

Doctorcall Limited

Doctorcall Manchester

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 11 December 2017 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.

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.

CQC last inspected this service on 10 January 2014. That was an unannounced inspection and the service met all standards assessed.

Doctorcall Manchester is a private medical clinic that provides screening, diagnosis and treatments for patients from across the country. Treatments include physiotherapy, sexual health, GP appointment and occupational health for businesses as well as oil, gas and other specialist medicals. The service treats adults and children.

The 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. Those occupational health related services provided to patients under a contractual arrangement through their employer and physiotherapy are exempt by law from CQC regulation. Therefore, they did not fall into the scope of our inspection.

Summary of findings

A registered manager was in post at this location. 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 Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection visit. We received 39 comment cards which were all very positive about the standard of care received. Comments included; 'Very helpful, pleasant and informative,' 'Received good advice and treatment,' 'Staff were great, environment was clean, hygienic and welcoming. Relevant questions were asked and answer were listened to, felt at ease throughout' and 'Excellent service.'

Our key findings were:

- There were policies and procedures in place for safeguarding patients from the risk of abuse. Staff had received training in safeguarding.
- Patients' needs were assessed and treatment was discussed and planned with the patient and consent obtained prior to treatment being given.
- Staff felt supported and had access to appropriate training.
- Opening times of the service were clearly displayed on the website and in the patient information guide.
- There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.
- Patient satisfaction views were obtained.
- The premises were clean and personal protective equipment (PPE) was readily available.
- An induction programme was in place for staff.
- There was a clear vision to provide a safe and high quality service. Staff felt supported by management and worked well together as a team.
- The doctor we spoke with and the registered manager were aware of and complied with the duty of candour.

There were areas where the provider should make improvements:

- The registered manager in line with their recruitment policy should continue to ensure full information is obtained and held on all staff files.
- All doctors employed should undertake level 3 safeguarding training.
- The registered manager should ensure the continued completion of the domestic cleaning schedule to evidence the actual cleaning undertaken.
- The registered manager should ensure continued regular checks of the defibrillator to ensure it is good working order in the event of an emergency.

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 had systems in place to provide safe care in accordance with the relevant regulations.

- Systems were in place to ensure that equipment was safe to use and that the premises were clean and well maintained. Following the inspection the registered manager implemented a formal cleaning schedule for domestic staff to sign to evidence exactly what cleaning duties they had undertaken .
- Infection control practices were suitable in order to minimise and prevent risks occurring.
- Staff had received training and were aware of procedures in place for safeguarding patients from the risk of abuse. One clinician had only undertaken the training at level 2 however following the inspection we received confirmation that level 3 training had been undertaken which is appropriate to their role.
- There were enough clinicians to meet the demand of the service.
- There was a system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety.
- Recruitment policies and procedures were implemented and following the inspection we were sent evidence that proof of identification had been obtained and DBS applications had been submitted for staff who acted as chaperones. We were assured that no staff would act as a chaperone until the DBS checked had been received.

Are services effective?

We found that this service had systems in place to provide effective care in accordance with the relevant regulations.

- Patients' needs were assessed prior to a service being delivered.
- There was induction, staff training and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment.
- Consent to care and treatment was appropriately obtained.
- Clinical audits demonstrated quality improvement.

Are services caring?

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

- Staff displayed caring, kindness and respectful behaviours.
- Patient and information confidentiality was maintained.
- Information received in the Care Quality Commission comment cards demonstrated that patients had received a caring and supportive service and were happy with the service provided.

Are services responsive to people's needs?

We found that this service had systems in place to provide responsive care in accordance with the relevant regulations.

Summary of findings

- There was a complaints policy and information was made available to patients about how to make a complaint. Learning from complaints was shared with staff to help improve the quality of the service delivered.
- Opening hours of the service were available on the website and in the patient information guide.

The service was accessible to people who had limited mobility or used a wheelchair

Are services well-led?

We found that this service had systems in place to provide well-led care in accordance with the relevant regulations.

