

Doctorcall Limited

Doctorcall London

Inspection report

121 Harley Street,
London
W1G 6AX
Tel: 020 7535 1828
Website: www.doctorcall.co.uk

Date of inspection visit: 13 March 2018
Date of publication: 08/05/2018

Ratings

Overall rating for this service

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

Overall summary

We carried out an announced comprehensive inspection on 13 March 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

Summary of findings

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.

Doctorcall London offers a 24 hour visiting doctor service within London and primary care appointments with a doctor at its clinic with onward referral to diagnostic and specialist services as appropriate. These services treat children and adults.

The service has a designated 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.

Our key findings were:

- Systems were in place to protect people from avoidable harm and abuse.
- When mistakes occurred lessons were learned and action was taken to minimise the potential for reoccurrence. Staff understood their responsibilities under the duty of candour.
- Staff were aware of current evidence based guidance.
- Staff were qualified and had the skills, experience and knowledge to deliver effective care and treatment.
- Patient feedback indicated that patients were very satisfied with the service.
- Information about services and how to complain was available.
- There was clear leadership and staff felt supported. The service team worked well together.
- There was a clear vision to provide a high quality, personalised service.
- The service had systems in place to monitor and improve the quality of service provision.

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

- Review arrangements to ensure that equipment and medicines held by doctors who are visiting patients are checked and calibrated as necessary.
- Review its procedures to check the identity of children and accompanying adults attending the clinic.
- Review its quality improvement programme and, for example, embed clinical audit more systematically in its monitoring of performance.

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.

The service had systems in place to assess and manage risks including safeguarding patients from the risk of abuse; learning from incidents and the safe management and dispensing of medicines. The practice was equipped to respond to medical emergencies.

Are services effective?

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

Doctors were up to date with current guidelines and considered these when delivering patient care. The service had systems in place to ensure that staff had the skills, knowledge and ongoing professional development to deliver a clinically effective service. The medical director audited the quality of their medical record keeping and carried out other clinical quality improvement work including occasional clinical audit.

Are services caring?

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

The service treated patients courteously and with respect. The service involved patients fully in decisions about their care and provided all information, including costs prior to the start of treatment. Screens were provided in consulting rooms to maintain patients' privacy and dignity. Patients gave very positive feedback about the service and the staff.

Are services responsive to people's needs?

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

The service was responsive to patient needs with home and hotel based consultations available 24 hours a day. Patients were usually able to access appointments at the clinic the same or next day. The service had a complaints policy in place and information about how to make a complaint was available for patients.

Are services well-led?

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

There was a clear leadership structure, vision and strategy for the service. The service had a comprehensive range of policies and procedures in place to identify and manage risks and to support good governance. The service supported staff members to develop in their role and there was a focus on service development and improvement.

Doctorcall London

Detailed findings

Background to this inspection

Doctorcall London provides an independent 24 hour visiting doctor service in London. The doctors carry out home or hotel visits inside the M25 on request.

The provider also runs a clinic in central London (Doctorcall, 121 Harley Street, London W1G 6AX), one in the City of London (Dr Kelly & Associates, 65 London Wall, London, EC2M 5TU) and another in Manchester (Doctorcall, 2-4 Exchange Street, St Anne's Square, Manchester, M2 7HA) all of which offer primary care consultations with a doctor.

This inspection covers the visiting doctor service and the provider's clinic in Harley Street in central London. Both of these services are available to children and adults. The clinic is open from Monday to Saturday with consultations normally available as follows:

- Monday, Tuesday, Thursday: 12pm to 5pm
- Wednesday: 11am to 5pm
- Friday: 8.30am to 1pm
- Saturday: 10am to 1pm

The provider currently contracts with 15 self-employed doctors (male and female) to provide the visiting doctor and clinic services.

The clinic has a registered patient list but the focus of the service is on providing screening services and treatment for acute issues. For example the provider told us they did not provide ongoing care for long-term conditions such as diabetes. The provider offered consultations, travel vaccinations, sexual health services including cryotherapy and health screening services.

The service is located in a converted property. The service consultation rooms and office areas occupy the second floor which is accessible by stairs and a lift. The premises are owned by the medical director.

