

Doctorcall Limited

Dr Kelly & Associates - London Wall

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 12 April 2018 to ask the service the following key questions: Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

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

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

Dr Kelly & Associates - London Wall is part of Doctorcall Ltd. It provides private primary healthcare appointments to adults over 18 years of age and has arrangements in place for secondary referral to diagnostic and specialist services as appropriate.

The practice manager is the Registered Manager for the 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.

Our key findings were:

- Systems were in place to protect people from avoidable harm and abuse.
- When mistakes occurred lessons were learned and action was taken to minimise the potential for reoccurrence. Staff understood their responsibilities under the duty of candour.
- Staff were aware of current evidence based guidance.

Summary of findings

- Staff were qualified and had the skills, experience and knowledge to deliver effective care and treatment.
- Patient feedback indicated that patients were very satisfied with the service.
- Information about services and how to complain was available.
- There was clear leadership and staff felt supported. The service team worked well together.
- There was a clear vision to provide a high quality, personalised service.

- The provider had systems in place to monitor and improve the quality of service provision.

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

- Review the service quality improvement programme with a view to establishing an effective clinical audit process to review and improve patient outcomes.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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.

- The provider had systems in place to assess and manage risks including safeguarding patients from the risk of abuse; learning from incidents and the safe management and dispensing of medicines.
- The provider was equipped to respond to medical emergencies.

Are services effective?

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

- Doctors were up to date with current guidelines and considered these when delivering patient care.
- The provider had systems in place to ensure that staff had the skills, knowledge and on-going professional development to deliver a clinically effective service.

Are services caring?

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

- Staff were caring and treated patients with respect. Patients were fully involved in decisions about their care and provided all information, including costs prior to the start of treatment.
- Patients gave positive feedback about the service and the staff.

Are services responsive to people's needs?

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

- Patients were usually able to access appointments at the clinic the same or next day.
- Telephone consultations were available.
- The provider had a complaints policy in place and information about how to make a complaint was available for patients. Learning from complaints was shared and appropriate improvements made.

Are services well-led?

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

- There was a clear leadership structure, vision and strategy for the service.
- The provider had a comprehensive range of policies and procedures in place to identify and manage risks and to support good governance. The provider supported staff members to develop in their role and there was a focus on service development and improvement.

Dr Kelly & Associates – London Wall

Detailed findings

Background to this inspection

Dr Kelly & Associates – London Wall became part of Doctorcall Ltd (the provider) in July 2017, upon the retirement of the previous registered provider. It has operated from premises at 65 London Wall, London, EC2M 5TU since 1989. It is registered with the Care Quality Commission to provide the regulated activities Diagnostic and screening procedures and Treatment of disease, disorder or injury. It provides healthcare to adults over 18 years of age. There is a registered patient list of approximately 1,300 patients who pay for their healthcare, but most of the service (approximately 80%) is provided under corporate healthcare and employment arrangements or medical insurance. There is a focus on providing screening services and treatment for acute issues, rather than long-term conditions such as diabetes. The provider offers consultations, travel vaccinations, sexual health services including cryotherapy and health screening services. On average, the provider sees 250 patients a month. There are arrangements in place for patients to be referred by the provider to other services for diagnostic imaging and specialist care.

The provider also operates from another location in London and one in Manchester. It offers a 24-hour doctor consultation service to patients registered at London Wall, from the other London location. The premises at London Wall are leased. The provider's offices and four consultation rooms are on the third floor, accessible by lifts. There are good transport links nearby.

The clinic is open from Monday to Friday with consultations normally available between 8.00 am and 6.00 pm.

Consultations are usually 15 minutes long and are usually by appointment, although adhoc walk-in patients can often be accommodated.

The clinic currently operates with two doctors, one female and one male, who work four and five days a week respectively. The doctors have the appropriate General Medical Council registration. There is an administrative team of three staff comprising the practice manager, an administrator/receptionist and an administrator/secretary.

We carried out this inspection on 12 April 2018. The inspection team was comprised of CQC inspector and a GP specialist advisor. Before visiting, we reviewed a range of information we hold about the service and asked the provider to send us some information about the service which we also reviewed.

