

Private Health Clinic Ltd

Medic Plus Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 4 September 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Medic Plus Clinic is an independent medical practice located in West Ealing, London. The practice offers GP services for adults and children.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Therefore, we were only able to inspect GP services as part of this inspection.

The founder of the service was also the pharmacist and 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 comment cards to be completed by patients prior to our inspection. We received 31 completed comment cards which were all

Summary of findings

positive about the standard of care received. Patients commented that they were listened to and treated with dignity and respect. Staff were described as friendly, professional and caring. Patients said they felt safe and the environment was clean.

Our key findings were:

- Systems were in place to protect people from avoidable harm and abuse.
 - When mistakes occurred, lessons were learned and action was taken to minimise the potential for reoccurrence. Staff understood their responsibilities to be open with patients.
 - Clinical staff were aware of current evidence based guidance.
 - Staff were qualified and had the skills, experience and knowledge to deliver effective care and treatment.
- Patient feedback indicated that patients were happy with the service they received.
 - Information about services and how to complain was available.
 - There was clear leadership and staff felt supported.

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

- Review the processes in place to check staff have received updated child protection training.
- Review systems in place to check that all electrical equipment is safe to use.
- Review the process for checking the identity of patients.
- Review the use of clinical audit to monitor clinical performance and drive improvement.

Medic Plus Clinic

Detailed findings

Background to this inspection

Medic Plus Clinic is an independent medical practice located at 5 Castle Hill Parade, The Avenue, West Ealing, London W13 8JP. The practice offers GP consultations, health screening, and travel health to adults and children.

The practice team includes a pharmacist (full-time); GP (part-time); nurse (part-time); phlebotomist (part-time); and receptionist (full-time). The practice is open Monday to Friday from 9am to 5.30pm, and Saturday from 9.30am to 12.30pm. This service is not required to offer an out-of-hours service. Patients who need medical assistance out of opening hours are directed to alternative services. This is detailed in patient literature and on the practice's telephone answering service.

Medic Plus Clinic is registered to provide the regulated activities of: diagnostic and screening services and treatment of disease, disorder or injury.

We carried out an announced comprehensive inspection of Medic Plus Clinic on 4 September 2018. Our inspection team was led by CQC lead inspector and included a GP specialist advisor. Before visiting, we reviewed a range of

information we hold about the service and asked the provider to send us information about the service, which we also reviewed. We did not receive any concerning information from patients or other stakeholders.

During our visit we:

- Spoke with staff who were present, including the pharmacist and receptionist. We also spoke with a GP and nurse over the phone.
- Observed how staff interacted with patients.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at information the service used to deliver care and treatment plans.
- Reviewed documents relating to the service.

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

Safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The service saw children under the age of 18 and all staff were trained to an appropriate level for their role in both child and adult safeguarding. For example, the GP and nurse had received child protection training level three, although we noted the nurse had not received updated child protection training since 2015. The provider assured us that the nurse would complete updated child protection training following our inspection.
- A chaperone policy was in place and there were notices displayed throughout the practice to inform patients the service was available. Staff who acted as chaperones were trained for their 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.)
- The practice carried out appropriate staff checks, including checks of professional registration where relevant, at the time of recruitment and on an ongoing basis. The GP and nurse were up to date with their professional revalidations and the service checked annually to assure themselves that professional registrations were current.
- The service maintained appropriate standards of cleanliness and hygiene. There was an effective system to manage infection prevention and control and an audit tool was used to monitor cleanliness. The pharmacist was the infection control lead and all staff had received infection prevention and control training relevant to their role. There was an infection control policy in place and a supporting needle stick injury policy which stated what action to take in the event of a sharps injury, including onward referral information in the event of an emergency. The systems for managing clinical waste and specimens kept people safe.

- The practice had arrangements to ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. However, we noted office equipment such as computers had not been tested for electrical safety. Clinical equipment had been calibrated and tested to ensure it was safe to use.
- There was an up to date fire risk assessment, staff had received fire safety training and the service carried out fire drills. The service had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control, and a legionella risk assessment (Legionella is a term for a bacterium which can contaminate water systems in buildings).