We carried out this inspection of Doctorcall London on 13 March 2018. The inspection team comprised one CQC inspector and a GP specialist advisor. Before visiting, we reviewed a range of information we hold about the service and asked the provider to send us some information about the service which we also reviewed.

During our visit we:

- Spoke with the staff who were present, including the managers and one of the visiting GPs. We also spoke with the medical director by telephone.
- Reviewed documentary evidence relating to the service and inspected the facilities, equipment and security arrangements.
- We reviewed a number of patient records alongside the visiting GP. We needed to do this to understand how the service assessed and documented patients' needs, consent and any treatment required.
- Reviewed 32 comment cards completed by patients attending the clinic in advance of the inspection.

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 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 services in accordance with the relevant regulations.

Safety systems and processes

The service had considered relevant health and safety and fire safety legislation and had access to relevant risk assessments covering the premises in addition to practice policies and protocols which were regularly reviewed. Any changes in safety procedures were communicated to staff and patients if relevant.

The service had defined systems, processes and practices in place to keep people safe and safeguarded from abuse:

- The service had recruitment procedures to ensure that staff were suitable for the role and to protect the public. We looked at the recruitment files for two members of staff. Appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body. The provider's policy was to request Disclosure and Barring Service checks for all staff working in the service. (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). The service medical director had evidence of appropriate indemnity insurance and immunisation status for clinical staff members.
- The medical director was the designated safeguarding lead for the service. The service had safeguarding policies, protocols and contact details for the local statutory safeguarding team. Staff had access to information outlining how to contact statutory agencies for further guidance if they had concerns about a patient's welfare. Staff understood their responsibilities and had received safeguarding training relevant to their role, for example all but two of the sixteen employed doctors were trained to safeguarding children level 3. The remaining two doctors were trained to level 2. These two doctors did not work at the clinic and did not treat children at the service. The service had not had reason to raise a safeguarding alert and we were told that the service rarely saw patients who might be vulnerable due to their circumstances, for example patients with dementia.

- The service displayed posters informing patients they could request a chaperone. Practice policy was to use only staff who had been trained on chaperoning by the medical director.
- The premises were clean and tidy on the day of the inspection. The service had designated the senior administrator as the operational lead for infection control. The service had infection prevention and control policies and protocols in place and the mandatory staff training programme included infection prevention and control. There were regular infection control audits including handwashing. Clinical waste was separated, stored and disposed of appropriately. The service kept waste disposal destruction notices on file.
- The premises were suitable for the service provided. The clinic was located in an older building on the second floor. The premises were accessible by stairs. The medical director was able to use a consulting room on the ground floor if patients attended who were unable to use the stairs.
- The service had comprehensive health and safety policies in place. Staff had access to the service policies through the shared computer system. Health and safety risk assessments for the premises, equipment and materials had been carried out or obtained. Fire safety equipment was regularly tested and the service carried out fire drills annually.
- All electrical and clinical equipment in the clinic had been checked and calibrated to ensure it was safe to use and was in good working order. We found that equipment in the visiting doctor's bag had not been calibrated. The doctors were responsible for ensuring that their equipment was checked and brought in for calibration. The service did not have a system for reminding the doctors or monitoring that this had been done.
- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. The service planned ahead to ensure cover was in place for example, in advance of the clinic-based doctors taking leave. Most of the doctors were GPs. The service also occasionally recruited doctors with other specialisms if they had appropriate skills and experience, for example, of working in A&E settings.

Risks to patients

Are services safe?

The service had arrangements in place to respond to emergencies and major incidents:

- The service had emergency oxygen, a defibrillator and pulse oximeters on the premises and associated pads, masks and tubing. The equipment was in date and ready for use on the day of the inspection. The senior administrator checked this equipment weekly.
- The service stored nitrous oxide on the premises for use as a refrigerant in cryotherapy. We observed that this was not stored safely and posed a risk to patients and staff. The service relocated the cylinder the same day and submitted evidence of revised storage and handling protocols shortly after the inspection.
- All staff received annual basic life support training.
- The service kept a small stock of medicines to treat patients in an emergency for example patients experiencing symptoms of anaphylaxis.
- The emergency medicines were in date and were regularly checked.