During our visit we:

- Spoke with the staff who were present, including the provider's group operations manager, the practice manager, the doctor on duty and administrative staff.
- Reviewed documentary evidence relating to the service and inspected the facilities, equipment and security arrangements.
- We reviewed a number of patient records with staff. We needed to do this to understand how the service assessed and documented patients' needs, consent and any treatment required.
- Reviewed 11 comment cards completed by patients attending the clinic in advance of the inspection and spoke with two patients.

Detailed findings

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 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

The premises management, including communal health and safety issues was the responsibility of the building landlord. The provider had considered relevant health and safety and fire safety legislation and had access to relevant risk assessments covering the premises in addition to practice policies and protocols which were regularly reviewed. Any changes in safety procedures were communicated to staff and patients if relevant.

The provider had defined systems, processes and practices in place to keep people safe and safeguarded from abuse.

The provider had recruitment procedures to ensure staff were suitable for the role and to protect the public. We looked at staff recruitment files and saw appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body. The provider's policy was to request Disclosure and Barring Service (DBS) checks for all staff working in the service. 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 provider maintained evidence of appropriate indemnity insurance and staff members' immunisation status.

The provider's medical director was the designated safeguarding lead for the service. The provider had safeguarding policies, protocols and 24-hour contact details for the local statutory safeguarding team. Staff had access to information outlining how to contact statutory agencies for further guidance if they had concerns about a patient's welfare. Staff understood their responsibilities and had received safeguarding training relevant to their role, for example the doctors were trained to safeguarding children level 3, the practice manager to level 2 and administrative staff to level 1. The provider had not had reason to raise a safeguarding alert and we were told that the service rarely saw patients who might be vulnerable due to their circumstances, for example patients with dementia.

The provider's information booklet informed patients that chaperone services were available on request. There were no posters on display regarding chaperones, but the provider confirmed these had been put up in the waiting area and consultation rooms the day after our inspection. The provider's policy was that only appropriately trained staff could act as chaperones and we saw evidence that training had been given.

The premises were clean and tidy. The practice manager was the designated lead for infection prevention and control and we saw they had appropriate training for the role. The provider had infection prevention and control policies and protocols in place and mandatory training had been provided to all staff members. Infection prevention and control audits were carried out quarterly; we saw the audit report for April 2018; and regular cleaning audits had been conducted, most recently in March 2018. The practice manager also carried out and recorded regular spot checks. Clinical waste awaiting collection by an accredited contractor was stored in a room not accessible to unauthorised persons. On the day of our inspection it was stored in clinical waste bags, but the provider later confirmed that lidded bins had been obtained for additional security. We saw that sharps bins in the consultation rooms were securely assembled and dated and were not over-filled. Privacy curtains were changed every six months and dated. Guidance on hand washing was posted in the consultation rooms. A risk assessment relating to legionella had been carried out in respect of the whole building; water temperature was monitored and recorded and water samples were regularly sent for laboratory analysis.

There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. The provider planned ahead, using a six-monthly rota, to ensure cover was in place: for example, in advance of doctors taking leave. Cover was usually provided by staff from the other London location, but occasional use was made of locum doctors and the provider had a locum pack of relevant information available.

Risks to patients

The provider had arrangements in place to respond to emergencies and major incidents, including a risk-assessed business continuity plan covering both London locations, which had last been reviewed in February 2018.

Are services safe?

The provider had emergency oxygen, a defibrillator and pulse oximeters on the premises and associated pads, masks and tubing, together with a crash trolley with a small stock of medicines to treat patients in an emergency. We checked the stocks, which complied with good practice guidance and were in accordance with a risk assessment carried out by the provider. The equipment and medicines was monitored on a weekly basis. We saw that all staff members had received annual basic life support training.

Information to deliver safe care and treatment

The provider kept secure electronic patient records of appointments and consultations. Any paper records were stored securely, prior to being added to the electronic records. Patients making an appointment for the first time were asked to complete a new patient registration form with their contact details, date of birth, medical and family history and any current treatment or health conditions. All staff had received information governance training.

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the provider's patient record system and shared computer drives.

The provider requested patients' consent to share information about treatment or referrals with their NHS GP. It did not hold information about the patient's normal NHS GP on its records.

