

London Doctors Clinic Ltd

Waterloo

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 14 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 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.

London Doctors Clinic Ltd, Waterloo is an independent provider of medical services. The service provides general practice services on a single visit basis (the service does not regularly manage long term conditions). Services are provided from Mercury House, 117 Waterloo Road, London, SE1 8UL in the London borough of Lambeth. All of the services provided are private and are therefore fee paying, no NHS services are provided at the site.

The service is open seven days a week from 8am to 8pm. The service has practitioners who may be available out of these hours in the event that existing patients need to speak to clinicians, but does not offer elective care outside of these hours.

The premise is located on the first floor, which is accessible by a lift. The property is leased by the provider and the premises consist of a patient reception area, and two consulting rooms.

The provider supplies private general practitioner services. The senior manager of the company is also 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

Summary of findings

'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 13 comment cards which were all extremely positive about the standard of care received, across the services offered. Comments included that staff, were kind, caring, polite, friendly, helpful and patients said they were treated with dignity and respect.

Our key findings were:

- The service had systems in place to manage significant events.
- Risks to patients were assessed and managed, the service held emergency medicines and equipment.
- Policies and procedures were in place to govern all relevant areas.
- Clinicians assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had received essential training and adequate recruitment and monitoring information was held for all staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available online, but not in the reception area, and was easy to understand.
- Patients were provided with information relating to their condition and where relevant how to manage their condition at home.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service sought feedback from patients, which showed that a large majority of patients were satisfied with the service they had received.
- The service was aware of and complied with the requirements of the Duty of Candour.

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

- Consider advertising the complaints process in the reception area.

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 was a system for recording and acting on significant events and incidents. The service had a policy in place regarding notifiable safety incidents under the duty of candour.
- There were systems to assess, monitor and manage risks to patient safety.
- Staff knew how to identify signs of abuse in children and young adults and we saw instances where concerns had been escalated to the appropriate authorities.
- There were arrangements in place for responding to medical emergencies.
- The service had undertaken appropriate recruitment and monitoring checks for staff.
- There were safe systems and processes in place for the prescribing and dispensing of medicines, however the name and address needed to be included on all dispensed medicines labels.

Are services effective?

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

- Systems and processes were in place to ensure clinical care was provided in accordance with current evidence based guidance.
- The quality of patient care was monitored regularly through effective governance processes.
- There was a comprehensive system in place to identify and monitor mandatory training; staff had completed the required mandatory training relevant to their roles.
- Systems were in place to share information in line with GMC guidance between external services. The service would contact the patient's NHS GP when authorised to do so.
- Costs associated with the service were shared with service users in an open and transparent way.

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 rights.
- Feedback from patients was positive and indicated that the service was caring and that patients felt listened to and supported.
- The service had systems in place to engage with patients and collate feedback using a survey emailed to all patients after their appointment.
- Patients medical records were all stored electronically.

Are services responsive to people's needs?

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

- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- The provider was accessible to patients and the service focused on serving patients working in or visiting central London.
- Feedback from patients indicated that the service was easily accessible.

Summary of findings

Are services well-led?

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

- The provider had a clear vision and strategy and there was evidence of good leadership within the service.
 - Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
 - There was a culture which was open and encouraged improvement.
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Waterloo

Detailed findings

Background to this inspection

London Doctors Clinic Waterloo is part of London DoctorsClinic Limited which is a provider of private generalpractitioner services across nine locations in Central London. The service is locatedat Mercury House, 117 Waterloo Road, London, SE1 8UL in the London borough of Lambeth. The provider offers the following services: Blood Tests, Specialist Referrals, Certificates and Medicals, Sporting Medical Certificates, Hay Fever and Allergy Treatment, Walk-in Doctor Appointments, Imaging, Investigations and Procedures, Wellman and Wellwoman Screens, Immigration and Visa Medicals, Weight Management, Medications and Prescriptions, Work Medicals, Men's Health and Women's Health, After Travel Health Checks, Sexual Health and Hotel Doctor Services.

The service is registered with CQC to undertake the following regulated activities: Treatment of Disease, Disorder or Injury, Diagnostic and Screening Services and Maternity and Midwifery services.

It was inspected on the 14 March 2018. The inspection team comprised a lead CQC inspector, a second CQC inspector and a GP Specialist Advisor.

GPs are the only clinical staff employed by the provider. Patients could book appointments on the same day or up to a week in advance. The service did not manage patients with long term conditions or immunisations for travel or childhood immunisations.

During the inspection we spoke with GPs and the clinical services manager, analysed documentation, undertook observations and reviewed completed CQC comment cards.

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 and track record on safety

The service had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- The service had defined policies and procedures which were understood by staff. There was a system in place for reporting and recording significant events and complaints.
- Where there were unexpected or unintended safety incidents there were processes and policies in place which showed the service would give affected people reasonable support, truthful information and a verbal or written apology.
- There were notices advising patients that chaperones were available if required. 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 comprehensive induction programme in place for clinical and non-clinical members of staff. We saw that staff had received the required mandatory training including basic life support, infection control, fire safety, safeguarding and information governance.
- We reviewed two personnel files which demonstrated checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body, and the appropriate checks through the DBS.

