

Zafash 24 Hours Doctors

Inspection report

231B Old Brompton Road,
London
SW5 0EA
Tel: 02073732219
www.doctors24hours.co.uk

Date of inspection visit: 26 October 2022
Date of publication: 31/01/2023

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		Good	
Are services safe?		Good	
Are services effective?		Insufficient evidence to rate	
Are services caring?		Insufficient evidence to rate	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Overall summary

How we inspected this service

We carried out an announced inspection at Zafash 24 Hours Doctors on 26 October 2022. This was as part of our inspection programme; the service had previously been inspected but not rated.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

The key questions at this inspection were rated as:

Are services safe? – Good

Are services effective? - Unable to rate

Are services caring? - Unable to rate

Are services responsive? – Good

Are services well-led? – Good

Our key findings were:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a focus on continuous learning and improvement at all levels of the organisation.

Whilst we found no breaches of regulations, the provider **should**:

- Continue to develop clinical audits as more patients are seen.
- Look at ways to receive patient feedback in order to improve overall service and performance.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Overall summary

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC GP specialist advisor.

Background to Zafash 24 Hours Doctors

Background to Zafash 24 Hours Doctors

Zafash 24 Hours Doctors is an independent GP service working with adults and children over the age of seven who require private consultations, physical examination and prescription of medication. The service primarily provides a mobile service to local hotels, but also offers a surgery and consultation space in the basement of Zafash Pharmacy at 231b Old Brompton Road, Earls Court, London.

The practice is part of Zafash Medical Services Ltd which also includes a pharmacy and online services. Zafash 24 Hours Doctors is registered separately with the Care Quality Commission (CQC).

The practice is open from 9am to 11pm daily. There is no out of hours service but patients can contact the provider's mobile phone in an emergency.

The practice provides general medical care, treatment and advice to the local population. The practice will also see visitors to the United Kingdom who are resident in hotels as well as carrying out medical examinations for insurance companies.

During the Covid-19 Pandemic, the practice became a testing and vaccination centre and ceased to see patients for routine general practice work. The practice has recently re-commenced routine general practice consultations, and at the time of the inspection visit had seen one patient. The first since 2018.

The practice staff currently consists of practice manager (the CQC registered manager) and a part time doctor. We spoke with both during the inspection visit as well as reviewing documentation and any available clinical records.

At the inspection visit we were informed that many of the patient records were unobtainable due to the online records provider going out of business. The practice were in the process of trying to obtain these records. Older paper based records were available to view. The practice had reverted back to a paper based records system and all new consultations were being recorded in this way.

The provider is registered with the CQC to carry out the regulated activity of diagnostic and screening procedures and Treatment of Disease, Disorder or Injury.

Are services safe?

We rated safe as Good.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. All electronic equipment had an up to date portable appliance test carried out, and all clinical equipment had recently been calibrated. The practice had carried out a legionella risk assessment and was able to evidence that actions recommended by the report were being regularly carried out, which included water temperature logging. The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were adequate systems for safely managing healthcare waste.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had a system in place to carry out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. The lead GP had completed level 3 safeguarding training and receptionist level 1. All staff interviewed knew how to identify and report concerns.
- All staff were trained in basic life support and first aid. Staff we interviewed were able to adequately explain what they would do in the case of an emergency.
- Staff who acted as chaperones were appropriately trained for the role.
- The practice was visibly clean and hygienic, there was an effective system to manage infection prevention and control, the policy and procedures had been enhanced and updated to reflect the ongoing COVID-19 pandemic and due to the use of the premises as a Covid-19 vaccination and test centre.

Risks to patients

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

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services, these were assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There was access to suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. Emergency medicines were held in the upstairs pharmacy and the practice had an agreement with the neighbouring NHS GP practice for access to oxygen and defibrillator. This arrangement had been appropriately risk assessed.

Information to deliver safe care and treatment

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

Are services safe?

- During the Covid 19 Pandemic the company that provided the web based system for storing records ceased to trade causing a loss of all the records. The practice were in the process of retrieving them from the 'cloud'. We were informed that no data breach had occurred due to the incident as they are not accessible to anyone at the present time. Patients were contacted about this and a system of paper records was initiated. GDPR policy was put in place to ensure the safety of personal information.
- We viewed the one care record that was available and found that it was written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. A template had been produced to ensure all records were kept in a standard way until a new computerised system was put in place.
- The service had systems for sharing information with NHS GPs and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- The practice told us they had a strong working relationships with a large network of specialist consultants. They made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines. All medicines were housed and dispensed from the upstairs pharmacy. The service kept prescription stationery securely and monitored its use.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service had a good safety record.

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

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The practice recorded one significant event in the last 12 months. This was the loss of the electronic patient records. We were satisfied that all appropriate action was taken to ensure the safety of patient information while the data was retrieved. We were satisfied there was an effective system for recording and acting on significant events. Staff fully understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

Are services safe?

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a mechanism in place to appropriately deal with alerts to all members of the team. Most alerts were dealt with by the pharmacy and any appropriate alerts were disseminated to the doctors practice from there. There were no recent recorded alerts on the recording system for the doctors practice.

Are services effective?

We were not able to rate effective because we did not have enough evidence to conclude whether people's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on the best available evidence.

Effective needs assessment, care and treatment

At the time of inspection, the service had provided one general practice consultation since re opening for general work after the Covid-19 Pandemic. The last consultations being in 2018. We reviewed the hand written clinical notes for this consultation and found that the patients immediate and ongoing needs were fully assessed.