Safe and appropriate use of medicines

The provider had effective arrangements for obtaining, recording, handling, storing and the security of medicines and there were protocols for prescribing and repeat prescribing.

The systems for managing emergency medicines, medical gases, and equipment minimised risks. Medicines were appropriately stored, with supplies being monitored and logged. The provider kept prescription stationery securely and monitored its use. Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Prescribing guidelines were discussed at clinical meetings, involving clinicians at the other London location and were stored for easy access on the provider's computer. Staff demonstrated the prescribing module to us. The system issued warnings, for example possible side effects or when prescribed medicines might

have adverse interactions, which doctors then discussed with patients. Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately.

No controlled drugs or blank controlled drugs prescription forms were currently kept at the premises. Vaccines were stored appropriately, with the fridge temperatures being monitored using the built in thermometer and recorded. We saw that a cold chain audit had recently been conducted. We discussed the good practice guidelines, set out in the Protocol for ordering, storing and handling vaccines, published by Public Health England, 2014, which recommends that a second thermometer be used to check and calibrate fridge temperatures. After our inspection, the provider confirmed that an additional internal USB fridge temperature monitor had been obtained and installed. Annual training in administering vaccines and dealing with anaphylactic reactions was provided to relevant staff.

Track record on safety

The provider had comprehensive health and safety policies in place. Staff had access to the policies via the shared computer system. A health and safety risk assessment had been conducted in December 2017. Fire safety equipment had been inspected in June 2017, the fire alarm was tested weekly and fire drills for the whole premises were conducted every six months. Three of the staff members were trained fire marshals and we saw that all staff had completed annual fire awareness training. Staff had also received training in manual handling and general health and safety in a healthcare setting.

All electrical and clinical equipment in the clinic had been checked and calibrated, most recently in April 2018, to ensure it was safe to use and was in good working order.

Lessons learned and improvements made

The provider maintained a corporate record of serious incidents, accidents and complaints across the three locations. One of the doctors was the named lead for incident reporting and safety alerts, with both being co-ordinated by the practice manager. We saw evidence that incidents were investigated and reviewed at quarterly corporate level clinical meetings, with findings and appropriate learning being passed on to all staff via

Are services safe?

emailed meeting minutes. We reviewed the records of the two significant events that had occurred at the London Wall location in the past 12 months and saw that both had been dealt with appropriately.

National safety alerts were received via the NHS Central Alerts System, logged by the practice manager and assessed with the lead doctor. Patient records searches were run to identify anyone who might be affected by an alert. We saw a recent example of the process following an alert issued by the Medicines & Healthcare products Regulatory Agency (MHRA) regarding Ventolin inhalers being recalled in January 2018.

The staff we interviewed understood the duty of candour and the responsibility to be open with patients and the service was able to provide a recent example. The provider's policy was to ensure that any affected patients were given reasonable support, a truthful explanation and an apology. Clinical incidents were discussed at a quarterly corporate clinical meeting to which all the doctors were invited. Minutes of the meetings were passed to all staff.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The provider had systems to keep up to date with current evidence-based practice. Guidelines issued by the National Institute for Health and Care Excellence (NICE) and other agencies were reviewed for relevance, discussed at quarterly clinical meetings and recorded on the corporate computer system. We saw evidence that the doctors considered guidance when assessing patient needs and delivering patient care and that issues relating to NICE guidance was discussed at clinical meetings during case presentations and reviews.

The provider offered in-house blood testing and used diagnostic services run by other independent providers in the same area of London. The provider was able to offer patients fast access to common investigations and tests. The provider had developed links with a range of specialists to facilitate appropriate referrals. Records of patients' referrals were maintained on the electronic system and monitored. Clinicians operated a buddy system to action test results requested by colleagues.

Monitoring care and treatment

The provider had some systems in place to monitor the quality of care and treatment. For example, audits of medical records, inadequate cervical smear tests, infection prevention and control and the cold chain had recently been carried out with the findings being fed back to staff. However, there had been no completed-cycle audits and there was not a well-developed system for clinical auditing. We discussed this with staff, who confirmed that there were corporate plans in place to increase the scope and frequency of auditing over the coming year. The provider was not generally benchmarking its clinical activity or reviewing patient outcomes, for example against published NHS norms and targets. However, it had recently started to review and compare performance across the three locations. The quarterly corporate clinical meetings included case reviews and discussions.

