

The Surgery

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection 7 March 2018 - Unrated)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Surgery on 20 June 2019 to follow up on breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

CQC inspected the service on 7 March 2018 and asked the provider to make improvements regarding managing medicines and safety alerts, communication with NHS GPs, staff training and quality improvement. We checked these areas as part of this inspection and all of these had been resolved except staff training.

The provider offers face to face consultations and examinations at the clinic and during visits to people (UK and overseas patients) in their home or other places that they are staying such as hotels or care homes. The service informed us that the majority of the patients they see are from overseas and they rarely used the clinic to see patients.

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.

We received four Care Quality Commission comments cards from patients; all were positive about the service experienced.

Our key findings were :

- The service had systems to manage risk so that safety incidents were less likely to happen.
- The service had systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns. Staff received safeguarding training relevant to their role.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured care and treatment was delivered according to evidence-based guidelines.
- Staff we spoke to were aware of current evidence-based guidelines and they had the skills, knowledge and experience to carry out their roles.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Consent procedures were in line with legal requirements.
- Systems were in place to protect personal information about patients.
- The service proactively gathered feedback from patients.
- There was a focus on learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

- Review systems to check expiry dates of blood test bottles.
- Review arrangements in place for chaperones.
- Review oversight of staff update training.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist adviser.

Background to The Surgery

Visiting Doctor Services Ltd 1 Warwick Gardens, London Road, Thornton Heath CR7 7NA is an independent provider of medical services and treats adults and children over three years of age in and around London. The service is led by the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The premises houses an NHS dental service which is also operated by the same registered manager.

The provider offers face to face consultations and examinations at the clinic and during visits to people in their home or other places that they are staying such as hotels or care homes. Services are available to people on a pre-booked appointment basis. The service informed us that they see approximately 40 patients a month.

The service employs one doctor who is the medical director.

The clinic has a reception and waiting area and one consulting room used by this service.

Visiting Doctor Services is registered with the Care Quality Commission to provide the regulated activity treatment of disease, disorder or injury.

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?

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were reviewed. They outlined who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority to give consent.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. 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.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The patients had no access to a formal chaperone. The provider informed us that when patients call for an appointment they were asked if they would like a chaperone to be present during their appointment and said that the patients' relatives acted as chaperones.
- There was a system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The lead clinician triaged patients before visiting them.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines and equipment minimised risks. However, we found expired blood test bottles. When we raised this with the provider they informed they were already aware of this and had already ordered new stock. They showed us evidence of the order placed and informed us they had received it following the inspection.
- The service had emergency medicines to deal with a range of medical emergencies; however, they did not have medicines to deal with bacterial meningitis, epileptic seizures, left ventricular failure and severe pain. They had not performed a risk assessment to ascertain what emergency medicines they required. After we raised this issue with the provider the service completed a risk assessment to determine the need for these medicines and sent us evidence to support this the day following the inspection; we reviewed this risk assessment and found it was adequate; the provider had decided not to keep these medicines.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of patients including children.

Are services safe?

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments in relation to safety issues within the premises.

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. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service

informed us that they had not had any incidents or significant events in the last year so we were not able to review any incidents or significant events to demonstrate that the service learned and shared lessons, identified themes and took action to improve safety in the service.

- 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.
- There was a system for receiving, acting and monitoring the implementation of medicines and safety alerts and we saw evidence to support this.

Are services effective?

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- Patients' needs were fully assessed.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was involved in some quality improvement activity. For example, the service undertook an audit to ascertain how many patients were prescribed antibiotics for upper respiratory tract infections (URTI) according to evidence-based guidelines. During the period March to June 2019 the service had seen 27 patients with URTI and only prescribed antibiotics to six patients (22%) which was found to be appropriate and they informed all the 27 patients completely recovered.

The service had completed an audit to ascertain the time patients wait for the doctor to reach the patients' home or place of residence. The service found that at peak time they needed 120 minutes on average to reach the patients depending on their location. Following this audit, during peak times the service informed patients that they would need around 120 minutes to reach them.

Effective staffing

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

- All staff were appropriately qualified.
- The lead clinician had received mandatory training including basic life support, safeguarding children and adults. However, we found the lead clinician had not received infection prevention and control, Mental

Capacity Act and information governance training. After we raised this with the provider, the lead clinician completed these training courses online the day following the inspection and sent us evidence to support this.

- Clinicians were registered with the General Medical Council (GMC) and were up to date with revalidation.

Coordinating patient care and information sharing

Staff worked well with other organisations, to deliver effective care and treatment.

- Clinicians referred to, and communicated effectively with, other services when appropriate. For example, the service communicated with the patients' NHS GPs on patients' consent as required and we saw evidence to support this.
- The lead clinician confirmed they referred patients to NHS or private service when required. The service had a referral form to make private referrals and had appropriate referral pathways.

Supporting patients to live healthier lives

- Where appropriate, staff gave people advice so they could self-care.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. However, the lead clinician had not received training on Mental Capacity Act.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. For example, the provider had conducted a patient satisfaction survey during January and May 2019 and received feedback from 156 patients; the results indicated 146 patients rated the service as either excellent or very good.
- Staff understood patients' personal, cultural, social and religious needs.
- All of the four patient Care Quality Commission comment cards we received were positive about the service experienced.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- The service gave patients clear information to help them make informed choices.
- The service's website provided patients with information about the services available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The provider stored paper records securely.

Are services responsive to people's needs?

Responding to and meeting people's needs

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

- The facilities and premises were appropriate for the services delivered. For example, there was an accessible toilet and baby changing facilities.
- All patients attending the service referred themselves for treatment; none were referred from NHS services. The service informed us they referred patients to other services when appropriate and we saw evidence to support this.

Timely access to the service

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

- The majority of patients were seen by the service as visits by the lead clinician to the patients' home or their place of residence.

- The service informed us that most of the patients they saw were from overseas.
- The service had access to interpretation services when patients were seen in the clinic; patients were also informed about multilingual staff.
- Patients had timely access to appointments.
- The appointment system was easy to use.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately.

- Information about how to make a complaint or raise concerns was available.
- The service had complaint policy and procedures in place. The service had received one complaint in the last year which was satisfactorily handled in a timely way.

Are services well-led?

Leadership capacity and capability

The lead clinician had the capacity and skills to deliver high-quality care.

- The registered manager and lead clinician were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The registered manager and lead clinician were visible and approachable.

Vision and strategy

- The service had a vision to deliver high quality care and promote good outcomes for patients.

Culture

The service had a culture of high-quality care.

- Staff felt respected, supported and valued.
- 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.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff received regular appraisals in the last year.
- The service actively promoted equality and diversity.

Governance arrangements

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

- The lead clinician had overall responsibility for the management and day to day running of the service and was supported by the registered manager.
- Structures, processes and systems to support good governance and management were effective; however, this was not effective in relation to identifying training relevant to their role.

- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves they were operating as intended.
- The service held quarterly governance meetings.

Managing risks, issues and performance

There were 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.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients to support high-quality services.

- The service had a system in place to gather regular feedback from patients. They obtained feedback from patients after each consultation.

Continuous improvement and innovation

- There was a focus on continuous learning and improvement.
- The lead clinician was in the process of completing a qualification in travel medicine; the provider had plans to include travel medicine in the services provided in the future.