Information to deliver safe care and treatment

The service kept electronic patient records of appointments and consultations. Patients making an appointment for the first time were asked to complete a new patient registration form with their contact details, date of birth, medical and family history and any current treatment or health conditions. The service did not specifically ask for verification that younger children were attending with a parent or adult with parental authority.

The 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 shared computer drives.

The service requested patients' consent to share information about treatment or referrals with their NHS GP. It did not hold information about the patient's normal NHS GP in its records.

Safe and appropriate use of medicines

The provider had effective arrangements for obtaining, recording, handling, storing and the security of medicines.

- The service had protocols for prescribing and repeat prescribing.
- The doctors occasionally prescribed medicines for six month periods without requiring a review. In these

cases, the medicines prescribed were not high risk, for example one of the doctors had prescribed a statin for a patient on this basis. (Statins are a type of medicine used to reduce levels of cholesterol in the blood).

- The service carried out audits of clinical record keeping in part to ensure it was managing medicines in line with its policy and protocols. It also provided evidence of a 2016 audit carried out to look at antibiotic prescribing for urinary tract infections. This was a single cycle audit.
- The service maintained a dispensary which was stocked with medicines that were commonly prescribed by the doctors. The stock of medicines held was relatively narrow in range to minimise wastage. Systems were in place to ensure prescriptions were signed before the medicines were dispensed and handed out to patients. The senior administrator was responsible for dispensing medicines and was appropriately trained for this role. They referred to standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We saw evidence of regular review of these procedures in response to changes to guidance or safety alerts in addition to annual review. There were arrangements in place to ensure the security of medicines for example, access was restricted to named members of staff.
- The process for dispensing medicines included a check by both the dispensing member of staff and the prescribing doctor. All medicines were dispensed in their original packaging with a patient information sheet.
- The doctors and managers routinely reviewed updates to national guidelines and medicines safety alerts. This included assessing the relevance of alerts to the management of medicines stocked in the service's dispensary.
- The fridge temperature was monitored on a daily basis, and we saw evidence that the cold chain was maintained. The service was monitoring maximum, minimum and current temperatures but only recording the current readings. The service confirmed they would now document all these readings during the inspection.
- The service held a small stock of one controlled drug (a medicine that requires extra checks and special storage because of their potential misuse) and had procedures in place to manage this safely. This medicine was stored

Are services safe?

in a controlled drugs cupboard, access to which was restricted and the keys held securely. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The service had discussed but not introduced a clinic-specific stamp for prescriptions which could make prescription forgery more difficult.

Track record on safety

The service maintained a file of serious incidents, accidents and complaints. Three incidents had occurred over the previous year. National safety alerts were logged, assessed for relevance and any actions tracked and signed off when completed.

Lessons learned and improvements made

There were systems in place for identifying, investigating and learning from safety incidents. The service defined a 'serious incident' as any incident that can lead to harm or loss to patients. Staff told us they would inform the manager of incidents and complete an incident form.

The doctors and managers we interviewed understood the duty of candour and the responsibility to be open with patients and the service was able to provide a recent example. Practice policy was to ensure that any affected patients were given reasonable support, a truthful explanation and an apology. Clinical incidents were discussed at a quarterly clinical meeting to which all the doctors were invited and minutes kept.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The service provided evidence that the doctors considered relevant and current evidence based guidance when assessing patient needs and delivering patient care. They received updates to national guidelines and reviewed these at quarterly clinical meetings.

The service offered in-house blood testing and used diagnostic services run by other independent providers in the same area of London. The service was able to offer patients fast access to common investigations and tests. The service had developed links with a range of specialists to facilitate appropriate referrals.

Monitoring care and treatment

The service had systems in place to monitor the quality of care and treatment. For example, the medical director audited the quality of medical record keeping and provided individual feedback to the doctors. The service did not have a well-developed clinical audit programme but could provide evidence of a recent single cycle audit of antibiotic prescribing for upper respiratory tract infection. The service was not generally benchmarking its clinical activity or reviewing patient outcomes, for example against published NHS norms and targets. The medical director led quarterly clinical meetings which included opportunities for the doctors to bring cases for reflection and review. The doctors we spoke with said these meetings were useful.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The service had an induction programme for newly appointed staff. This included mandatory training covering safeguarding, infection prevention and control, fire safety, health and safety and information governance. Doctors were observed and assessed by the medical director as part of the recruitment process.
- The service could demonstrate how it ensured role-specific training and updating for relevant staff. The doctors maintained a folder of educational sessions as part of their appraisal process.

