

Klinika Limited

Palmers Green Clinic

Inspection report

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Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. The service was previously inspected in March 2018. At that inspection we found it to be meeting requirements for all domains although we found areas where improvements could be made.

The key questions at this inspection 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 Palmers Green Clinic on 20 June 2019 as part of our ratings inspection programme for Independent Health Providers.

At this inspection we found:

- The practice had effective systems in place to keep patients safe from harm. There were effective systems for monitoring service provision to ensure it was safe.

Summary of findings

- Clear procedures and protocols were in place and the provider had processes in place to ensure risks were clearly identified and mitigated against.
- Care and treatment was delivered in accordance with evidence-based guidelines although quality improvement activity was limited.
- Patients were treated with kindness, respect and compassion. Their privacy and dignity was respected and they were involved in decisions about their care and treatment.
- Services were organised and delivered to meet patients' needs. Patients could access care and treatment in a timely way.

- There was a culture of high-quality, sustainable care. The service encouraged feedback from patients

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

- Follow through with planned quality improvement activity with a view to ensuring patient consultation notes included sufficient information to support continuity of care.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Palmers Green Clinic

Detailed findings

Background to this inspection

Palmers Green Clinic is a private doctor service based at 265 Green Lanes, London, N13 4XE and provides services on a private, fee paying basis. The majority of the service's patients originate from Eastern European countries. The registered provider is Klinika Ltd. Klinika Ltd also manages another registered location in East London which was inspected separately.

The service offers pre-booked doctor's appointments which can be arranged by telephone or email. The practice is situated in a semi-detached, former residential, Victorian property in North London. The building is not easily accessible to people who use a wheelchair or mobility aid. Patients who are unable to access the premises are offered appointments at the providers other location which is fully accessible.

The area is well served by public transport. The service employs three doctors, one of whom is a GP, one a paediatric specialist and one an Internal Medicine Specialist. There is one physiotherapist, who is also the managing director of the company. There are two

administrative staff, one of whom also has a role as a health care assistant and is a trained phlebotomist. Appointments are available between 9am and 7.00pm from Monday to Saturday.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as 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 practice is run. The managing director of the provider is the registered manager at Palmers Green Clinic.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Palmers Green Clinic provides physiotherapy services which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Are services safe?

Our findings

We rated safe as Good because:

- The practice had effective systems in place to keep patients safe from harm. We found there was a range of risk assessments in place to mitigate risk. The service had processes in place to learn from incidents although none were recorded and the practice told us there had not been any.

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 regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. 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.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had a policy to request Disclosure and Barring Service (DBS) checks for all staff at the of recruitment and on an ongoing basis where appropriate, and we saw evidence these and other required checks had been completed. 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. Staff who acted as chaperones were trained for the role and had received a DBS check.

- There was an effective system to manage infection prevention and control, including a protocol to assess and mitigate the risks associated with legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The provider had a contingency plan to offer appointments at its second registered location in the event of a surge in demand.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, and we noted staff had recently received sepsis awareness training. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits although delays for appointments were uncommon.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse. Patients contacting the service requiring urgent medical attention were advised to visit alternative providers where urgent or emergency care was provided and were given information about how to do so.
- 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 and the provider had a protocol in place to carry out regular checks to ensure indemnity arrangements remained valid.
- When we inspected in March 2018, we found although there was a business continuity plan for major incidents

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such as power failure or building damage, the plan was in need of review as there were some gaps in the list of suppliers. At this inspection we found the provider had since reviewed the plan, added additional information and ensured the plan was available to all staff.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients but there were areas where improvements could be made.

- Individual care records were managed in a way that kept patients safe although there was room for improvement in how clinical decision making was recorded in patient notes. We looked at 11 sets of patient notes and in seven of these, we found it was not immediately clear how clinical decisions had been reached because the clinician had not recorded information in sufficient detail. For instance, we saw notes from two consultations when the patients had been diagnosed with the same condition but one had been prescribed with a broad spectrum antibiotic whilst the other had been prescribed a narrow spectrum antibiotic and it had not been recorded how these differing decisions had been reached. Although the prescribing clinician was able to explain the detail in each of the instances we reviewed, there was a risk another clinician reviewing this record would not have been able to ensure continuity of care. The provider was able to provide evidence showing it had recently carried out a two cycle audit of consultation notes, had developed a plan to bring about improvements and had plans to carry out a further audit.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

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, including emergency medicines and equipment minimised risks. The service 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. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

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. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. 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
- During our inspection in March 2018 we found that there was no clear policy for handling alerts from organisations such as Medicines and Healthcare products Regulatory Agency (MHRA). Specifically, we noted although alerts were received by email, there was no log of alerts to ensure they were monitored or being acted on. At this inspection, we found the service had introduced an effective mechanism to disseminate

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alerts to all members of the team including sessional and agency staff, maintained records to demonstrate these had been reviewed and recorded details of actions taken.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the service as good for providing effective services because:

- Clinicians assessed needs and delivered care and treatment in line with current legislation and had the skills, knowledge and experience to carry out their roles.
- Staff worked together well and worked well with other organisations to deliver effective care and treatment.