- There was a management structure in place and staff we spoke with understood their responsibilities.
 - The service had a number of policies and procedures to govern activity and held regular meetings.
 - Systems were in place to encourage patient feedback.
 - The practice had an up to date statement of purpose.
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Doctorcall Manchester

Detailed findings

Background to this inspection

The head office for the provider Doctorcall Limited is based in Harley Street, London.

Doctorcall Manchester is based in St Anne's Square in the city centre of Manchester and is easily reached by public transport. The service shares the premises with other businesses and is located on the 5th floor, accessible by a passenger lift.

Doctorcall is registered to carry out the regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder and injury (TDDI).

Hours of opening are Monday to Wednesday 9am to 5pm, Thursday 2pm to 7.30pm, Friday 9am to 2pm and alternate Saturdays 9am to 1pm.

Why we carried out this inspection.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health

and Social Care Act 2008 and to look at the overall quality of the service.

How we carried out this inspection

Our inspection team was led by a CQC Lead Inspector and a GP specialist advisor.

We inspected this service on 11 December 2017. During our visit we:

- Spoke with a range of staff from the service including one doctor, the registered manager and a team leader.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed CQC comment cards where patients had shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

The service provided background information which was reviewed prior to the inspection. We did not receive any information of concern from other organisations.

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 had systems in place to provide safe care in accordance with the relevant regulations.

Safety systems and processes

- The service had recruitment procedures in place. We looked at the recruitment files of four members of staff who worked for the service. In one file we looked at there was no evidence that a Disclosure and Barring Service (DBS) check had been undertaken. We were told that a police check had been undertaken some 8 or 9 years earlier but a copy was not held on file. However this was immediately applied for and evidence was provided this had been received prior to the next shift being undertaken. DBS
- In another file there was no proof of identification. Following the inspection the registered manager produced evidence that they had obtained proof of identification.
- In two other files, of none clinical staff, a DBS had not been undertaken and a risk assessment had not been completed to evidence why not. We saw that patients were offered the services of a chaperone and staff had undertaken training. Following the inspection we were sent confirmation that DBS checks had been applied for all staff who could act as a chaperone, which included the two members of none clinical staff. We were given assurances that staff would only act as a chaperone once the DBS check had been received.
- We saw that the registered manager had undertaken checks of the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure the professional registration of staff.
- The service had safeguarding policies and access to local policies. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare or needed to report a suspected allegation of abuse. Staff spoken with demonstrated they understood their responsibilities and had received training. We saw that one clinician had undertaken training at level 2 and following the inspection we received confirmation that they had undertaken training at level 3 which is appropriate to their role.
- Infection prevention and control policies and protocols were in place and the service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules in place detailing what cleaning was to be undertaken by the external company employed to undertake the cleaning. However the domestic staff were not recording the actual cleaning that had been undertaken. Following the inspection we were sent evidence that documentation for these recordings had been implemented. We were told that an infection control lead had been appointed and the registered manager was in the process of accessing appropriate training. An environment checklist was undertaken on a regular basis and an infection control audit had been undertaken in September 2017. The registered manager told us it was their intention to undertake the audit on a three monthly basis.
- The service had appropriate infection control policies and protocols. This included appropriate clinical waste management protocols and spillage kits were available. Staff had access to personal protective equipment (PPE) and had received training on how to manage a needle stick injury. There was newly appointed infection control lead and the registered manager advised us that role specific training was being sought. Staff had received infection control training. The service had carried out infection control audits and had carried out any actions required.
- The premises were suitable for the service provided. There was an overarching health and safety policy and the service displayed a health and safety poster with contact details of health and safety representatives that staff could contact if they had any concerns. Health and safety risk assessments for the premises and materials and equipment had been carried out including a Legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and a Control of Substances Hazardous to health (COSHH) risk assessment.
- There was a fire risk assessment, fire safety equipment was tested and the service carried out fire drills every six months. We saw a floor plan was kept at reception should it be needed in the event of an emergency fire situation.

Are services safe?

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order and portable appliance testing (PAT) had been undertaken.

