

Harley Walk-in Clinic Ltd

The City Walk-in Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 5 December 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.

The provider supplies private general practitioner services. There is a registered manager in place. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We reviewed 37 CQC patient comment cards all of which were positive about the service provided. The comment cards stated that staff were caring, professional and helpful and appointments were easily accessible.

Our key findings were:

- There were systems in place for acting on significant events and complaints.
- There were systems in place to assess, monitor and manage risks to the premises and patient safety
- There were arrangements in place to protect children and vulnerable adults from abuse.
- Staff had received essential training and adequate recruitment and monitoring information was held for all staff.

Summary of findings

- Care and treatment was provided in accordance with current guidelines.
- Patient feedback indicated that staff were caring and appointments were easily accessible.
- There was a clear vision and strategy and an open and supportive culture.

The City Walk-in Clinic

Detailed findings

Background to this inspection

The City Walk-in Clinic is a provider of private general practitioner service. The service is located in Renown House, 33-34 Bury Street, London, EC3A 5AR. The provider offers the following services: doctor and nurse appointments, specialist referrals, radiology referrals, phlebotomy and medical testing, sexual health testing, pre-employment and visa screening, general health screening and occupational and adult vaccinations.

The service is open Monday to Friday from 7.30am to 6.30pm.

The service is registered with CQC to undertake the following regulated activities: Treatment of Disease, Disorder or Injury and Diagnostic and Screening Services.

Patients could book appointments on the same day or in advance. The service did not manage patients with long term conditions or immunisations for travel or childhood immunisations.

The inspection was undertaken on 5 December 2018. The inspection team was made up of a CQC inspector, a GP specialist advisor and a practice manager specialist advisor.

Prior to the inspection we reviewed information requested from the provider about the service they were providing.

During the inspection we spoke with clinical and non-clinical members of staff, analysed documentation, undertook observations and reviewed completed CQC comment cards.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

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

Safety systems and processes

- The provider carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. We saw evidence that qualifications, proof of registration with the appropriate professional bodies and checks through the Disclosure and Barring Service (DBS) had been completed for all staff and that references had been taken where appropriate. 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.
- There was a comprehensive induction programme in place for clinical and non-clinical members of staff. We saw that staff had received the required mandatory training including basic life support, infection control, fire safety, safeguarding and information governance.
- The provider had systems in place to ensure action was taken in response to safeguarding incidents and we saw examples where action had been taken by staff in the organisation in response to safeguarding concerns.
- There were alerts on the system which flagged vulnerable adults and children.
- The service had safeguarding policies for both adults and children. The policy was accessible to all staff and contained the names of the appointed safeguarding leads within the service and the process for reporting and taking action in response to concerns. Community safeguarding contact information was available on a poster in the reception area. Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding.
- The provider had systems in place for checking the identity of patients attending the service; including protocols to ensure parental authority was gained for children and minors attending the service.
- The premises were clean and uncluttered. The provider had completed an infection prevention and control audit within the last 12 months. An infection prevention and control policy was in place and there was a named clinical lead.

- The service had a variety of other risk assessments 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.

Risks to patients

- There were enough staff, including clinical staff, to meet demand for the service.
- There were effective systems in place for managing referrals and test results.
- There were arrangements in place to respond to emergencies and major incidents.
- We saw evidence all staff had received annual basic life support training.
- The service held a supply of oxygen and a defibrillator and there was a process in place to check these regularly to ensure they would be available in an emergency.
- Emergency medicines were easily accessible to staff in a secure area known to staff and these medicines were checked on a regular basis.
- A business continuity plan was in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- The building owners were responsible for assessing risks associated with fire; we saw evidence that this was carried out on an annual basis.
- All medical equipment had been calibrated and electrical equipment had been tested to ensure it was safe to use.

Information to deliver safe care and treatment

Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included investigation and test results, health assessment reports and advice and information about treatment provided.

Safe and appropriate use of medicines

- There were systems, policies and processes in place to ensure medicines were prescribed and dispensed safely. The service dispensed a number of medicines with the exception of controlled drugs. There was a standard

Are services safe?

operating procedure in place for these medicines, all medicines were securely stored and there were effective stock control systems in place. Medicines were dispensed by a GP at the time of the consultation.