- The learning needs of staff were identified through a system of appraisals and more informal discussion between staff members and their manager.
- All non-clinical staff had received an appraisal within the last 12 months with their manager.
- Staff received regular update training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The service shared information to plan and co-ordinate patient care effectively.

- From the sample of documented examples we reviewed we found that the service shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other relevant health care professionals such as hospital consultants to assess and plan ongoing care and treatment.
- Information was shared between services with patients' consent. Patients were asked to allow the service to share information about their treatment with their NHS GP if they had one.
- The service did not see patients with longer term conditions requiring continuing care. We were told that patients could be directed to other private GPs if they required this level of service.

Supporting patients to live healthier lives

- The service had a focus on preventative health and offered a range of preventative health and screening services.
- The usual length of appointment was 25 minutes for standard consultations and we were told this allowed for time to discuss healthy living and to address any other questions patients might have about their wider health and circumstances. Several patients who completed cards in advance of the inspection commented positively on this aspect of the service.
- The service offered a comprehensive range of travel services and was registered to provide the yellow fever vaccination.
- The service provided advice on sexual health and contraception. It did not fit contraceptive implants or IUDs.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. The clinical staff understood the relevant consent and decision making requirements of legislation and guidance relating to adults and children

and including the Mental Capacity Act 2005. However, the service did not formally verify that children attending the clinic were accompanied by an adult with parental authority or their legal guardian.

Are services caring?

Our findings

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

Kindness, respect and compassion

The service aimed to provide a caring and responsive service. Staff we spoke with told us patients were treated with dignity and respect all times. Thirty-two CQC patient comment cards were completed in advance of the inspection by patients attending the clinic. All the comments we received were positive about the quality of the service and the patient experience. Patients described the service as excellent and the staff as professional, friendly and caring.

The administrative staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private space to discuss their needs. Chaperones were available on request and this was clearly signposted in the waiting area and in the consultation rooms.

Involvement in decisions about care and treatment

The service ensured that patients were provided with all the relevant information they needed to make decisions about their treatment including information in advance about the costs. Patients commented that they were involved in decisions and several patients noted that the clinic doctors were the best they had consulted in terms of taking the time to explain and discuss matters.

The service provided facilities to help involve patients in decisions about their care:

- We were told that patients who attended the clinic nearly always spoke English fluently. Patients requesting a visiting doctor which included tourists also usually had access to an English speaking person who could translate. The service had access to translation services, including telephone translation, should patients need this for an additional fee.
- The clinic staff team spoke a range of languages including French, Persian, Arabic, Danish, Iraqi, Italian and Spanish.
- Information leaflets were available explaining the services available. The service also operated a website which enabled patients to use online instant translation facilities.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity. Staff recognised the importance of patient confidentiality and the service complied with the Data Protection Act 1998. The consultation rooms were equipped with a privacy screen. The consultation room door was kept closed to ensure conversations taking place remained private.

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 and preferences. The service understood the needs of its population and tailored services in response to those needs. The provider made it clear to the patient what services were offered and the limitations of the service.

Appointments could be booked over the telephone, face to face and online. Most clinic patients attended in person however we were told that telephone and online consultations could be arranged if necessary. Patients could book an appointment at the clinic with a male or female doctor.

The service's rooms were located on the second floor which were accessible by stairs and a lift. The service had use of a wheelchair which could fit into the lift and had used this to enable at least one patient to access the service recently. The building was not fully accessible as there were steps to the ground floor entrance. The service was able to direct people to alternative independent doctors with more accessible facilities if necessary. The staff could make space available in the clinic for baby changing and breast feeding on request.

The visiting doctor service was available to people living or staying within the M25. The service had entered into contracts with a number of London-based hotels to provide a visiting service to guests as required.

The service sent an email request to every patient following a consultation asking for feedback. The return rate was around 10% and highly positive comments were received overall.

Timely access to the service

Patients were able to access care and treatment from the service within an acceptable timescale for their needs. The service informed us that patients would be offered same day or next day appointments and patients who commented about access were positive.