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff required to meet patients' needs.
- There was an effective induction system for staff tailored to their role.
- The practice kept records of professional indemnity arrangements for clinical staff.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- During the inspection we highlighted that the practice only stocked adrenaline and had not risk assessed why a more comprehensive supply of emergency medicines was not kept. This was rectified immediately with the practice risk assessing what emergency medicines were most relevant to the service and adding aspirin, chlorphenamine, glucogel, and hydrocortisone to the emergency medicine store. The provider told us they owned the pharmacy adjacent to the practice and could obtain medicines promptly if required.
- The practice had a defibrillator and oxygen available on the premises. These were checked weekly and logged.

Information to deliver safe care and treatment

Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

- Patients making an appointment for the first time were asked to complete a new patient registration form with their contact details, date of birth, allergies, medical and family history, current medication, and any additional needs relating to disability or impairment. However, the practice did not have any formal arrangements to check the identity of patients.
- The service kept an electronic secure clinical record for each patient that attended a consultation.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Safe and appropriate use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- The practice used private prescriptions which were produced electronically and saved within the patient's record. Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had yet to review antibiotic prescribing and planned to do this once the GP service was more established. Through our discussion with the GP there was evidence of actions taken to support good antimicrobial stewardship.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. For example, the provider was able to demonstrate the action taken in response to a recent update on the new regime for the rabies vaccination.
- The staff we interviewed understood the duty of candour and the responsibility to be open with patients. The practice policy was to ensure that any affected patients were given reasonable support, a truthful explanation and an apology. We were told that any incidents would be discussed and shared with the staff team in line with clinic policy.

Are services effective?

(for example, treatment is effective)

Our findings

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.

- Patients' needs were assessed and options for management of their condition discussed. The service saw few patients with long-term conditions.
- 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 service had some systems in place to monitor the quality of care and treatment. For example, the GP and nurse underwent external annual appraisal via their NHS roles and had opportunities to discuss and review their work at staff meetings. The quality of care and treatment was also monitored through monthly reviews of patient feedback and weekly practice meetings. However, the service did not have a clinical audit programme. The provider told us this was due to the low volume of data available and low activity levels for the GP service, which commenced in April 2018. The provider had plans to carry out audits of record keeping and travel vaccinations once the service was more established and within the next six months.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The mandatory training for all staff covered basic life support, child and adult safeguarding, infection prevention and control, fire safety, manual handling, information management and data protection, complaint handling, health and safety and whistleblowing.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Records of skills, qualifications and training were maintained.

- Staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings and annual appraisals for non-clinical staff. The GP had received an external appraisal in line with UK professional registration requirements and the nurse had received an appraisal via their NHS role.
- There was a clear approach for supporting and managing staff when their performance fell short of expectations.

Coordinating patient care and information sharing

The service shared information to plan and co-ordinate patient care effectively.

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. This included medical records, medication history, investigations and test results.
- The practice shared relevant information with other independent services and the patient's NHS GP with the patient's consent. The practice also printed relevant documents for patients to take to their NHS GP.

Supporting patients to live healthier lives

The service offered a range of preventative health and screening services.

- Clinicians promoted healthy living and gave advice opportunistically or when requested by a patient about how to live healthier lives. Through discussions with staff we saw the service encouraged and supported patients to become involved in monitoring and managing their health, and discussed suggested care or treatment options with patients as necessary.
- The service offered a comprehensive range of travel services and was registered to provide the yellow fever vaccination.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Consent policies were available for staff to refer to.
- Patients were required to sign a consent form at every visit. A consent form was used for parental agreement to investigation or treatment for a child or young person.

The practice displayed information about the cost of consultations and treatments in the waiting area and on the website.

Are services caring?

Our findings

Kindness, respect and compassion

The service provided a caring service. Thirty-one CQC patient comment cards were completed in advance of the inspection by patients attending the clinic. All 31 comment cards we received were positive about the quality of the clinic's service and the patient experience. Patients described the staff as professional, courteous and helpful.