Monitoring care and treatment

We were informed that due to the Covid-19 pandemic and a shift in the type of work carried out at the practice, no clinical audits had been undertaken. This was an area of work that we were assured would recommence once more patients were being seen.

We reviewed one non-clinical audit from November 2020 which looked at the consistency of their patient record keeping prior to 2018. One hundred and six patient records were examined and it was found that 90% had fully completed health questionnaires which included a signature from the patient. Ninety six records contained good clinical notes and detailed patient history. The practice planned to review the audit however the records became unobtainable therefore this was delayed.

Effective staffing

The current staff makeup consisted of a manager and a part time doctor who also worked as a consultant at a local hospital. Both were up to date with mandatory training and the doctor was appropriately registered with the General Medical Council. The doctors revalidation was up to date. The practice had previously employed more staff and it was something they were hopeful of doing in the future. An induction programme was in place for any newly appointed staff to complete. The provider understood the need for learning and development of staff and further training with protected learning time would be offered.

Coordinating patient care and information sharing

At the time of this inspection, there was insufficient evidence to show that the practice consistently provided patient centred care or referred to other specialist services and clinicians where appropriate. We were informed that it was practice policy to do this prior to 2018.

There was a system in place for the practice to ask all patients for consent to share details of their consultation and any medicines prescribed with their registered NHS GP, or doctor from their home country on each occasion they used the service. The practice told us they found most patients did not want information from the care and treatment received passed onto their NHS GP. The practice were clear with patients if the information was essential for their NHS GP to know they would pass it on. Patients were advised to hand over a report to their NHS GP or regular doctor from their home country which was typed up and sent to them following a consultation.

Supporting patients to live healthier lives

Are services effective?

Advice and support was given over the telephone by the adjacent Zafash Pharmacy. Following this, if appropriate, the caller would be asked to make an appointment to either see their own GP or the doctor at Zafash 24 Hours Doctors.

Consent to care and treatment

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- There was a system of recording and monitoring consent on the patient records.

Are services caring?

We were not able to rate caring because we did not have enough current evidence to conclude whether the service involved and treated people with compassion, kindness, dignity and respect.

Kindness, respect and compassion

Online feedback about the general practice service provided prior to 2018 was positive about the way staff treated people. Due to the service changes over the last two years there was no recent patient feedback

Involvement in decisions about care and treatment

Interpretation services were available for patients who did not have English as a first language.

The practice had not carried out any recent patient surveys but showed that prior to 2018, patients felt they were listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

Staff recognised the importance of people's dignity and respect. We were informed that due to the low number of patients that attended the practice, it was quite often one patient in the building at a time. If more than one patient was in the building and sensitive issues were to be discussed, or the patient was distressed, they could offer a private room to discuss their needs.

Are services responsive to people's needs?

The practice had ceased to operate as a general practice during the Covid-19 Pandemic and at the time of inspection, only one patient had been seen since 2018. During the Pandemic, the practice became a Covid testing centre and laboratory. The practice had recently recommenced general practice consultations.

We rated responsive as Good because:

Responding to and meeting people's needs

- The service became a Covid-19 testing centre (not regulated by CQC) during the Pandemic to respond to the ever changing clinical needs of the general public in the area. As demand for this service decreased, it recommenced general practice consultations.
- The service had organised and delivered services to meet patients' needs. It took account of the needs and preferences of the patients that it reached out to. For example, although the premises opening hours were 9am to 11pm, seven days per week, patients could call 24 hours a day. Appointments could also be delivered at their hotel at any time of day.
- Patient consultations did not have a time limit and all patients that required it were given copies of their consultation.
- The service had a system in place that alerted staff to any specific safety or clinical needs of any person using the service.
- The facilities and premises were adequate for the services delivered. The practice was in the basement of the building, but for those who could not manage the steps, a consultation room was available in the upstairs clinic.

Timely access to the service

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

- The practice was open seven days a week between 9am and 11pm. The practice did not open on a bank holiday. Patients could call the GPs mobile phone out of these times if there was an emergency.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- There was minimal waiting times for the service.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patient feedback demonstrated the appointment system was easy to use.
- The practice had a network of private health care specialist consultants and services. We saw referrals to these consultants and services were undertaken in a timely way.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. The practice had not received any complaints in the last 12 months.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- The GP was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. One of the main challenges was re starting their client base following the Covid-19 Pandemic.
- The GP was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- There were effective processes to develop leadership capacity and skills.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Following the Covid-19 Pandemic, the practice had re assessed its vision to look at ways of building up the patient business. This included contacting local hotels and insurance companies to promote their services. The practice was looking into becoming a vaccination centre.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The lead GP acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- There were systems in place for staff to raise concerns and they were encouraged to do so.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation, training and development where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. This was through the GPs appraisal from the Independent Doctors Association. The GP had oversight of safety alerts, incidents, and complaints.
- There was no evidence of clinical audit and how that had a positive impact on quality of care and outcomes for patients. this was due to the lack of clinical work that had been carried out since 2018. However, the practice intended to re-start their programme of clinical audit once they are seeing patients on a more regular basis.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- There was limited evidence available to see how quality and operational information was used to ensure and improve performance.
- We saw evidence of meetings held during the Covid-19 Pandemic, when the practice was used as a vaccination centre where quality and sustainability were discussed. We were assured that this practice would be carried forward once regular team meetings were recommenced.
- 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. This was evident through the processes and procedures enacted by the practice when the computerised patient records data was lost. Legal processes were put in place to ensure any lost data was not viewed by anyone who should not have access to it.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews (through doctors peer meetings) of incidents and complaints.

Are services well-led?

- Learning was shared and used to make improvements.