Effective staffing

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

The provider had an induction programme for newly appointed staff. This included mandatory training covering safeguarding, infection prevention and control, fire safety, health and safety and information governance. Doctors were observed and assessed by the provider's medical director as part of the recruitment process. The provider could demonstrate how it ensured role-specific training and updating for relevant staff. The learning needs of staff were identified through a system of appraisals and more informal discussion between staff members and their manager. The doctors maintained a folder of educational sessions as part of their annual appraisal process and other staff members' training needs were monitored by the practice manager using a computer system. Staff had protected time during the working day to complete mandatory training courses and received regular update 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.

Coordinating patient care and information sharing

The provider's staff worked together and with other health and social care professionals to deliver effective care and treatment.

- Patients received coordinated and person-centred care. This included when they moved between services, and when they were referred for specialist care.
- Most patients also had an NHS GP, and the practice communicated with the NHS GP with the patient's consent. For example, when a change of medication had been prescribed or if the patient requested follow-up treatment via the NHS.
- The provider did not see patients with longer term conditions requiring continuing care. We were told that patients could be directed to other private GPs, if they required this level of service.

Supporting patients to live healthier lives

The provider had a focus on preventative health and offered a range of preventative health and screening services. Staff were consistent and proactive in helping patients to live healthier lives.

- The provider offered a range of medical assessments which included pathology tests and patients could be referred for diagnostic screening.

Are services effective?

(for example, treatment is effective)

- Health screening packages were available to all patients and included an assessment of lifestyle factors.
- Patients were encouraged to undergo regular health screening such as mammograms and smear tests.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. We saw an example of a consent form for patients undergoing an Exercise Electrocardiogram (EECG or cardiac stress test). The staff understood the relevant consent and decision making requirements of legislation and guidance including the Mental Capacity Act 2005.

Are services caring?

Our findings

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

Kindness, respect and compassion

The provider aimed to deliver a caring and responsive service. Staff we spoke with told us patients were treated with dignity and respect at all times. Eleven CQC patient comment cards were completed in advance of the inspection and we spoke with two patients. All the comments we received were positive about the quality of the service and the patient experience.

The administrative staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private space to discuss their needs. Trained chaperones were available on request and all staff had received training in customer care.

Involvement in decisions about care and treatment

The provider ensured that patients were given all the relevant information they needed to make decisions about

their treatment including information in advance about the costs. Patients commented that they were involved in decisions. We saw the results of the provider's latest patient survey, which included responses from 55 patients and showed that 95% were satisfied or very satisfied with their consultations, with none expressing dissatisfaction.

An interpreter service was available for telephone consultations for patients who did not have English as a first language, and could be requested by patients during their initial call for an appointment. The price lists for the various types of consultation, tests, treatment options and vaccinations was available in the waiting area and information was available on the provider's website.

Privacy and Dignity

The provider respected and promoted patients' privacy and dignity. Staff recognised the importance of patient confidentiality and the service complied with the Data Protection Act 1998. The consultation rooms were equipped with a privacy screen. The consultation room door was kept closed to ensure conversations taking place remained private.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs and preferences. The provider understood the needs of its population and tailored services in response to those needs. The provider made it clear to the patient what services were offered and the limitations of the service.

Appointments could be booked over the telephone, online or by patients attending the premises. Patients could book an appointment with a female or male doctor and telephone consultations were available. Patients within the M25 radius could also make use of the 24-hour visiting doctor service operated from the provider's other London location. The provider's offices and consultation rooms were located on the third floor, accessible by stairs and a lift.

Timely access to the service

Patients were able to access care and treatment from the service within an acceptable timescale for their needs. The provider told us that patients would be offered same day or next day appointments and patients who commented about access were positive. Patients had timely access to initial assessment, test results, diagnosis and treatment. Waiting times, delays and cancellations were minimal and managed appropriately. Patients with the most urgent needs had their care and treatment prioritised.