- GPs prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

Track record on safety

The service used a significant incident form to document and record incidents. Staff we spoke with on the inspection all knew how to access this form. We saw examples of incidents that had been recorded including evidence of discussions and learning outcomes. For example, we reviewed an incident about a patient being given incorrect test results. We saw evidence the incident was investigated and learning and outcomes were identified. For example, as a result of the incident the laboratory amended their protocols. A copy of the new protocols was sent to the

provider. The provider implemented a system to ensure only clinical members of staff speak to staff at the laboratory when confirming test results to ensure a similar incident did not occur.

The provider had a system in place for reviewing and acting upon patient safety alerts. There was a responsible clinician who would review all alerts and ensure the appropriate action was taken and documented in response to these alerts.

Lessons learned and improvements made

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.

When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and/or written apology.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

Doctors assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence based practice.

Monitoring care and treatment

The provider had systems in place to monitor and assess the quality of the service including the care and treatment provided to patients. We saw evidence that random clinical audits were undertaken of consultation notes for each clinician employed by the service to ensure consultations were safe, based on current clinical guidance and that tests were ethically requested. Clinicians were then provided with feedback on the quality of their consultation.

The provider was able to demonstrate quality improvement through completed two-cycle audits and GP consultation reviews that were in place to ensure all consultations were in line with national guidance and that billing was appropriate and ethical. We reviewed two completed clinical audits which demonstrated quality improvement. For example, we reviewed an audit which resulted in an improved clinical protocol for identifying urinary tract infection symptoms.

Effective staffing

The provider had an induction programme for all newly appointed staff. There was role specific induction programmes in place. For example, there were separate induction programmes in place for non-clinical staff and clinical members of staff. The induction programme for GPs included supervised clinics.

Online training including: basic life support, fire safety, health and safety, infection prevention and control, safeguarding and information governance. There was a comprehensive training matrix in place to identify the training staff had completed and when training was due.

Clinical staff had completed clinical updates relevant to the patients they consulted with including updates in sexual health.

We saw evidence appraisals were held annually for non-clinical staff. Appraisals undertaken for the GMC were stored with clinical staff files and we saw evidence that feedback from audits of patient consultations were given to clinical staff to improve the quality of service provided.

Coordinating patient care and information sharing

When a patient contacted the service they were asked if the details of their consultation could be shared with their registered GP. If patients agreed we were told a letter was sent to their registered GP, we saw examples of this on the day of inspection.

If patients required urgent diagnostic referrals they would be advised to contact their NHS GP who would make the referral. The service would provide a letter for the patient to give to their GP with the relevant information from the consultation.

Supporting patients to live healthier lives

The service supported patients to live healthier lives by providing same day GP access for patients who worked near the clinic but were either unable to take time off to attend their local GP or obtain a same day appointment. The service was also targeted at patients who worked in London but did not have an NHS GP or who were visiting from abroad. These patients were able to access a GP, receive a diagnosis and medication where required in a single appointment with results being provided the same day where possible. If the provider was unable to provide a service a patient required they would refer them to other services either within the private sector or NHS.

Consent to care and treatment

There was clear information available with regards to the services provided and all associated costs. Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. All clinical staff had received training on the Mental Capacity Act 2005.

Written consent was required for all patients requesting a letter for visa applications and insurance.

Are services caring?

Our findings

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

Kindness, respect and compassion

We observed members of staff were courteous and helpful to patients and treated people with dignity and respect.

We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received 37 completed comment cards all of which were positive and indicated patients felt the service received was excellent. Comments included that patients felt the premises were clean and the staff were professional and helpful.

Following consultations, patients were sent a survey asking for their feedback. Patients that responded indicated they were very satisfied with the service they had received.

Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results.

Involvement in decisions about care and treatment

The feedback we collected from patients indicated patients felt listened to and involved in decisions made about their care and treatment.

For patients not fluent in English the service had access to a telephone translation service and would use an online written translation programme if necessary. The service also had multi-lingual members of staff with a total of 12 languages spoken.

Privacy and Dignity

- The provider respected and promoted patients' privacy and dignity.
- Staff we spoke to recognised the importance of patients' dignity and respect.

The service had systems in place to facilitate compliance with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service was set up to provide GP services at a convenient central London location. Although GPs would consult with patients of any age the service had been designed to appeal to those who worked in central London who wanted GP access near their place of work. The service was also designed to appeal to foreign nationals who were visiting and working in London but did not have access to NHS services.

