

London Doctors Clinic Ltd

King's Cross

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 13 February 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. Dr Seth Rankin 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.

We reviewed 12 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 convenient to access.

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.
- Ensure that all labels for dispensed medicines list the name and address of the provider in line with the Human Medicines Regulations.
- Consider the provision of a hearing loop.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

There were areas of practice where the providers should make an improvement. The provider should:

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.

- There was a system for recording and acting on significant events and incidents. The service had a policy in place regarding notifiable safety incidents under the duty of candour.
- There were systems to assess, monitor and manage risks to patient safety.
- Staff knew how to identify signs of abuse in children and young adults and we saw instances where concerns had been escalated to the appropriate authorities.
- There were arrangements in place for responding to medical emergencies.
- The service had undertaken appropriate recruitment and monitoring checks for staff.
- There were safe systems and processes in place for the prescribing and dispensing of medicines, however the name and address needed to be included on all dispensed medicines labels.

Are services effective?

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

- Systems and processes were in place to ensure clinical care was provided in accordance with current evidence based guidance.
- The quality of patient care was monitored regularly through effective governance processes.
- There was a comprehensive system in place to identify and monitor mandatory training; staff had completed the required mandatory training relevant to their roles.
- Systems were in place to share information in line with GMC guidance between external services. The service would contact the patient's NHS GP when authorised to do so.
- Costs associated with the service were shared with service users in an open and transparent way.

Are services caring?

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

- Feedback from patients was positive and indicated that the service was caring and that patients felt listened to and supported.
- The provider had systems in place to engage with patients and collate feedback using a survey emailed to all patients after their appointment.
- Systems were in place to ensure that patients' privacy and dignity were respected.

Are services responsive to people's needs?

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

- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- The provider was accessible to patients and the service focused on serving patients working in or visiting central London.
- Feedback from patients indicated that the service was easily accessible.

Summary of findings

Are services well-led?

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

- The provider had a clear vision and strategy and there was evidence of good leadership within the service.
 - Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
 - There was a culture which was open and fostered improvement.
 - The provider took steps to engage with their patient population and adapted the service in response to feedback.
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King's Cross

Detailed findings

Background to this inspection

King's Cross is a location that is part of London Doctors Clinic Limited which is a provider of private general practitioner services across seven locations in Central London. The service is located in Suite 3.7, 334-354 Grays Inn Road, London, WC1X 8BP. The provider offers the following services: Blood Tests, Specialist Referrals, Certificates and Medicals, Sporting Medical Certificates, Hay Fever and Allergy Treatment, Walk-in Doctor Appointments, Imaging, Investigations and Procedures, Wellman and Wellwoman Screens, Immigration and Visa Medicals, Weight Management, Medications and Prescriptions, Work Medicals, Men's Health and Women's Health, After Travel Health Checks, Sexual Health and Hotel Doctor Services.

The practice rents two consultation rooms and a reception area. Other locations can be found at: Fleet Street, Kings Cross, London Bridge, Paddington, Soho Square, Victoria and Waterloo; though none of these locations were visited as part of this inspection. The service is open Monday to Friday from 8.00am to 8.00pm and on Saturday from 9.00am to 6.00pm. The service is registered with CQC to undertake the following regulated activities: Treatment of Disease, Disorder or Injury, Diagnostic and Screening Services and Maternity and Midwifery services.

GPs are the only clinical staff employed by the provider. Patients could book appointments on the same day or up

to a week in advance. The service told us that 60% of appointments at this location were for certificates and medicals. The provider said that 25% of patients returned to the service.

The service did not manage patients with long term conditions and did not provide immunisations for travel or childhood immunisations.

The inspection was undertaken on 13 February 2018. The inspection team was made up of a CQC inspector, a GP specialist advisor and a Nurse 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 GPs and the clinical services manager, 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 practice 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 and a monthly newsletter was circulated within the organisation which highlighted children at risk.
- The practice had a safeguarding policy covering 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 interviewed 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 control audit within the last 12 months. An infection control policy was in place and there was a named clinical lead. The practice 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 that 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 and their intranet system. This included investigation and test results, health assessment reports and advice and

Are services safe?

information about treatment provided. The practice's patient record system was used at all seven sites and clinicians could access the records of patients at any of these sites or remotely.

Safe and appropriate use of medicines

- There were systems, policies and processes in place to ensure that medicines were prescribed and dispensed safely; however we noted that labels printed for medicines did not include the name and address of the provider. The practice dispensed a number of medicines with the exception of controlled drugs. There was a standard 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. Details of the medicine's batch number would be recorded in patient notes.
- Private prescriptions were generated from the patient record system and there were no paper prescriptions in the service.
- GPs prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

The practice 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 pathology result. We saw evidence that the provider improved their systems following the incident and learning was communicated to all staff; specifically that GPs should handwrite the patient's details on the sample tube for certain pathology tests. Non-clinical staff were informed to double check this was completed before sending the samples to the laboratory for analysis.