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 supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- The service used medical record software to manage patient records which meant clinicians had instant access to medical records to support repeat patients. The patient record system could also identify frequent callers and patients with particular needs, for example palliative care patients, and protocols were in place to provide the appropriate support.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

There was evidence the provider had undertaken quality improvement activity to review the effectiveness and appropriateness of the care provided, for instance we saw evidence of a two cycle audit of consultation notes and single cycle audits of prescribing for urinary tract infections and high cholesterol. We discussed the provider's plans for further quality improvement activity and were told further

audit cycles of prescribing for urinary tract infections were planned to measure the impact of actions taken to ensure prescribing was consistently in line with national guidelines.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as infection prevention and control and referral pathways.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider ensured all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

Coordinating care and treatment

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

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Are services effective?

(for example, treatment is effective)

- The service ensured care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- The provider identified patients who may be in need of extra support such as through alerts on the computer system.
- Where patients' needs could not be met by the provider, staff redirected them to the appropriate service for their needs. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Where appropriate, staff gave people advice so they could self-care or live healthier lives, for instance in relation to obesity and smoking cessation.
- Staff discussed changes to care or treatment with patients and their carers as necessary

Consent to care and treatment

The service obtained consent to care and treatment.

- 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.

Are services caring?

Our findings

We rated the service as good for caring because:

- Patients said they were treated with compassion, dignity, and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality. The provider could evidence patient feedback from surveys undertaken and compliments received. All the surveys we saw and comments cards we received, reported positive experiences and outcomes.
- The provider respected patient's dignity and privacy.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- All of the 51 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with feedback from six patients we spoke with on the day of the inspection.
- The provider had undertaken a patient satisfaction survey in February 2018 in which 25 forms were issued, of which 21 were returned. One hundred percent of respondents said they thought the clinician was polite and caring in their approach.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who requested this although the provider told these were rarely requested because most patients visiting the service spoke with clinicians in their own language or brought an a family member to interpret.
- Patients told us through comment cards, they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers were appropriately involved.
- One hundred percent of patients responding to the satisfaction survey carried out in February 2018 said their conditions were explained to them in a way that was understandable, and they felt involved in decision making about their care

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the service as good for providing responsive services because:

- The provider met patients' needs and took account of their needs and preferences.
- Patients were able to access care and treatment from the provider within an appropriate timescale for their needs.
- The provider had a process in place to take complaints and concerns seriously and respond to them appropriately to improve the quality of care.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of its population and tailored services in response to those needs. For instance, there was no limit on how far in advance an appointment could be booked and patients wishing to see a female clinician could do so.
- The service was primarily designed to offer a service to East European migrants who found it difficult to access the services provided by the NHS. Consultations were provided in a range of East European languages although patient notes were written in English which .
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service.
- The facilities and premises were appropriate for the services delivered.
- The service was based on the first and second floors of a converted residential building which meant it was not easily accessible to some people with disabilities. However, the provider had arrangements in place to offer appointments at its other registered location where services were located on the ground floor.

- The service was responsive to the needs of people in vulnerable circumstances, for instance, the provider was aware some patients might prefer to visit when the service was quieter and would offer either the first or last appointments of the day.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to the service

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

- Appointments were available from 8am to 6pm Monday to Friday. Patients booked appointments by phone and had access to home visits and direct access to the principle GP by pager 24 hours a day, every day of the year.
- Results from blood tests and external diagnostics were sent to the patient in a timely manner using the patient's preferred method of communication.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The service had not received any complaints in the last year, however, staff were able to describe how they could handle complaints when they were received.

Are services well-led?

Good 

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

Our findings

We rated the service as good for leadership.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it. When we inspected in 2018, we identified areas where the provider should consider making improvements and during this inspection, we found actions had been taken in respect of each of these. For instance, the provider had displayed notices about chaperoning arrangements and improved how it monitored and recorded safety alerts.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period.

Vision and strategy

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

- There was a clear vision and set of values.
- The provider's strategy was focused on satisfying a demand for same day quick and convenient access to GP appointments in North London, in particular for people originally from East Europe.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated in the process in place to respond to complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to 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. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

Governance arrangements

There were systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were processes in place 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.
- We saw evidence of clinical audit activity and were told a programme of follow-up activity was in place to measure the impact of actions taken to bring about improvements in care and outcomes for patients.
- The providers had trained staff for major incidents and had recently reviewed and updated the business continuity plan to ensure it contained contact details for utility companies and suppliers.

Are services well-led?

Good 

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

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service 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

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The provider had carried out a patient satisfaction survey in February 2018. Twenty-five forms had been issued, of which 21 had been returned. The provider told us patients had responded by indicating 100% satisfaction for every question asked.
- Staff were able to describe to us the systems in place to give feedback.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation. For instance, the provider had carried out a two-cycle audit of patient consultation notes and developed a plan to bring about improvements.