

Medical Express Clinic

Inspection report

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

Ratings

Overall rating for this location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Overall summary

We carried out an announced comprehensive inspection at Medical Express Clinic on 4 October 2018. The service was not rated but we found that it was not providing safe care in accordance with the relevant regulations. The full comprehensive report on the 4 October 2018 inspection can be found by selecting the 'all reports' link for Medical Express Clinic on our website at www.cqc.org.uk

This inspection was a desk-based review carried out on 29 April 2021 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in Regulations that we identified in our previous inspection on 4 October 2018. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

CQC inspected the service on 4 October 2018 and asked the provider to make improvements regarding providing safe care and treatment. We checked these areas as part of this focused inspection and found some of this had been resolved; however, there were areas where the provider did not provide safe care and treatment.

Medical Express Clinic provides an independent doctors consultation service from a single clinic in the Harley Street area of West London. Patients can book appointments or attend on a walk-in basis. The service provides onward referral to diagnostic and specialist services as appropriate. The service treats both children and adults. It typically treats between 200 and 500 patients per month.

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 general exemptions from Regulation by CQC which relate to types of service and these are set out in Schedule 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Medical Express Clinic, some services are provided to patients under arrangements made by their employer. These types of arrangements are exempt by law from CQC regulation and we did not include these within the scope of our inspection.

One of the GPs at the service 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 is registered to provide the regulated activities of diagnostic and screening services; treatment for disease, disorder or injury and surgical procedures.

We did not receive any patient feedback as part of this inspection.

Our key findings were:

- The clinic now had a system in place to check parental authority.
- The clinic had improved security arrangements in relation to the single entrance shared with other providers.
- The system to communicate patients test results was now fully encrypted to ensure confidentiality.
- The clinic now had a digital translator which could detect spoken languages and effectively translate them into a variety of different languages.
- The clinic created feedback questionnaires at the clinic and invited patients to submit reviews on Trustpilot and Google, or via email when their services were complete.
- There was now written evidence provided on the arrangements of substance misuse prescribing in the clinic. However, further action was required to make this clear on the service website.

Overall summary

- We saw some evidence of clinical audit. However this was limited in scope and related to the prescribing of controlled drugs.
- Relevant patient safety alerts had not been identified or acted on by the service.
- The service was offering yellow fever vaccinations without being registered with the appropriate body.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.

(Please see the specific details on action required at the end of this report).

In addition the provider **should**:

- Review its quality improvement activity, in particular the scope to increase its use of clinical audit to drive improvement.
- Take action to ensure substance misuse arrangements at the service are recorded clearly on the service website.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead Inspector.

Background to Medical Express Clinic

Medical Express Clinic provides consultations with independent doctors from a single clinic located at 117A Harley Street, London, W1G 6AT. The service provides consultations with independent doctors which are provided both by appointment and on a walk-in basis and is available to children and adults. The service offers consultations with GPs and several specialist doctors.

The service is in a converted property. The consultation rooms and office areas occupy the ground floor and the second floor which is accessible by stairs. The basement and first floors are leased to tenant companies not associated with the service. The staff team includes the lead doctor (GP); three GPs; a gynaecologist; a cardiologist; an immunologist, a psychiatrist and a paediatrician. There is one female GP. The other doctors are male. Apart from the lead doctor and one of the GPs, the other doctors work at the clinic on a part-time, sessional basis. The clinicians are supported by five health care assistants/receptionists, a medical secretary and a manager.

The service also offers sexual health services; travel health services and minor surgery under a local anaesthetic to remove 'lumps and bumps'. It also offers a range of screening and health check packages. The clinic does not offer home visits.

The clinic is open from Monday to Friday from 9am to 9pm and on Saturday and Sunday from 10am until 2pm.

We carried out this inspection on 29 April 2021 and the inspection team comprised one CQC inspector. Before visiting, we reviewed a range of information we hold about the service and asked the provider to send us some additional information about the service which we also reviewed.

The practice website can be found at www.medicalexpressclinic.co.uk

Are services safe?

At the previous inspection in October 2018, we found the practice was not providing safe care in accordance to the regulations. Specifically, we found:

- **The clinic had not put in place a documented process to check that adults had appropriate parental authority when they attended with children.**
- **Access to the clinic and other services was via a single entrance. The clinic had not adequately reviewed security in relation to this arrangement.**
- **The clinic's system to communicate test results with patients by email was not sufficiently secure and risked breaching patient confidentiality.**
- **The clinic was on occasion providing medicine replacement therapy for substance misuse without appropriate training.**
- **The clinic could not demonstrate how it implemented patient safety alerts.**

At this inspection in April 2021, we found some improvements had been made; however, there continued to be some breaches in regulation. For example, we found:

- **Relevant patient safety alerts had not been identified or acted on by the service.**
- **The arrangements around yellow fever vaccinations was not clear on the service website.**

However:

- **The clinic now had a system in place to check parental authority.**
- **There was now written evidence provided to reflect the new arrangements of substance misuse prescribing in the clinic but further action was required to ensure this was also reflected on their website.**
- **The clinic had improved their security arrangements in relation to the single entrance shared with other providers.**
- **The system to communicate patients test results was now fully encrypted to ensure confidentiality.**

Safety systems and processes

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

- At the October 2018 inspection, we found the service did not have systems in place to assure that an adult accompanying the child had parental authority. We were told that staff asked adults attending the service whether they had parental authority but the clinic did not formally record this information or ask for documentary evidence. At this inspection, the service told us they had implemented a new policy in relation to collecting and recording parental authority. They told us parents were requested to confirm on a copy of their photographic identification that they were the legal guardians of the child. This signed declaration would be witnessed and countersigned by staff. The signed, witnessed declaration was then recorded in the patient's medical record. We saw evidence of this new system in place and the policy in place was to be reviewed annually.