Patients had timely access to initial assessment, test results, diagnosis and treatment. Waiting times, delays and cancellations were minimal and managed appropriately. Patients with the most urgent needs had their care and treatment prioritised.

The clinic was open from Monday to Saturday with consultations normally available as follows:

- Monday, Tuesday, Thursday: 12pm to 5pm
- Wednesday: 11am to 5pm
- Friday: 8.30am to 1pm
- Saturday: 10am to 1pm

Patients were provided with information about the provider's 24 hour visiting doctor service in London if they wished to consult an independent doctor out of clinic hours. The visiting doctor service aimed to reach patients within 90 minutes of the callout request and monitored this.

Listening and learning from concerns and complaints

The service had received 13 complaints in 2017 which we reviewed and none to date in 2018. (The service ran its own patient email feedback survey and treated any returns with critical feedback as complaints.) There was a lead member of staff for managing complaints. Clinical complaints were discussed by the doctors in the quarterly clinical meeting. We reviewed all 13 complaints. There was no particular theme but most complaints were non-clinical in nature, for example concerning delays to an appointment or staff attitude. Patients received a written apology, an explanation and, where appropriate, a refund.

The service had a complaints policy in place which was in line with recognised guidance. Information about how to make a complaint was readily available for patients and displayed in the waiting area. The complaints information detailed the process for complaints handling and how patients could escalate their concerns if they were not satisfied with the internal investigation and outcome.

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 regulations.

Leadership capacity and capability

The service was led by the founding doctor who was the medical director and the designated clinical lead for the service. The service had appointed managers and a clear organisational structure. The leaders had the capacity and skills to deliver high quality, sustainable care. The service had identified clear priorities for maintaining the quality and future of the service. We were consistently told by staff and patients that the medical director and practice managers were visible and approachable.

Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality care. There was a realistic strategy and supporting business plans to achieve identified priorities which were regularly reviewed. The administrative team said they were involved in and informed about planned changes and were aware of the strategy and their own role in achieving this. The self-employed doctor we spoke with understood the aims of the service and their role in ensuring that patients received high quality care and a good experience.

Culture

There was an open working culture at the service. Staff said they were supported and valued. They told us they were able to raise any concerns and were encouraged to do so. They had confidence that these would be addressed. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour with patients.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance. Service policies and procedures were documented, accessible and the medical director had systems in place to assure these were operating as intended.

There were processes for providing all staff with necessary training and development. This included regular appraisal and career development discussion. All staff received regular annual appraisals with their manager or the medical director relevant to their role.

The medical director and doctors underwent an external clinical appraisal annually as required and maintained their professional development and skills. The medical director led quarterly clinical meetings to which all doctors (including contracted doctors who were self-employed) were invited and expected to contribute.

Managing risks, issues and performance

There were clear and effective processes for managing most risks. There was effective oversight of relevant safety alerts, incidents, audit results and complaints. There was evidence of action to change practice to improve quality when issues had been identified.

The service had trained staff for major incidents and had a business continuity plan including contact details for the key contractors and utilities should there be a major environmental issue.

Appropriate and accurate information

The service acted on appropriate and accurate information. There were arrangements in line with data security standards for the accessibility, integrity and confidentiality of patient identifiable data and other key records.

Quarterly clinical meetings drew on the latest information on safeguarding, significant events and complaints. Outcomes and learning from these meetings were documented and shared for reference.

The service carried out some clinical quality improvement work including regular audits of record keeping. There was evidence of limited clinical audit driving improvement. The service had not identified additional ways of measuring clinical performance and outcomes.

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners to support the service. For example, the service requested patient feedback after every consultation and acted on the results. The service was responsive to corporate clients, for

Are services well-led?

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

example it had increased its capacity to provide medical services to the oil and gas industry. Staff said they were encouraged to share and discuss ideas for further improvement.

Continuous improvement and innovation

There was a focus on improvement and service development within the service. For example:

- The service had commissioned and implemented a new integrated software system to support the visiting doctor service. This enabled doctors to enter their notes electronically during the visit and also allowed their location to be monitored by the call handling team.
- The service was in the process of standardising its processes and procedures across its three clinics to improve efficiency and facilitate cross working.
- The service had set up bespoke testing profiles with its contracted pathology laboratory to process different types of medicals more efficiently.