Risks to patients

- There were enough staff to meet the demands for the service.
- The service was not intended for use by patients with either long term conditions or as an emergency service. In the event an emergency did occur, the provider had systems in place so emergency services could be called.
- At the time of inspection the service did not have oxygen, or a risk assessment for how the service would manage in the event of a medical emergency without oxygen. However following the inspection we received confirmation that a lifeline emergency oxygen kit had been purchased and the resuscitation policy had been updated accordingly.
- Staff received annual basic life support training. The service had a defibrillator which was serviced annually. However, no other checks were carried out by the service. Following the inspection we were sent confirmation that regular checks of the defibrillator had been implemented. We saw a first aid kit was available.
- Emergency medicine for anaphylaxis was available, was regularly checked for expiry dates and were seen to be in date.
- Clinicians had professional indemnity cover to carry out their role.

Information to deliver safe care and treatment

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.

Appropriate and safe use of medicines

- The service kept a supply of vaccinations and emergency medicine for anaphylaxis.
- The arrangements for managing medicines kept patients safe, they were stored safely and checked to ensure they did not pass their expiry date.
- The fridge temperature was appropriately monitored on a daily basis, and we saw evidence of the cold chain being maintained.

Track record on safety

- The service maintained a log of all incidents and complaints.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff. Staff told us they would inform the manager of any incidents and there was a recording form available.
- The registered manager and the doctor we spoke with were aware of and complied with the requirements of the Duty of Candour. The registered manager encouraged a culture of openness and honesty.
- The service had systems in place for managing notifiable safety incidents.

Lessons learned and improvements made

- Incidents and complaints were reported, recorded and analysed. We saw an example of where an incident had occurred and this had been thoroughly investigated and lessons learnt shared with all the staff. A change of practice had been implemented as a result and the patient had been informed.
- The service received safety alerts and these were initially reviewed by the registered manager and then the doctors if appropriate. Any actions taken would be documented.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service had systems in place to provide effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

- The service offered consultations to all prospective patients and did not discriminate against any patient group.
- The provider assessed and delivered treatments in line with relevant and current evidence based guidance, standards, best practice and current legislation. This included National Institute for Health and Care Excellence (NICE) guidelines and the British Association of Sexual Health and HIV guidelines.
- Patients were seen at consultation and had a needs assessment prior to treatment being offered.
- The service undertook audits of information contained in patients' clinical notes and monitored the number of patients who failed their appointments to monitor the quality of the service being delivered. Some processes were amended as a result of the audit.

Monitoring care and treatment

- The service collected and monitored information on patients' care and treatment outcomes to help make improvements to the service delivery.
- The service monitored that guidelines were followed through audits and random sample checks of patient records. This included an up-to-date medical history, a clinical assessment and recording of consent to treatment.

Effective staffing

- The service had an induction programme for newly appointed members of staff that covered such topics as confidentiality and data protection, health and safety, infection control, accident reporting and recording and fire safety.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff,

with the exception of MCA training that was facilitated immediately following the inspection. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. All staff received annual appraisals.

- We saw a record was kept of staff training to demonstrate the training undertaken by staff.
- The two doctors who were employed and the registered nurse were on the appropriate specialist registers and were qualified to undertake the scope of their work.

Coordinating patient care and information sharing

- The information needed to deliver care and treatment was available to relevant staff in a timely and accessible way through the patient record system. This included medical records, investigations and test results.
- The service shared relevant information with other services in a timely way if appropriate and if the patient consented. Alternatively, if the patient preferred, the doctor would generate a referral letter which would be given to the patient who would be advised of appropriate, further action required and where this could be obtained.

Supporting patients to live healthier lives

- The service offered advice and support appropriate to the condition treated, including healthy lifestyle advice where relevant.

Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance.
- Part of the patient registration form included a section to obtain consent.
- The doctor we spoke with understood the principles of the Mental Capacity Act 2005 (MCA). We noted that one of doctors and the registered nurse had not undertaken MCA training. However following the inspection we received confirmation that training was purchased and would be undertaken.

Are services caring?

Our findings

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

Kindness, respect and compassion

- We observed that members of staff were courteous and helpful to patients.
- We received 39 CQC comment cards which highlighted that patients were treated with kindness and respect.
- The service carried out its own surveys by emailing patients after their consultation. The survey asked questions about the quality of care. The results were sent to the registered manager for their information on a monthly basis or with immediate effect if any responses received were negative. The registered manager told it was their intention to review the results received for 2017 and produce a quality assurance report based on the responses received.
- We looked at results for this year and found that there was high patient satisfaction rate.

