

Doctors 4 You Limited

Doctors 4 You

Inspection report

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Overall summary

We carried out an announced comprehensive inspection in May 2018 to ask the service the following key questions; are services safe, effective, caring, responsive and well-led. We found that the service was not providing safe care in accordance with the relevant regulations. As a result, we issued a requirement notice as legal requirements were not being met and asked the provider to send us a report of what actions they were going to take to meet legal

requirements. The full comprehensive report can be found by selecting the 'reports' link for Doctors 4 You on our website at www.cqc.org.uk/location/1-2105468615.

This inspection was an announced comprehensive follow up inspection carried out on 11 December 2018 to check whether the providers had taken action to meet the legal requirements' as set out in the requirement notice. The report covers our findings in relation to all five key questions.

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.

Background

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.

Doctors 4 You is an independent health service based in North London, where services provided include dermatology, cardiology, paediatrics, gynaecology, ears nose throat, family medicine, phlebotomy, physiotherapy and psychology services, mainly to the Bulgarian community.

Our key findings were:

- Systems were in place to keep people who used the service safeguarded from abuse.

Summary of findings

- There was a protocol in place to ensure identity checks were undertaken when a patient presented at the service for the first time.
- Doctors made use of NICE guidelines and shared learning from complex patient cases.
- The service had systems to update external bodies such as GPs and consultants of care being provided to patients.
- All staff members were up-to-date with training relevant to their role.
- Systems were in place to protect personal information about people who used the service.
- Prescription pads were used and stored in a safe way.
- The service carried out assessments to identify and mitigate risks including those associated with fire and infection.

- Completed CQC comment cards showed people who used the service were able to access care and treatment from the service within an appropriate timescale for their needs

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

- Continue to maintain up to date personnel files, ensuring these include appropriate information about professional indemnity arrangements in place for every clinician undertaking regulated activities at the service.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Doctors 4 You

Detailed findings

Background to this inspection

Doctors 4 You is a location registered under the provider Doctors 4 You Limited. The provider is registered with the Care Quality Commission to carry on the regulated activity of diagnostics and screening procedures, family planning and treatment of disease, disorder or injury. The location site address we visited as part of our inspection is 445 Lordship Lane, London, N22 5DJ.

Dr Andrean Damyanov 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. This service is made up of six doctors one of whom is also the service manager, a nurse, a physiotherapist, a psychologist, two phlebotomists and four reception staff members.

The service is open seven days a week between 9am and 6pm where approximately 250 doctor appointments are offered each week. Services provided are dermatology, cardiology, paediatrics, gynaecology, ears nose throat, family medicine, phlebotomy, physiotherapy and psychology services, mainly to the Bulgarian community.

Patient records are all paper based. The service refers patients to NHS services including back to their own GPs and other private services.

Prior to the inspection we reviewed information requested from the provider about the service they were providing. The inspection was undertaken on 11 December 2018 and the inspection team was led by a CQC inspector who was supported by a GP specialist advisor and a second inspector. During the inspection we spoke with doctors, a nurse, reception staff as well as four people who used the service on the day of the inspection. We viewed a sample of key policies and procedures, viewed patient records, made observations of the environment and infection control measures.

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

At our previous inspection on 13 May 2018, we found this service was not providing safe care in accordance with the relevant regulations as the service had not undertaken risk assessments including fire safety and infection and prevention control and did not have arrangements in place to ensure clinical staff were aware of or had access to patient safety alerts. We also found clinical equipment had not been calibrated to make sure it could be used properly and although there was a significant events and complaints policy in place, there was no evidence staff used this to recognise or record serious incidents.

These arrangements had significantly improved when we undertook a follow up inspection on 11 December 2018. The practice is now providing safe care in accordance with the relevant regulations.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. 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. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The provider had a protocol in place to ensure identity checks were undertaken when a patient presented at the service for the first time. This included a step to check that persons accompanying paediatric patients had parental authority for the child.
- The service manager was in charge of carrying out staff checks, we found all staff had the appropriate documentation saved in their files prior to employment. This included revalidation where required and Disclosure and Barring Service (DBS) checks. 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 members had received up-to-date training appropriate to their roles. For example, all staff had completed information governance training and safeguarding training.
- 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 the provider ensured all staff received DBS checks.
- When we inspected in May 2018, we found the service did not have a process in place to carry out infection prevention and control audits and the risks associated with legionella had not been assessed. We also noted cleaning equipment was stored outdoors in a way that did not protect the equipment or cleaning materials from the weather or contamination by nature. At this inspection, we saw there was now an effective system to manage infection prevention and control. For example, an infection prevention and control audit had been carried out, staff carried out infection control risk assessments and biohazard spillage kits were available to enable staff to deal with spillage of bodily fluids. Cleaning equipment was stored appropriately and a legionella risk assessment had been completed in June 2018 and the associated actions were carried out monthly. There was a system to enable communication between members of the service and cleaning members of staff.

Risks to patients

There were effective systems to monitor and manage risks to patient safety.