The service had arrangements in place to respond to emergencies and major incidents.

- The service held stocks of emergency medicines, and had equipment for use in emergencies for example oxygen and defibrillator. All medicines were in date, and equipment had been serviced. Both equipment and medicines were regularly checked.

- The service had a business continuity plan in place for major incidents such as power failure or building damage.

Risks to patients

The service had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies and protocols had been developed which covered safeguarding, whistleblowing, and consent. The policies clearly outlined processes to be adhered to, and detailed whom the lead clinician should contact in the event of a safeguarding concern.
- There were alerts on the system which flagged vulnerable adults and children and a monthly newsletter was circulated within the organisation which highlighted children at risk.
- There were enough staff, including clinical staff, to meet demand for the service.
- There were effective systems in place for managing referrals and test results.
- The provider had systems in place for checking the identity of patients attending the service; including protocols to ensure parental authority was gained for children attending the service.
- All GPs had received training on safeguarding children and vulnerable people relevant to their role (level 3), and had undertaken basic life support training. All other staff at the service had undertaken safeguarding training and were aware of when to escalate issues to the lead clinician.
- The service checked patient identities, and if an adult attended with a child checks were made to ensure that the adult had the authority to make decisions on behalf of the child.

Information to deliver safe care and treatment

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. This included investigation and test results, health assessment reports and advice and

Are services safe?

information about treatment provided. The service patient record system was used at all nine sites and clinicians could access the records of patients at any of these sites or remotely. The system was secure and backed up.

Safe and appropriate use of medicines

- There were systems, policies and processes in place to ensure that medicines were prescribed and dispensed safely. The practice dispensed a number of medicines with the exception of controlled drugs. There was a standard operating procedure in place for these medicines, all medicines were securely stored and there were effective stock control systems in place. Medicines were dispensed by a GP at the time of the consultation. Details of the medicine's batch number would be recorded in patient notes.
- Private prescriptions were generated from the patient record system and there were no paper prescriptions in the service.
- GPs prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

Infection control and premises

- The service maintained appropriate standards of cleanliness and hygiene, the clinical rooms and the waiting area were seen to be clean and well maintained. The cleaning staff had a checklist detailing what should be cleaned, but where clinical equipment was cleaned before and after procedures this was not always recorded.
- The service had an infection control policy and procedures were in place to reduce the risk and spread of infection, the service had carried out an infection control risk assessment.

- All staff at the service had been trained in infection control.
- There was a sharps injury policy of which the lead clinician was aware.
- The service had clinical waste disposal processes in place. The service had access to the legionella risk assessment for the premises and was aware of the control measures in place (Legionella is a bacterium which can contaminate water systems in buildings).

Track record on safety

The service used a significant incident form to document and record incidents. Staff we spoke with on the inspection all knew how to access this form. We saw examples of incidents that had been recorded including evidence of discussions and learning outcomes. We saw evidence that the service improved their systems following incidents and learning was communicated to all staff.

The service had a system in place for reviewing and acting upon patient safety alerts. There was a responsible clinician who would review all alerts and ensure that the appropriate action was taken and documented in response to these alerts.

Lessons learned and improvements made

The service was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and/or written apology.

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 service was aware of relevant and current evidence based guidance and standards, best practice and current legislation, including National Institute for Health and Care Excellence (NICE) best practice guidelines which the provider reviewed and utilised.

- The service had incorporated a prescribing reference tool into their clinical system to ensure that clinicians had access to the most up to date prescribing guidance.
- The service assessed needs and delivered care in line with relevant and current evidence based guidance.
- The service had minuted copies of clinical and governance meetings where patient care was discussed.
- After care plans were provided to patients where required.

Monitoring care and treatment

- We saw evidence that monthly audits were undertaken of consultation notes for each clinician working for London Doctors Clinic to ensure that consultations were safe, based on current clinical guidance, that medicine batch numbers were recorded and that tests were clinically indicated or ethically requested. Clinicians were then provided with feedback on the quality of their consultation.
- The service had completed first cycle audits of prescribing Propanolol and the management of patients who had tested positive for gonorrhoea. As the service was new there had not been time to complete a second cycle, but this was scheduled in both cases.

Effective staffing

- The provider had an induction programme for all newly appointed staff. There was role specific induction programmes in place. For example, there were separate induction programmes in place for non-clinical staff and clinical members of staff. The induction programme for GPs included supervised clinics.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. The service had systems in place to ensure that all staff had completed relevant training and that they were appraised on an annual basis.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Staff involved in handling medicines received training appropriate to their role.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

- When a patient contacted the service they were asked if the details of their consultation could be shared with their registered GP. If patients agreed we were told that a letter was sent to their registered GP.
- If patients required urgent diagnostic referrals they would be advised to contact their NHS GP who would make the referral. The service would provide a letter for the patient to give to their GP with the relevant information from the consultation. We saw evidence that the service shared concerns with patients GP.