The provider made it clear to patients on their website what services were offered and the limitations of the service. For example, the service only provided adult vaccinations and did not provide childhood immunisations. This information was clearly listed on their website.

The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group. All staff had been provided with training in equality, diversity and inclusion.

Discussions with staff indicated the service was person centred and flexible to accommodate people's needs.

Timely access to the service

The service was open between the hours of 7.30am and 6.30pm Monday to Friday, appointment times were listed on the providers website. Patients booked appointments by phone or online. Results from blood tests and external diagnostics were sent to the patient in a timely manner using the patient's preferred method of communication. The service offered a sexual health screening service where results would be sent to the patient the same day where possible.

Patient feedback indicated access was good and patients obtained appointments that were convenient.

Listening and learning from concerns and complaints

The provider advertised its complaint procedure online and dissatisfied patients could feedback when the patient survey was sent to them following a consultation. There was a lead for complaints and a policy outlining the complaints procedure.

Staff told us they had taken action in response to complaints. We looked at one patient complaint and found the service followed their own complaints policy and responded in an open and transparent manner.

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 care in accordance with the relevant regulation.

Leadership capacity and capability;

- Leaders had the capacity and skills to deliver high-quality, sustainable care and we saw evidence of effective governance systems.
- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- Leaders were easily contactable and approachable. They worked with staff and others to make sure they prioritised compassionate and inclusive leadership.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and plans for future development.
- The provider's strategy was focused on satisfying a demand for same day quick and convenient access to GP appointments in Central London.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

- The service had an open and transparent culture. Staff told us they felt confident to report concerns or incidents and felt they would be supported through the process.
- Staff were supported to meet the requirements of professional revalidation through continuing professional development sessions.
- There was evidence of internal evaluation of the work undertaken by clinical staff and that clinical members of staff were allocated administration time in between consultations.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. All staff member had received equality and diversity training.

- There were positive relationships between staff and a strong emphasis on team work.

Governance arrangements

There was evidence of effective governance systems in place.

- Service specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff told us they felt supported in performing their job roles.
- There were regular meetings held to support governance systems. We saw evidence from minutes of meetings that allowed for lessons to be learned and shared following significant events and complaints.

Managing risks, issues and performance

- There were procedures for assessing, monitoring and managing risks to the service. We saw evidence risks were managed effectively. For example, the service had succession plans in place for the registered manager role.
- The service had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audits of their consultations, prescribing and referral decisions. Service leaders had oversight of MHRA alerts.
- Clinical audit had a positive impact on quality of care and outcomes for patients. Feedback would be given to individual clinicians as a result of monthly audits of the clinical records in order to ensure the service provided reflected current guidelines and that tests ordered were necessary and ethical.
- The service had plans in place for major incidents and all staff had received fire and basic life support training.
- The systems used to for identify, understand, monitor and address current and future risks were effective.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Accurate quality and operational information was used to ensure and improve performance, for example through audits of patient consultation notes.
- Quality and sustainability of care were priorities for the provider.

Are services well-led?

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

- The service used information technology systems to monitor and improve the quality of care.
- 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. For example, the service undertook an external audit to ensure they were compliant with the most recent general data protection regulations.

Engagement with patients, the public, staff and external partners

The service took on board the views of patients and staff and used feedback to improve the quality of services.

- Patients could feedback about the service and we saw the provider had taken action in response to patient feedback. For example, as a result of patient feedback the service implemented a system to ensure that when a symptomatic patient presented, the attending GP would contact the patient within 48 hours of the consultation to ensure symptoms were not worsening,

they were able to attain any prescribed medication without issue and they were having no adverse reactions to any medication prescribed during the consultation.

Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels within the service. The manager told us the provider and staff consistently sought ways to improve the service. The provider would highlight areas for improvement for patient record audits.

The service had made use of IT services to offer every patient the opportunity to feedback following consultations as part of an ongoing patient survey.

The service moved from local to remote servers to reduce the risk of data loss.

Learning resulted in policy change and improvements. For example, a sexual health audit resulted in GPs taking part in a mandatory annual sexual health update course.

A training programme regarding gender and transgender patients was being developed for staff.