- The practice had adequate arrangements to deal with emergencies, there was a defibrillator and oxygen and emergency medicines on site. The service had undertaken an assessment to ensure the range of emergency medicines held, reflected the risks associated with the regulated activities carried out and the population groups to whom services were provided. This assessment included a review of how and where the medicines were stored so that they were stored safely but easily accessible in an emergency.
- All staff members received annual basic life support training.
- All electrical equipment had undergone portable appliance testing to ensure it was safe and in good working order. When we inspected in May 2018, we

Are services safe?

found clinical equipment had not undergone calibration to ensure it would work properly when required. At this inspection, we saw evidence showing the service had responded by ensuring all equipment was calibrated shortly after the May 2018 inspection. Records we reviewed showed all clinical equipment in use had passed calibration tests.

- When there were changes to services this was communicated to staff in meetings where the possible impact was discussed.
- The service told us all clinical staff arranged their own individual professional indemnity cover. We asked the service to demonstrate how they ensured this cover was in place or was suitable for the activity undertaken by individual clinicians and were shown records held on file for all clinicians. However, we found documents for two clinicians did not include any detail about the activity for which they were covered, for instance, how many sessions they carried out. The service was able to locate this information before we finished the inspection and we noted appropriate cover was in place for the two clinicians. The service updated its records with the documentation.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

- When we inspected in May 2018, the service used a paper based system for all records. This meant all individual care records were hand written although these were managed in a way that kept patients safe, for instance, by being stored in locked fire proof cabinets. At this inspection, we saw the service had invested in a medical software system to manage patient records. We noted staff were aware of patient confidentiality when using computers. For instance, staff used personalised passwords to access the system and were careful to ensure information on screens could not be read by others.
- The service had systems for sharing information with the patients GP practice and other agencies to enable them to deliver safe care and treatment. We viewed a sample of letters sent to patients GPs and found consent was given by the patients to do so and the letters contained all the necessary information.

- The service had a process in place to receive and act on national safety alerts, including those from the Medicines and Healthcare Regulatory Agency (MHRA). The service followed national guidance and the British National Formulary (BNF) to inform their prescribing decisions.

Safe and appropriate use of medicines

- Medicines used by the service were limited to emergency medicines and there were no vaccines or refrigerated medicines. The service kept prescription stationary securely and there were systems in place to ensure they could not be fraudulently used.
- There was no repeat prescribing and no prescribing of high risk medicines.

Track record on safety

The service had made improvements to systems in place to support safety.

- The service had carried out assessments to identify and mitigate against risks associated with fire, trips and falls and the Control of Substances Hazardous to Health (COSHH).

Lessons learned and improvements made

The service had systems to learn and make improvements when things go wrong.

- The provider was aware of the Duty of Candour and had a policy to support staff in adhering to this.
- At our inspection in May 2018, we saw there was a significant events policy in place but there was no evidence staff were following the policy as there were no records of any significant events ever being recorded. At this inspection, we saw minutes of meetings where staff had been reminded of the policy and encouraged to report incidents when they became aware. We saw a recent example where a patient had been booked in for an appointment with a specialist on the wrong field of medicine. The service had reviewed the incident, apologised to the patient and the clinician and had reminded staff of the correct protocol for making appointments.

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

The service had systems to keep up-to-date with current evidence based practice. We saw the doctors assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Clinicians reminded patients of the remit of the service and where to seek further help and support.

Monitoring care and treatment

The service had carried out four single audit cycles, including two since the May 2018 inspection. We asked the service how it chose topics to audit. The registered manager who was a qualified gynaecologist, told us a significant percentage of patients who used the service wanted treatment or advice for gynaecological or reproductive concerns and this informed the audits undertaken. We looked at the audits undertaken since the May 2018 inspection and saw both were carried out to check whether clinicians were carrying out the correct examinations to identify two conditions commonly experienced by women of child bearing age. For instance, the service had reviewed consultation notes for 15 women presenting with symptoms sometimes caused by Endometriosis, a condition where tissue similar to the lining of the womb starts to grow in other places, such as the ovaries and fallopian tubes. The service had found in all 15 cases, the correct physical examination had been carried out and blood or tissue samples collected.

However, it noted that recommended hormonal levels (progesterone) had not been checked for two patients. The service had shared the details of the audit with other clinicians and had scheduled a second audit cycle for 2019.

Effective staffing

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

- The service understood the learning needs of staff and provided protected time and training to meet them.
- All the doctors had completed revalidation and took part in an annual appraisal process.
- The doctors attended regular conferences specific to their areas of expertise and also regularly attended training and teaching sessions at a local hospital.

Coordinating patient care and information sharing

The service worked together with other health professionals to deliver effective care and treatment.

- We saw evidence that showed all appropriate organisations including GPs and consultants were kept informed and consulted where necessary on treatments given to patients.
- Patients received coordinated and person-centred health assessments.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- The service understood the requirements of legislation and guidance when considering consent and decision making.
- Consent to care and treatment was verbally obtained and appropriately documented in patients' records.
- We saw evidence the service had a process in place to check whether adults attending the service with children had the authority to consent on the child's behalf.