The service operated Monday to Friday with consultations normally available between 8.00 am and 6.00 pm. Consultations were usually 15 minutes long and were by appointment only, there being no walk in service. Patients could be set up with an online account, which they could use to access their medical histories and any correspondence they had had with the provider, as well as booking appointments.

Listening and learning from concerns and complaints

The provider had a complaints policy in place which was generally in line with recognised guidance. The practice manager was the lead for complaints handling. Information about how to make a complaint was readily available for patients and displayed in the waiting area. This detailed the process for complaints handling and how patients could escalate their concerns if they were not satisfied with the internal investigation and outcome. However, we noted that the process stated concerns could be referred to the Health Service Ombudsman, which is not appropriate for private healthcare. The provider investigated this aspect after our inspection and confirmed that the process guidance had been amended.

The provider had received two complaints in the past 12 months. We reviewed these and saw that they had been investigated appropriately and any necessary action taken. In one case, refresher training had been provided to staff as a consequence of the complaint. We saw that complaints were a standing item on clinical meeting agendas and learning from issues at the provider's other locations was shared.

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 services in accordance with the relevant regulations.

Leadership capacity and capability

The provider - Doctorcall Ltd - was led by the founding doctor who was the medical director and the designated clinical lead for the service. The provider had appointed local managers and a clear organisational structure. The leaders had the capacity and skills to deliver high quality, sustainable care. The provider had identified clear priorities for maintaining the quality and future of the service. We were consistently told by staff and patients that the medical director, senior corporate staff and the practice manager were visible and approachable.

Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality care. There was a realistic strategy and supporting business plans to achieve identified priorities which were regularly reviewed. The administrative team said they were involved in and informed about planned changes and were aware of the strategy and their own role in achieving this. The doctor we spoke with understood the aims of the service and their role in ensuring that patients received high quality care and a good experience.

Culture

There was an open working culture at the service. Staff said they were supported and valued. They told us they were able to raise any concerns and were encouraged to do so. They had confidence that these would be addressed. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour with patients.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance. Practice policies and procedures were documented, accessible and the provider had systems in place to assure these were operating as intended.

There were processes for providing all staff with necessary training and development. This included regular appraisal and career development discussion. All staff received regular annual appraisals with their manager or the medical director relevant to their role.

The medical director and doctors underwent an external clinical appraisal annually as required and maintained their professional development and skills. The medical director led quarterly clinical meetings to which all doctors were invited and expected to contribute. There were also monthly management meetings. Formal administrative team meetings were less-frequent, but we saw the team was small and occupied the same office allowing easy routine discussion.

Managing risks, issues and performance

There were clear and effective processes for managing most risks. There was effective oversight of relevant safety alerts, incidents and complaints. Steps were being taken to increase monitoring of performance across the three locations. There was evidence of action to change practice to improve quality when issues had been identified.

The provider had trained staff for major incidents and had a business continuity plan including contact details for the key contractors and utilities should there be a major environmental issue.

Appropriate and accurate information

The provider acted on appropriate and accurate information. There were arrangements in line with data security standards for the accessibility, integrity and confidentiality of patient identifiable data and other key records.

Quarterly clinical meetings drew on the latest information on safeguarding, significant events and complaints. Outcomes and learning from these meetings were documented and shared for reference.

Engagement with patients, the public, staff and external partners

The provider involved patients, staff and external partners to support the service. Patient survey forms were available in the waiting area and upon on request. In addition, the provider carried out a feedback survey twice a year, targeting all patients attending during a two week period with a survey form. A responsive service was

Are services well-led?

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

provided to corporate clients, for example it had increased its capacity to provide medical services to the oil and gas industry. Staff said they were encouraged to share and discuss ideas for further improvement.

Continuous improvement and innovation

There was a focus on improvement and service development.

The provider had commissioned and implemented a new integrated software system to support the visiting doctor

service which was available to patients at the London Wall location. This enabled doctors to enter their notes electronically during the visit and also allowed their location to be monitored by the call handling team. The provider was in the process of standardising its processes and procedures across its three locations to improve efficiency and facilitate cross-organisation working. The provider had set up bespoke testing profiles with its contracted pathology laboratory to process different types of medicals more efficiently.