minor surgical procedures. A first cycle audit undertaken from December 2016 to June 2017 based on 18 procedures showed that there had been no post-surgical infection. A second cycle audit undertaken from July 2017 to January 2018 based on 28 procedures also showed that there had been no post-surgical infection noted at follow-up consultation.

The service also undertook non-clinical audits, for example, a telephone audit to assess whether calls were being answered within protocol of 10 seconds.

We found the service was following up on pathology results and had an effective monitoring system in place to ensure all abnormal results were managed in a timely manner. All pathology results were saved in the patient's records.

### Effective staffing

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

- The principal GP was registered with the General Medical Council (GMC), the medical professionals' regulatory body, with a licence to practise and on the GP register.
- The principal GP had a current responsible officer. (All doctors working in the United Kingdom are required to

have a responsible officer in place and required to follow a process of appraisal and revalidation to ensure their fitness to practise). The principal GP was following the required appraisal and revalidation processes.

- The service had an induction programme for newly appointed staff. This covered such topics as fire safety, infection prevention and control, health and safety and confidentiality.
- The service could demonstrate role-specific training and updating for relevant staff. For example, the principal GP had undertaken a minor surgery update and Yellow Fever training. The service was a registered Yellow Fever Vaccination Centre.
- The learning needs of staff were identified through a system of appraisals. All staff who had been with the service for more than one year had received an appraisal in the last 12 months.
- Staff received training that included: safeguarding, basic life support, fire safety awareness, information governance and chaperoning.

### Coordinating patient care and information sharing

- The service had systems in place for seeking consent to share information with the patient's NHS GP, if applicable. This was captured at the point of patient registration and patients were required to 'opt-out' if they did not want their information sent to their NHS GP. The principal GP told us that if a patient declined consent to share information with their GP, but it was felt it was in the patient's best interest to share the information; a further discussion would take place at the consultation to gain consent.
- We saw examples of consultation notes having been shared with the GP with the appropriate patient consent.

### Supporting patients to live healthier lives

Staff told us they were proactive in helping patients to live healthier lives. The service had a range of information available on their website which included health blogs.

### Consent to care and treatment

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

- The principal GP understood and sought patients' consent to care and treatment in line with legislation and guidance, including the Mental Capacity Act 2005.

# Are services effective?

(for example, treatment is effective)

- The service had a consent policy and we saw documented examples of where consent had been sought for example for minor surgical procedures (under local anaesthetic).
- We were told that any treatment, including fees, was fully explained to the patient prior to the procedure and that people then made informed decisions about their care.
- There was information on the service's website with regards the services provided and what costs applied. The website had details of how the patient could contact them with any enquiries.

# 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 service users with kindness, respect and compassion.
- Staff respected the personal, cultural, social and religious needs of service users.
- Arrangements were in place for a chaperone to be available if requested.
- Service users were provided with timely support and information.
- We were unable to speak to patients at our inspection. However, we received 16 CQC comments cards, all of which were positive about the service experienced. Patients commented that staff were professional and friendly and treated them with dignity and respect.
- The service proactively gathered feedback from patients and we saw the most recent survey carried out by the provider showed that of the 97 responses they received from service users, 87% felt the service provided by the doctor was outstanding and/or they were extremely or very satisfied with the care and treatment received.

### Involvement in decisions about care and treatment

- The service gave patients clear information to help them make informed choices which included information on

the service's website and a patient leaflet. Clear information regarding the cost of services was given on the service's website and when booking an appointment.

- The service had access to formal interpreting services and staff spoke several languages which included French, Spanish and the Arabic language.
- The service website had the functionality to translate to other languages.
- There was a hearing induction loop available at reception.

### Privacy and Dignity

- The service had a confidentiality policy in place and there were systems to ensure that all patient information was stored and kept confidential.
- Staff we spoke with recognised the importance of patients' dignity and respect.
- Curtains were provided in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments.
- The practice complied with the Data Protection Act 1998 and was registered with the Information Commissioner's Office (ICO) which is a mandatory requirement for every organisation that processes personal information.
- We saw that staff had undertaken information governance training.

# 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 met patients' needs through the way it organised and delivered services. It took account of patient needs and preferences.

- The facilities and premises were appropriate for the services delivered. All services were provided on the ground floor and were fully accessible. Accessible toilet facilities were available.
- Breast feeding and baby changing facilities were available.
- Staff told us that they had access to translation services for those patients whose first language was not English.
- There was an induction hearing loop available at reception to aid those patients who were hard of hearing.
- Information about the clinic including services offered was on the clinics website and in the waiting room.

### Timely access to the service

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

- Appointments were available on a pre-bookable basis. The service provided face-to-face consultations which were available Monday to Sunday 8am to 8pm. A standard consultation was 20 minutes.
- The service was not an emergency service. Patients who had a medical emergency were advised to ask for immediate help via 999 or NHS 111.

### Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns.

- The service had a complaints policy and there were procedures in place for handling complaints.
- The service manager was the designated responsible person to handle all complaints.
- Information about how to make a complaint was available in a patient leaflet which included a complaint form. We saw the leaflet included information in line with guidance on how to escalate the complaint if dissatisfied with the response.
- The service had recorded two complaints in the last year, one written and one verbal. We found that they were satisfactorily handled in a timely way.

# 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 the service was providing well-led care in accordance with relevant regulations.

### Leadership capacity and capability

The principal GP and service manager had the capacity and skills to deliver high-quality, sustainable care.

- The principal GP and the service manager, who was also registered with CQC as the registered manager, had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The principal GP and centre manager were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

### 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. There was a realistic strategy and a five year business plan to achieve priorities.
- The service developed its vision, values and strategy jointly with staff. Staff were aware of and understood the vision, values and strategy and their role in achieving them. We saw that this was included in a recent weekly staff bulletin.
- The service monitored its progress against delivery of the strategy.

### Culture

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

- Staff felt respected, supported and valued. They told us they were proud to work at the service. The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

- Staff we spoke with told us openness, honesty and transparency were the norm including with patients when responding to incidents and complaints.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations.
- There was a strong emphasis on the safety and well-being of staff.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and accountabilities. The principal GP and the service manager had lead roles in key areas. For example, the principal GP was the infection control lead and the service manager was the lead for handling complaints.
- Practice specific policies were implemented and available to all staff on the shared drive of the computer system.
- Staff meetings were held weekly and governance meetings held monthly.

### Managing risks, issues and performance

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

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, health and safety and fire risk assessments had been completed for the premises.
- Internal audit was used to monitor quality of both clinical and non-clinical services.

### Appropriate and accurate information

Appropriate, accurate information was effectively processed and acted upon.

- Patient consultations, treatments and medications were recorded on a secure electronic system.
- 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.

# Are services well-led?

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

## **Engagement with patients, the public, staff and external partners**

The service engaged and involved patients and staff to support high-quality sustainable services.

- The service encouraged and valued feedback from patients and had a system in place to gather feedback from patients on an on-going basis.
- The service provided a weekly staff bulletin which included service updates, performance data, training updates, complaints and compliments.
- The service subscribed to a cloud-based communication platform which gave staff a shared workspace for conversations and sharing information across the team, this included training videos.

- The provider engaged with staff through appraisal and staff meetings.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement at all levels of the service.
- The practice made use of 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.