The service offered patients privacy to discuss sensitive issues if required. Information about chaperones was clearly signposted in the waiting area and in the consultation rooms.

Involvement in decisions about care and treatment

The service ensured that patients were provided with relevant information they needed to make decisions about their treatment including information in advance about the costs.

A translation service was available to patients at a cost.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patient confidentiality and the service complied with the Data Protection Act 2018 and understood the requirements of the General Data Protection Regulation.
- The consultation rooms were equipped with privacy screens. The consultation room doors were kept closed to ensure conversations taking place remained private.
- If patients wanted to discuss sensitive issues or appeared distressed staff could offer them a private room to discuss their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs and preferences.

- The service understood the needs of its population, which was comprised mainly of young and middle-aged adults, and tailored services in response to those needs.
- The service was clear with patients about the range of services it offered. A copy of the practice's terms and conditions was provided to patients during registration.
- Appointments could be booked over the telephone or face to face. The doctors would not prescribe or diagnose by telephone.
- The practice was open on Saturday mornings to meet the needs of its working and school age population.
- At the time of the inspection patients could book an appointment with a female GP, however the provider had recruited two male GPs and was in the process of acquiring the relevant recruitment documents prior to them seeing patients.
- The clinic was located on the ground floor of a commercial property. The service was accessible with facilities for people with disabilities, including wide access. Baby changing facilities were also available.

Timely access to the service

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

- The practice was open Monday to Friday from 9am to 5.30pm, and Saturday from 9.30am to 12.30pm.

- The practice informed us that patients would be offered a same day appointment for some services such as vaccinations and blood tests, and appointments with a GP or nurse were usually available within two to three days.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. Waiting times, delays and cancellations were minimal and managed appropriately.
- The service did not carry out home visits and directed patients with more complex or urgent needs to use NHS or emergency services as appropriate.
- Each month the serviced completed an in-house patient satisfaction survey. This survey focused on accessing the service. We reviewed the patient satisfaction survey results since the service started four months ago: August 2018 (12 responses); July 2018 (10 responses), June 2018 (four responses) and May 2018 (four responses). All responses demonstrated high levels of satisfaction.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously to improve the quality of care.

- The complaint policy and procedures were in line with recognised guidance. This included a designated responsible person who handled complaints in the practice.
- Information about how to make a complaint or raise concerns was available in the practice and provided to patients at registration.
- The practice had not received any complaints since the service started in April 2018.

Are services well-led?

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

Our findings

Leadership capacity and capability

There was a clear organisational structure.

- The clinic was managed by a pharmacist who had access to a network of GPs for clinical support.
- Through conversations, evidence collected during the inspection and a review of correspondence it was evident the team had the capacity and skills to deliver high-quality, sustainable care.
- The staff we spoke with were knowledgeable about issues and priorities relating to the quality and future of services.

Vision and strategy

The practice had a clear vision and strategy to deliver accessible and affordable health care that put patients' needs first.

- The GP service launched in April 2018. The practice was establishing what areas to focus on and the staffing requirements, therefore most staff were employed part-time on an ad-hoc basis.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The feedback we received and the feedback collected in the in-house patient surveys was all positive.

Culture

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

- Staff told us that there was an open culture across the service. Staff had the opportunity to raise any issues and told us they were confident in doing so and felt supported if they did.
- There was awareness and compliance with the requirements of the Duty of Candour, as the service encouraged a culture of openness and honesty.

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.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.
- There were regular and documented practice meetings to discuss any issues or concerns. Minutes were available to staff not present.

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. However, there had been an oversight in relation to portable appliance testing for office equipment.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had yet to be implemented to assess the quality of care and outcomes for patients, although the provider did have plans to carry out audits once the service was more established. There was other evidence of action to change practice to improve quality.
- The practice had continuity plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were 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 practice involved patients, staff and external partners to support high-quality sustainable services.

- The service encouraged and valued feedback from patients. We saw that all feedback and survey results were analysed and there were plans to address any identified weaknesses. For example, displaying more information for patients about costs on the practice website.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal reviews of incidents. 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. However, we noted the annual appraisal did not include individual objectives for staff.