Are services caring?

Our findings

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

Kindness, respect and compassion

- We observed consulting rooms to be spacious and clean, consulting room doors were kept closed during patient consultations to aide confidentiality.
- The patient waiting area was away from the front desk to increase patient confidentiality and prevent conversations both face to face and over the phone being overheard.

Involvement in decisions about care and treatment

- We viewed a sample of patient records which indicated treatment options were discussed with patients and they were given the opportunity to input into the decisions about their care.
- We received 42 completed Care Quality Commission comment cards all of which were positive about the standard of care received. There were several common themes in the comments we saw. These included aspects of the service such as clinicians who were attentive and listened carefully, availability and punctuality of appointments and welcoming and helpful staff. There were no negative comments.

- Although the majority of patients who used the service were Bulgarian and could speak with clinicians in their preferred language, the service told us Turkish, Romanian and English-speaking patients also used the service. We were told the clinical and administrative team included members of staff who could speak Turkish and Romanian, whilst all staff were fluent English speakers. Arrangements were in place to use an interpreter service where this was helpful.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff we spoke with recognised the importance of patients' dignity and respect.
- The service complied with the Data Protection Act 1998 and staff had received training in information governance.
- Chaperone posters were displayed in the waiting area as was also discussed in consultations. We noted the chaperone poster was displayed in Bulgarian, Turkish and English and was also displayed in all consulting rooms.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The premises were suitable for the service provided.
- Patients were able to access information about the service through a variety of sources including a website and leaflets.
- Health assessments and treatments were personalised to reflect individual patients' needs.

Timely access to the service

The service was open seven days a week between 9am and 6pm where approximately 244 doctor appointments were

offered each week. Services provided were dermatology, cardiology, paediatrics, gynaecology, ears nose throat, family medicine, phlebotomy, physiotherapy and psychology services.

- Patients had timely access to initial assessments and ongoing treatment.
- Standard consultation duration ranged from 30 minutes to one hour for all paediatric appointments and appointment times were flexible.
- Where necessary the doctors followed up on patients with the use of telephone consultations.

Listening and learning from concerns and complaints

- The service manager was the lead member of staff for managing complaints.
- The service had a complaints policy with a complaints form and there was information in the reception area as well as on the practice website advising patients of how to make a complaint.
- The service had received no complaints in the past 18 months.

Are services well-led?

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

Our findings

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

Leadership capacity and capability;

This service was led by one doctor who had overall responsibility for the service and was supported by the five other doctors who worked there. The service also had reception staff members who had administration duties and the responsibility of managing the appointment system. The doctors met regularly to discuss learning from complex clinical cases and conferences.

Vision and strategy

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

- We spoke with three doctors, a nurse and two reception staff members, all of whom understood the services values and their role in delivering them.
- The provider had plans to expand the nursing services that it provided.

Culture

There was a positive and professional working culture at the service. Staff told us they would be comfortable to raise any concerns and make suggestions on how to improve the service. The provider was aware of their responsibility in relation to the duty of candour and had a protocol to ensure compliance with this. We were told the service had never had an occurrence where the duty of candour needed to be used.

Governance arrangements

- There was a clear staffing structure and all members of staff knew and understood their roles and responsibilities including in respect of safeguarding.
- Structures, processes and systems to support good governance and management were effective.
- Policies and procedures to govern activity were established and regularly updated and accessible to all staff members.

Managing risks, issues and performance

- Following concerns raised after the May 2018 inspection, the service had carried out assessments to identify and mitigate risks including those associated with fire and infection.
- We noted processes put in place to manage current and future risk included arrangements to have follow-up risk assessments carried out at appropriate intervals.
- The doctors regularly attended conferences in relation to their area of expertise and attended a local hospital monthly to attend learning sessions. This ensured the doctors were not operating in silo of their peers in the same field and were able to seek advice on complex cases.

Appropriate and accurate information

At the time of the May 2018 inspection, the service could not provide assurances that clinical staff always had appropriate and accurate information to act upon. At this inspection, we saw the service had made arrangements to receive and disseminate clinical and safety updates.

- The service had a process in place to access patient safety alerts. For instance, patient safety alerts issued by the MHRA were received by the registered manager and we saw records showing these were forwarded to all clinical staff.
- All potential patients had to complete a comprehensive registration form which took into account their whole medical history including any medicines they were taking.
- The doctors communicated where appropriate with other health professionals involved in patients' care.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, record and data management systems.

Engagement with patients, the public, staff and external partners

- There was a comments and suggestion box in the reception area.
- As part of the doctor's appraisal process they surveyed patients to see how happy they were with services provided and consistently scored 100% satisfaction rates.
- The service had systems to enable patients and external partners such as GPs to feedback to the service.

Continuous improvement and innovation

Are services well-led?

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

The service regularly reviewed the demographic characteristics of people who visited the service and used this information to improve how services were provided as well as to inform the topics chosen for quality

improvement activity. For instance, the service recognised an increasing number of Romanian speaking patients were using the service and had employed a Romanian speaking member of staff to offer additional support.