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 that 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. The practice had incorporated a prescribing reference tool into their clinical system to ensure that clinicians had access to the most up to date prescribing guidance.

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 monthly audits were undertaken of consultation notes for each clinician working for London Doctor's Clinic to ensure that consultations were safe, based on current clinical guidance, that medicine batch numbers were recorded and that tests were clinically indicated or ethically requested. Clinicians were then provided with feedback on the quality of their consultation.

The provider told us that the service had only been in operation from the site for a year so there were no completed audit cycles. They had undertaken the first cycle of a sexual health audit and a propranolol audit. Second cycles were due to be completed in December 2018.

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 control, safeguarding and information governance would be completed on induction. 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 and dermatology. We saw evidence that continuing professional development sessions were offered monthly.

We were told that 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 that a letter was sent to their registered GP.

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. We saw evidence that the provider shared concerns with patients GP such as a patient with low Body Mass Index and a patient who had expressed suicidal thoughts.

All test results were sent to patients by e-mail; however where results showed abnormalities the patient would be contacted by a GP via telephone.

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 locations 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 and the patient would not be charged for the appointment.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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 that 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 12 completed comment cards all of which were positive and indicated that patients were treated with kindness and respect. Comments included that patients felt the service offered was excellent and that staff were caring, professional and treated them with dignity and respect. We spoke with one patient on the day of inspection, they told us that appointments were convenient and staff were caring 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 majority of feedback from the service's own post consultation survey indicated that patients felt listened to and involved in decisions made about their care and treatment.

The service used a number of means to communicate with patients who did not speak English as a first language. They employed clinicians who spoke a variety of languages including French, Punjabi, Urdu, Spanish, German, Arabic, Hebrew and Portuguese. The service also had access to a telephone translation service and would use an online written translation programme if necessary.

The service did not have a hearing loop and would communicate with patients who were hard of hearing in writing.

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 practice 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 convenient central London locations. 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 provider did not provide services for chronic disease management or childhood immunisations. If a patient attended the service and the provider did not provide what the patient required they were not charged and referred to another service either within the private sector or the NHS.

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

Appointments were available from 9.00am to 5.30pm Monday to Friday. Patients could contact the service between 8.00am and 8.00pm Monday to Friday. Patients booked appointments by phone or online through a central appointments management team. 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 practice offered a sexual health screening service where results would be sent to the patient within six hours of testing.

Feedback from both the comment cards and the provider's own survey indicated that 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 that they had taken action in response to complaints. For example they received a number of complaints about delay in results being sent to patients who had sexual health screening. As a result clinicians informed patients during consultations that although they would generally be able to provide results within the timeframe advertised there would on a rare occasion be delays with results being sent. If results were not available within the timeframe advertised the patient would be notified by phone.

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 and we saw evidence of effective governance systems.
- Leaders had the experience, capacity and skills to deliver the practice 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 practice 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. There were plans in place to expand this to other locations in the future.
- 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.
- Leaders and managers told us that they would act on behaviour and performance inconsistent with the vision and values. We saw evidence on this during inspection which included support and training for the member of staff.

- 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.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. All staff members had received equality and diversity training.
- There were positive relationships between staff.

Governance arrangements

There was evidence of effective governance systems in place.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- 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 that risks were managed effectively. For example, the provider had identified a risk when a patient had attended several locations in one day requesting prescriptions for controlled drugs. The provider investigated the incident and decided that dispensing controlled drugs was high risk and changed the standard operating procedure; controlled drugs were no longer dispensed by the provider.
- The practice 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. Practice 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

Are services well-led?

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

individual clinicians as a result of monthly audits of the clinical records in order to ensure that the service provided reflected current guidelines and that tests ordered were necessary and ethical.

- The practice 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 practice 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.
- The practice used information technology systems to monitor and improve the quality of care. For example, we saw evidence of patient warnings on the clinical system warning GPs of patients that were known to the service for trying to obtain prescriptions. These warnings were available across all nine locations.
- The practice 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 practice 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 that the provider had taken action in response to patient feedback. For example some patients had feedback that locations could be difficult to find. As a result the provider developed sets of clear instructions for each location to ensure that patients knew where the service was located. Additionally, staff would phone patients within five minutes of their appointments to ensure they were not lost.
- The service told us that they were actively working with the local laboratory to reduce the cost of blood testing.

Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels within the service. The manager told us that the provider and staff at this location consistently sought ways to improve the service. The provider would highlight areas for improvement for patient record audits and held monthly continuing professional development sessions for GPs.

The service had made use of IT services to offer every patient the opportunity to feedback following consultations.

Staff used a secure text messaging service to facilitate quick communication between clinicians in the service which enabled fast access to advice or assistance where required.