Clockwork Retail Limited

Clockwork Private Health Centre

Inspection report

398-400 Mare Street
Hackney
London
E8 1HP
Tel: 02089851635
Website: www.clockworkpharmacy.com

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Overall summary

We carried out an announced comprehensive inspection on 22 February 2018 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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and also 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.

Our key findings were:

- There was a clear leadership structure and staff felt supported by management.
- The service proactively sought feedback from staff and patients, which it acted on.
- Information about services and how to complain was available and easy to understand.
- Appointments with the GP were readily available and flexible to meet the needs of the individual patient.

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

- Review the availability of local and national prescribing guidelines including those relating to antibiotics.
- Review the system for recording the sharing of information with patients' NHS GPs.
- Review all policies and procedures to specifically reflect the service offered and in particular the medicines policy in relation to monitoring high risk medicines.

Summary of findings

- Review the systems and processes for accessing local treatment guidelines.
- Review the systems and processes for recording significant events and consider widening the scope of the system to include positive events.

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 generally providing safe care in accordance with the relevant regulations. However, we found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not have formal arrangements in place to access local guidelines and policies were not always tailored to reflect the service provided.

- Although there was a system for reporting and recording significant events, staff told us that no significant events had occurred. Staff we spoke to were aware of the policy and procedure.
- The GP attended training events to enhance and update their knowledge and learning. However, there was no formal arrangement in place to access local guidelines.
- Risks to the patients using the service were assessed and well managed. We saw evidence that a proactive approach to anticipating and managing risks to people who use the service was taken.
- The service had policies and procedures to keep patients safe and safeguarded from abuse. This included high risk medicines. However, whilst the service had not at any time been required to prescribe or manage a patient in receipt of high risk medicines, there was no formal contingency in place to specify how the testing requirements would be managed.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations. However, we found areas where improvements should be made relating to the effective provision of treatment. This was because the provider did not have formal arrangements in place to access local guidelines.

- Staff assessed needs and delivered care in line with evidence based guidance and training received. However there was no formal arrangement to access local guidelines.
- Clinical audits demonstrated improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

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 provide services to meet people's needs in relation to diversity and human rights.
- The service had a small consulting room, which was private, and maintained the patient's dignity during consultation and examination.
- There were signs offering the services of a chaperone in the waiting area and in the consulting room.

Are services responsive to people's needs?

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

- Information about services was available.
- The service had a complaints policy and procedure. The service had not received any complaints in the last 12 months.

Summary of findings

- The service actively sought feedback from patients and conducted six monthly surveys.
- The service was co-located with a travel vaccination clinic and a dispensing pharmacy.
- Consultations took place either on the telephone or face to face within 24 hours of a request being received.

Are services well-led?

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

- The service had a clear vision and strategy to deliver care.
- Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The service had a number of policies and procedures to govern activity and held regular governance meetings. However, a number of policies were not specifically tailored to the service provided and contained additional detail that wasn't relevant to the service being provided.
- The provider was aware of the requirements of the duty of candour. The service encouraged a culture of openness and honesty and had systems for notifiable safety incidents.
- The service proactively sought feedback from staff and patients.
- There was a focus on continuous learning and improvement at all levels.

Clockwork Private Health Centre

Detailed findings

Background to this inspection

Clockwork Retail Limited is an independent provider of medical services situated in Hackney, London. Services are provided from Clockwork Private Health Centre 398-400 Mare Street, Hackney, London E8 1HP. It is registered with the CQC to provide the regulated activities of Diagnostic and screening procedures and Treatment of disease, disorder or injury. The provider operates from a community pharmacy which provides services which are exempt from regulation by the CQC, as set out in Schedule 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Those services are regulated separately by the General Pharmaceutical Council.

The service does not have any patients formally registered with the service. The service offers private GP consultations to both UK residents and non-residents, but most service users are people who are visiting the UK and who require additional medicines for pre-existing medical conditions.

One of the pharmacists 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.

The service staff consists of four pharmacists (including the registered manager) and a male GP who conducts telephone consultations and attends to see patients as and when required. There is a waiting area and private consultation room on the ground floor. Toilet facilities are available for patient use.

Clockwork Private Health Centre is open Monday to Wednesday and Friday between 9am to 7pm, and on Thursdays and Saturdays from 9am to 6pm. Appointments are available during opening times.

There were no patient appointments scheduled during the inspection and we did not speak to any service users. Four Care Quality Commission comment cards had been completed, all of which were positive about the service. One of these related to the pharmacy services and was therefore not relevant to our inspection. Patients commented that the service made them feel comfortable and that they were seen very quickly.

Data provided by the service showed that the average number of patients seen per calendar month is 18. Of those patients an average of 14 are non-UK resident and four are resident in the UK.

The service conducted six-monthly patient satisfaction surveys. During the survey conducted between 14 August 2017 and 30 October 2017, 36 satisfaction survey forms were submitted. The service analysed the results and we saw evidence that the response was 98% positive. The service discussed survey results at the quarterly team meetings.