Risks to patients

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

- At the October 2018 inspection, we found access to the clinic and some unrelated services; for example, a dental surgery located in the basement of the building was via a shared entrance. While there was a CCTV system in the

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reception area, the service had not carried out a comprehensive risk assessment to ensure the environment was sufficiently secure. At this inspection, we found this had improved. The service told us they had installed a new lock on the door leading to the basement, which was only accessible to their staff. Since the previous inspection, the service had redecorated and redesigned the entire premises, and this included remotely accessed CCTV in all common areas. This enabled them to see who was in the common areas at any point. They told us premises were locked out of hours.

- At the October 2018 inspection, we found the clinic had recently introduced a new option allowing patients to sign up to email communication including diagnostic test results. These email communications were not encrypted. This process had not been risk assessed in relation to the security of patient information. At this inspection, we found this had improved. The results email address now had end to end encryption functionality implemented, where all external emails containing sensitive information were now encrypted, to ensure confidentiality of results transmitted via email. The service no longer transcribed email addresses from patients; however, they registered and opted in to provide consent for the service to send their results via email. All result emails were now password protected. We saw evidence of the encrypted test results as part of this inspection.
- The service also told us they were currently working on developing a patient portal, where patients could view and access their results using their own log-in details.

Safe and appropriate use of medicines

There were safe and appropriate use of medicines.

- At the October 2018 inspection, we found the clinic did not initiate substance misuse services but they were occasionally prescribing for substance misuse when its doctors did not have specialist training in this area. For example, they were on occasion prescribing an opioid replacement to at least one patient on an ongoing basis with regular reviews, whereas the doctors did not have additional training on substance misuse. At this inspection, the clinic told us they no longer prescribed substance misuse therapy and patients seeking this service were referred to an external service specialising in substance misuse management. They told us since the last inspection, they had not referred any patients to an external service for substance misuse.
- Although the clinic told us they had amended their prescribing protocol when we reviewed their prescribing policy dated 27 July 2020, there was no written protocol on substance misuse to reflect this change and confirm the new arrangements. Following the inspection, the service further amended their prescribing policy to specifically state that patients requiring this service to be referred to the appropriate service.
- Further action was required to ensure these amendments were clearly recorded on the service website.

Lessons learned and improvements made

The service did not have a safe system in place to deal with patient safety alerts.

- At the October 2018 inspection, we found the service did not have a clear system to act on and learn from patient and medicine safety alerts. The service had a mechanism in place to disseminate alerts to all members of the team including sessional doctors but did not have a system for recording and checking that appropriate action had been taken.
- At this inspection, we found the service had created a management of safety alerts policy that would be reviewed annually and had created a database on which to record all incoming alerts. They told us since the October 2018 inspection, there had been no alerts received that were relevant to their activities. However, when we reviewed the patient safety alerts that had been received since October 2018, we found several alerts that were relevant to the activities of general practice had not been identified on their database or acted upon.

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- For example, the service provided gynaecology services but there was no evidence to show they had received or acted on a group of safety alerts regarding teratogens (medicines that can cause harm to the foetus) for which a discussion of the risks and effective contraception was required with the patient. Other relevant patient safety alerts that were relevant to GP practice included sodium valproate and carbimazole patient safety alerts.
- The service provides a yellow fever vaccination service, but we did not find any evidence to show they had acknowledged or acted upon a yellow fever safety alert from November 2019, advising risk assessments for patients requiring this vaccination.
- We also did not find evidence the service was registered as a yellow fever centre. When we raised this with the service, they told us they were no longer registered with the appropriate body, despite advertising this service on their website. Following the inspection, they told us they had removed the advert from their website and were now in the process of re-registering with the appropriate body in order to commence these vaccinations. When we reviewed their website, we found yellow fever vaccinations continued to be advertised but was later removed by the service. However, it was still not clear to patients this service was not offered as the website stated, 'we provide all kinds of travel vaccinations for the entire world'.

Are services effective?

At the last inspection, we found the service was providing effective care in accordance with the relevant regulations. However, there were gaps in the delivery of effective care. Specifically, we found:

- **There was insufficient monitoring of quality of care and patient outcomes.**
- **Arrangements for recording written consent from patients required improvement.**

At this inspection we found this had not improved.

Monitoring care and treatment

- At the last inspection we found the service did not have a programme of clinical audit or completed audit cycles. At this inspection, although we saw evidence of monthly controlled drug audits, we did not see evidence of other regular clinical audits to monitor the quality of care and patient outcomes. The service told us they would be introducing additional audits to follow up on patient consultations, to assess outcomes.
- At the last inspection, arrangements for recording written consent from patients required improvement. At this inspection we did not identify any issues in relation to consent.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met</p> <p>The provider did not ensure that care and treatment was always provided in a safe way. In particular:</p> <ul style="list-style-type: none">• Relevant patient safety alerts had not been identified or acted on by the service since the last inspection.• The service was offering yellow fever vaccinations without being registered with the appropriate body. <p>This was in breach of Regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>