Consent to care and treatment

- The service sought patients' consent to care and treatment in line with legislation and guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The process for seeking consent was monitored through record audits to ensure it met the clinics responsibilities within legislation and followed relevant national guidance.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

Are services caring?

Our findings

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

Kindness, respect and compassion.

We saw that the service treated patients with dignity and respect.

- Clinical appointments were half an hour long so all elements of care could be explained and there was sufficient time to answer patients' questions.
- The service had access to a range of information and advice resources for parents that they could take away with them to refer to at a later time.
- Staff we spoke with were aware of their responsibility to respect people's diversity and rights.

We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received 13 completed comment cards all of which were positive and indicated that patients were treated with kindness and respect. Patients said that they found staff helpful and would recommend the service to others. Following consultations, patients were sent a survey asking for their feedback. Patients that responded indicated they were very satisfied with the service they had received.

Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results.

Involvement in decisions about care and treatment

The majority of feedback from the service's own post consultation survey indicated that patients felt listened to and involved in decisions made about their care and treatment. Where there were negative comments the service reviewed the feedback and, where required, took action.

We saw evidence that the service gave patients clear information to help them make informed choices about the services offered. The service did not have a hearing loop and would communicate with patients with hearing disabilities in writing.

Privacy and Dignity

- Doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Staff receiving patients knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients' medical records were securely stored electronically.

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 was accessible to all patients as there was a lift from the ground floor.
- The website for the service was clear and easy to understand. The service made it clear to patients on their website what services were offered and the limitations of the service. For example the provider did not provide services for management of long term conditions or childhood immunisations. If a patient attended the service and the provider did not provide what the patient required they were not charged and referred to another service either within the private sector or the NHS.
- The waiting area was large enough to accommodate the number of patients who attended on the day of the inspection.
- Toilet facilities were available for patients attending the service.

Timely access to the service

The service was offered on a private, fee-paying basis only, and as such was accessible to people who chose to use it.

The service was open Monday to Friday from 8am to 8pm seven days per week. The service did not offer out of hours services on the premises but on call clinicians were available to discuss ongoing care to existing patients outside of opening times. Feedback from both the comment cards and the provider's own survey indicated that access was good and patients obtained appointments that were convenient.

Listening and learning from concerns and complaints

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

- There was a designated responsible person who handled all complaints.
- Information on how to make a complaint was available on the service's website, but not in the patient waiting area.

The service had received seven complaints in the past year, and in all cases we saw they were managed appropriately. For example, a patient had contacted the service to say that results of tests had not been available in the time anticipated. This had been due to a delay at the laboratory where the tests were managed. The service had apologised to the patient and refunded the cost of the test.

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 providing well-led care in accordance with the relevant regulation.

Leadership capacity and capability;

- There was clinical leadership and oversight.
- Staff told us that there was an open culture within the service and felt they could raise any issues with managers of the service.
- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.

Vision and strategy

The provider had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and plans for future development.
- The service strategy was focused on satisfying a demand for same day quick and convenient access to GP appointments in Central London. There were plans in place to expand this to other locations in the future.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

- The service had an open and transparent culture. Staff told us they felt confident to report concerns or incidents and felt they would be supported through the process.
- Leaders and managers told us that they would act on behaviour and performance inconsistent with the vision and values. We saw evidence on this during inspection which included support and training for the member of staff.
- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- There was evidence of internal evaluation of the work undertaken by clinical staff.
- There were positive relationships between staff.

Governance arrangements

There was evidence of effective governance systems in place.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There were regular meetings held to support governance systems. We saw evidence from minutes of meetings that allowed for lessons to be learned and shared following significant events and complaints.

Managing risks, issues and performance

- There were procedures for assessing, monitoring and managing risks to the service. We saw evidence that risks were managed effectively.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audits of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts.
- Clinical audit had a positive impact on quality of care and outcomes for patients. Feedback would be given to individual clinicians as a result of monthly audits of the clinical records in order to ensure that the service provided reflected current guidelines and that tests ordered were necessary and ethical.
- The systems used to for identify, understand, monitor and address current and future risks were effective.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The service used information technology systems to monitor and improve the quality of care. For example, we saw evidence of patient warnings on the clinical system warning GPs of patients that were known to the service for trying to obtain prescriptions. These warnings were available across all nine locations.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

Are services well-led?

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

The practice took on board the views of patients and staff and used feedback to improve the quality of services.

- The service had a system in place to gather feedback from patients and staff and we saw that the service acted on this feedback.
- The service had received 13 CQC comment cards, all were positive.

Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels within the service. The manager told us that the provider and staff at this location consistently sought ways to improve the service. The provider would highlight areas for improvement for patient record audits and held monthly continuing professional development sessions for GPs.