We carried out an announced comprehensive inspection on 22 February 2018 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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a CQC Pharmacist Specialist.

Detailed findings

Before visiting, we reviewed a range of information we hold about the service. During our visit we:

- Spoke with staff including the GP and pharmacists.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

Are services safe?

Our findings

We found the service was providing safe care. We found some areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not have formal arrangements in place to access local and national guidelines. Whilst detailed, the medicines policy and procedure required tailoring to reflect the specific business needs.

Safety systems and processes

- The service had a system in place to manage safety alerts.
- All staff employed in the service had received a Disclosure and Barring Services (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 arrangements for managing emergency medicines kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The service did not have its own separate stock of any other medicines.
- The GP issued private prescriptions as appropriate and patient information clearly advised that these prescriptions could be taken to any pharmacy. Patients were not required to use the onsite pharmacy.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Risks to patients

- Risks to the patients using the service were assessed and well managed and we saw evidence that a proactive approach to anticipating and managing risks to people who use the service was taken.
- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The service had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. 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 and infection control and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- Guidance on emergency medicines is provided by the Resuscitation Council UK and contained in the British National Formulary (BNF). However, we did not see evidence of a formal risk assessment to determine what may be needed in the event of a medical emergency. We saw that a defibrillator and adrenaline were available, in date and checked regularly. All staff were trained to the required level in first aid including basic life support. Some of the medicines needed to deal with an emergency were stocked in the adjacent pharmacy, but there was no oxygen on site. We raised these points with the registered manager. The service submitted evidence on 23 February 2018 that a risk assessment had been completed, relevant emergency medicines separately listed and stocked and on-site oxygen arranged with an on-going contract.

Information to deliver safe care and treatment

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. All staff had received training in safeguarding adults and children. The service lead for safeguarding was one of the pharmacists. They and the GP had been trained to level 3.
- The GP was subject to revalidation and we saw evidence that there was a system in place to ensure this was conducted in a timely manner.
- A notice in the reception area and consultation room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role.
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- There was an infection control protocol in place and staff had received training. We also saw evidence that an infection control audit had been undertaken.

Are services safe?

Safe and appropriate use of medicines

- The service had introduced a policy to manage the prescribing of medicines liable to misuse, and was able to demonstrate through audit that they minimised risks. However the overall medicines policy was generic and did not specifically reflect the activities provided by the service.
- The GP attended private clinical education training events to enhance and update his knowledge and learning. However, there was no formal arrangement in place to access local prescribing guidelines, including those relating to antibiotics. However, very few antibiotics were prescribed by the service.
- Most patients attended the service on a one-off basis as temporary residents, seeking continuation prescriptions for existing conditions while visiting the area. The majority of patients were not registered with an NHS GP. The service had a policy to govern prescribing. The policy included the possibility of prescribing up to 6 months treatment when the doctor considered it in the patient's best interests. The policy also included a reference to high risk medicines and others which required monitoring through testing and staff were fully aware. However, there was no written procedure in place to inform staff how and where monitoring services would be accessed. Staff told us that medicines requiring monitoring had never been requested or prescribed. We did not see any evidence to the contrary.
- We saw that some patients were prescribed to without informing their GP. Staff told us they would be more proactive in encouraging patients, who were registered with an NHS GP, to consent to keeping the GP fully informed of treatment. All patients received a letter detailing their treatment. Patients visiting from overseas were able to use this to update their own health care provider.
- The GP developed and authorised PGDs for use in the provider's affiliated pharmacies. They were not for use within the service. We did not see evidence that the governance process was fully documented. However, the service submitted evidence on 23 February 2018 demonstrating that the development and review of PGDs was consistent and in line with regulations.
- Private prescription forms were printed as needed from a secure computer. Controlled drugs were not prescribed.
- The registered manager informed us that all staff had access to the National Institute for Health and Care Excellence (NICE) guidance for prescribing.

Track record on safety

- The service received the relevant national medicines and patient safety alerts and recorded any action taken. We saw evidence of the process that was in place to record how they had been reviewed and communicated to staff.

Lessons learned and improvements made

- The service had policies and procedures in place to record and manage significant events within the definition laid down by the General Medical Council. Staff were aware of these procedures. It had not, however, considered the potential learning opportunities from recording positive significant events. The policies and procedures incorporated instructions to staff to give people affected by unexpected or unintended safety incidents reasonable support, truthful information and a verbal and written apology. They also required written records to be kept of verbal interactions as well as written correspondence.
- The provider was aware of 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 effective?

(for example, treatment is effective)

Our findings

We found the service was providing effective care. However, we found areas where improvements should be made relating to the effective provision of treatment. This was because the provider did not have formal arrangements in place to access local guidelines and the process for seeking consent to share patients healthcare information with their NHS GPs did not sufficiently record action taken in the event of their consent being withheld.

Effective needs assessment, care and treatment

- Staff assessed needs and generally delivered care in line with evidence based guidance and training received. However, there was no formal arrangement to access local guidelines.
- The majority of people who used the service attended on a one-off basis, as temporary residents, seeking repeat prescriptions for existing conditions. The majority of these people were non-UK residents, not registered with an NHS GP.