Involvement in decisions about care and treatment

- Patient information guides about the service and the cost of treatments were on the website and information booklets were available in the reception and waiting area..
- Patients could book consultations with the doctor of their choice.
- CQC comment cards highlighted that patients felt they had received good advice and treatment. Comments included that patients were listened to and full explanations were given to ensure the patient fully understood treatment and/or medical tests.

Privacy and Dignity

- Patients were seen in the privacy of the consulting room to maintain privacy and dignity during examinations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The CQC comment cards we received were all positive about the service received. Patients said staff were helpful, caring and treated them with dignity and respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service had systems in place to provide responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

- The premises and facilities at the service were appropriate for the services delivered. The service was located in a shared building which was accessible to people with impaired mobility.
- The service had contact numbers for translation services if required for people whose first language was not English.
- Consultations were offered to patients who requested and paid the appropriate fee, and did not discriminate against any patient group.
- The information available made it clear to the patient what services were available to them.

Timely access to the service

- Doctorcall opening hours were Monday to Wednesday 9am to 5pm, Thursday 2pm to 7.30pm, Friday 9am to

2pm and alternate Saturdays 9am to 1pm. Patients could use a 24 hour contact number to access a private telephone consultation with a doctor when the service was closed.

- Patients booked appointments through contacting the reception at the service or online via the website.
- Feedback we received from patients was that appointments were professional, efficient and not rushed.

Listening and learning from concerns and complaints

- The service had a complaints policy and procedure. The policy contained appropriate timescales for dealing with a complaint.
- Information about how to make a complaint was available on the service's web site, included in the patient information guide and was on display in the reception /waiting area.
- We saw that complaints were reviewed, were handled correctly and patients received a satisfactory response. There was evidence of learning as a result of complaints, changes to the service had been made following a complaint, and these had been communicated to staff.

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 had systems in place to provide well-led care in accordance with the relevant regulations.

Leadership capacity and capability

- There was a clear leadership structure and staff employed understood their roles and responsibilities.
- Staff told us that the manager was supportive, approachable and operated an open door policy.
- The service had a whistleblowing policy in place that was available to all staff. A whistle blower is someone who can raise concerns about practice or staff within the organisation. Staff we spoke with said they felt supported and confident in raising any issues which they felt would be listened to.

Vision and strategy

- The service had a clear vision and set of values to work together to provide a high quality responsive service that put caring and patient safety at its heart. The company had monthly business development meetings.

Culture

- The service had an open and transparent culture and we saw that staff had good relationships with each other.
- The culture of the service encouraged candour, openness, honesty and there was a no blame culture.
- The leadership was clear about the patient consultation process and the standard of care expected.

Governance arrangements

- There was a clear organisational structure and staff were aware of their own roles and responsibilities.
- There was a range of policies and procedures which were available to all staff and were reviewed on an annual basis or sooner if required.
- There were appropriate arrangements for identifying, recording and managing risks.

- Staff meetings were regularly held and minutes were taken.

Managing risks, issues and performance

- There was a variety of daily, weekly and monthly checks in place to monitor the service and manage any risks associated with the premises.
- We saw there were effective arrangements in place for identifying, recording and managing risks; which included risk assessments and significant event recording.
- A business contingency plan was in place for any potential disruption to the service.

Appropriate and accurate information

- Systems were in place to ensure that all patient information was stored and kept confidential.
- There were IT systems in place to protect the storage and use of patient information.
- Staff were aware of data protection and the need for patient confidentiality.

Engagement with patients, the public, staff and external partners

- The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback following the delivery of the service in the form of a satisfaction survey.
- The registered manager gathered feedback from complaints received. These were then analysed and appropriate actions implemented.

Continuous improvement and innovation

- The staff team worked together and worked towards continuous improvement. Staff told us they enjoyed working for the service and felt valued and listened to.
- We saw that regular team meetings were held and we were told any issues or concerns could be raised and discussed at these meetings. We saw minutes were taken of the meetings.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

Enforcement actions

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.