Monitoring care and treatment

The provider had carried out four clinical audits over the last two years, and we saw that changes had been made to improve the service. One audit reviewed the extent to which the practice recorded blood pressure when prescribing antihypertensives (medicines to reduce blood pressure), and blood glucose levels when prescribing medicines for diabetes. The first cycle, carried out in 2016, showed that 71% of patients on medicine for blood pressure and 75% of patients on medicine for diabetes had the appropriate measurements recorded. The audit was repeated in 2017 and the results had improved to 88% and 86% respectively. A further audit cycle is planned for 2018 to check that the improvement is maintained.

Effective staffing

Staff had the skills, knowledge and/or experience to deliver effective care and treatment. The service had an induction programme for all newly appointed staff. This covered such topics as, fire safety, health and safety, emergency procedures, waste handling, manual handling, practice policies and procedures, confidentiality and disciplinary procedures.

Coordinating patient care and information sharing

The GP signposted to the NHS out of hours services and accident and emergency as appropriate. We saw evidence of effective communication with an NHS GP.

Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Where patients were registered with an NHS GP, staff sought their consent to share patients' healthcare information with that GP. Relevant patient identity checks were conducted. However, the procedure did not include a process to formally record consideration given to declining treatment, if appropriate, when a patient withheld their consent to information being shared
- Where the patient attending was a child, the service asked to see a birth certificate and/or a letter of guardianship together with photographic identification for both the child and the adult. Consent for the care and treatment was recorded.
- A notice clearly displaying the fees charged for private health care services was posted in the waiting area.

Are services caring?

Our findings

Kindness, respect and compassion

- Staff we spoke with were aware of their responsibility in relation to people's diversity and human rights.
- Staff we spoke to were fully aware of the importance of confidentiality and Data Protection legislation.
- Staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All three of the relevant Care Quality Commission (CQC) comments cards that we were received in relation to the service were positive about the manner in which they were treated by staff.

Involvement in decisions about care and treatment

- Staff told us that patients were normally seen by the GP on only one or two occasions and that the majority were seeking additional advice, support or medicines for a pre-existing condition, for which they were already being treated by their registered doctor.
- Staff told us that translation services were available.

Privacy and Dignity

- The service had a small consulting room which was private and maintained patients' privacy and dignity during consultation and examination. The door could be locked from the inside during any examination. A folding screen was available for additional privacy.
- There were signs offering the services of a chaperone in the waiting area and in the consulting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Information about services was available and the service was co-located with a travel vaccination clinic and a dispensing pharmacy.

This service provided healthcare for patients who do not have access to the National Health Service (NHS) and those who preferred to seek a private GP consultation. The majority of patients were visiting from overseas and in need of additional prescription medicines.

Timely access to the service

Formal clinic times were not in place and access to the service was directly in response to demand. Patients seeking a consultation with the GP were referred promptly. Upon receipt of a request, the GP was contacted by telephone and either a telephone consultation conducted or a face to face consultation arranged to take place within twenty-four hours.

Listening and learning from concerns and complaints

The service had a policy and procedure in place to manage concerns and complaints. However, they had not received any complaints within the last twelve months. The policy incorporated a process to communicate with the patient during the investigation into the complaint, offer a written apology where appropriate and disseminate learning to staff.

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;

The service had a mission statement which was displayed in the waiting areas and staff knew and understood the values.

Vision and strategy

The service had a clear vision and strategy to deliver care. Staff were clear about the vision and their responsibilities in relation to it. There was a clear leadership structure and we saw evidence of succession planning.

The service had a number of policies and procedures to govern activity and held regular governance meetings. However, a number of policies were not specifically tailored to the service provided and were more extensive than necessary. For example, the infection control policy dealt with single use sterile equipment of which there was none. These policies would benefit from review.

Culture

The provider was aware of the requirements of the duty of candour and staff we spoke to were fully aware of those requirements. The service encouraged a culture of openness and honesty and had systems for notifiable safety incidents.

Staff we spoke to told us that they were supported by management and encouraged to contribute ideas and raise issues at the quarterly governance meetings. They also felt able to raise any urgent matters at any time.

Governance arrangements

There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

Service policies were implemented and were available to all staff.

An understanding of the ethos and performance of the service was maintained.

The service proactively sought feedback from staff and patients.

A programme of clinical and internal audit was used to monitor quality and to make improvements.

Managing risks, issues and performance

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Engagement with patients, the public, staff and external partners

Patient satisfaction surveys were conducted every six months. The results were displayed in the waiting area. During the survey conducted between 14 August 2017 and 30 October 2017 36 satisfaction survey forms were submitted. The service analysed the results and we saw evidence that the response was 98% positive. The service discussed survey results at the quarterly team meetings.

Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels. Staff were actively encouraged to undertake additional training. One of the pharmacists was studying to become an independent prescriber to enhance the service offered.