

Sameday Doctor Holdings LLP

# Samedaydoctor Central London Clinic

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 4 May 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.

Samedaydoctor Canary Central London Clinic is an independent health service based in London.

### **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.
- 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.

# 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 were systems in place to safeguard patients.
- There were risk assessments to monitor safety of the premises.
- There were systems in place to support learning and improvement.

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### **Are services effective?**

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

- Care and treatment was delivered in line with national guidance.
- There were quality improvement processes in place, including clinical audits.
- Staff had the skills and knowledge required to carry out their roles.

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### **Are services caring?**

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

- Patients were treated with respect and compassion.
- Patients were involved in their care and treatment.

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### **Are services responsive to people's needs?**

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

- Access to the service was available seven days a week.
- Patient feedback was very positive of the standard of care and treatment received.

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### **Are services well-led?**

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

- There was a comprehensive governance system in place.
  - There was a clear leadership structure in place.
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# Samedaydoctor Central London Clinic

## Detailed findings

### Background to this inspection

Samedaydoctor Central London Clinic is an independent health service based in central London. The provider, Sameday Doctor Holdings LLP, manages four Samedaydoctor clinics, three in London and one in Manchester. Samedaydoctor Central London Clinic is the headquarters and offers general private doctor services, health screening, sexual health testing and treatment, and vaccinations including children's and travel vaccinations.

The service is registered with the CQC to provide the following regulated activities: diagnostic and screening procedures; family planning; and treatment of disease, disorder and injury.

Samedaydoctor Central London Clinic is open from Monday to Friday from 8am to 7pm, Saturday from 10am to 4.30pm and Sunday from 10am to 3pm.

The lead GP at the service is the registered manager. A registered manager is a person who is registered with the CQC 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 carried out this inspection as a part of our comprehensive inspection programme of independent health providers. Our inspection team was led by a CQC lead inspector, who was supported by a GP specialist advisor and a practice nurse specialist advisor.

The inspection was carried out on 4 May 2018. During the visit we:

- Spoke with a range of clinical and non-clinical staff.
- Reviewed a sample of patient care and treatment records.
- Reviewed comment cards in which patients shared their views and experiences of the service.
- We asked for CQC comment cards to be completed by patients prior to the inspection. We received 60 comment cards which were all positive about the standard of care received. Staff were described as caring, helpful and professional.

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?

# 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 service had systems to keep patients safe.
- The service had appropriate systems to safeguard children and vulnerable adults from abuse. The safeguarding policy outlined the process for reporting a safeguarding concern and had contact details for reporting and concerns. We saw that all staff had received safeguarding training appropriate to their role, and knew how to recognise and report potential safeguarding concerns.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis.
- The service had undertaken enhanced Disclosure and Barring Service (DBS) checks for clinicians and standard checks for the majority of non-clinical staff. 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 had a chaperone policy; we saw signs posted in the clinic alerting patients that chaperones were available. Non-clinical members of staff had received training to act as chaperones and were DBS checked prior to undertaking any chaperone duties.
- We saw evidence that the GPs undertook professional revalidation every five years in order to maintain their registration with the General Medical Council (GMC).
- 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.
- There was an effective system to manage infection prevention and control. We saw evidence of daily and weekly cleaning schedules.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. Staff told us that if the service was particularly busy or staff were off sick, then staff from other Samedaydoctor clinics could provide cover.
- There was an effective induction system and training programme for staff tailored to their role. For example, we saw evidence of role specific training programme for new members of staff.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention, and we saw evidence that the emergency equipment was checked regularly. We saw a poster in the reception area for the medical administrators to refer to, which set out a number of 'red flag' symptoms for when patients should be advised to call 999.
- All staff completed basic life support training annually.
- There were arrangements in place to check the identity of patients. This included a check on parental responsibility for children.
- We saw evidence that there were appropriate professional indemnity arrangements in place for clinical staff.
- Staff told us that they understood the fire evacuation procedures and that fire alarm tests and fire drills were carried out. We saw evidence that fire drills were carried out and recorded and of weekly fire alarm tests.

### Information to deliver safe care and treatment

- Staff had the information they needed to deliver safe care and treatment to patients.
- The practice used a computer based record system.
- Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included investigation and test results.

### Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, emergency medicines and equipment minimised risks. We saw evidence that the refrigerator temperature was monitored and recorded daily.

# Are services safe?

- Prescriptions were kept securely, as prescriptions were printed directly from the secure computer system and the service did not hold any blank prescriptions.
- The service had an antimicrobial prescribing protocol in place, and we saw evidence of good antimicrobial stewardship, such as in relation to the treatment of urinary tract infections.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The lead GP told us that they would speak to a patient before authorising a repeat prescription.
- Arrangements for dispensing medicines at the service, such as travel health medicine, kept patients safe. Medicines were pre-labelled by the Pharmacy with the dose and frequency detailed.

## Track record on safety

There were systems in place for reporting incidents. The practice had a number of procedures to ensure that patients remained safe. The practice had recorded four significant events within the last 12 months. Events were recorded and were used in meetings to provide learning to staff at the practice. Learning from the significant events was shared with all Sameday Doctor practices. Trends from significant events were reviewed every six months.

There was a policy for handling alerts from organisations such as Medicines and Healthcare products Regulatory Agency (MHRA). Alerts were received by email by senior members of staff and cascaded to appropriate members of staff. Alerts were discussed in staff meetings. We asked about recent alerts such as one issued for the use of sodium Valproate and found that staff were aware of this and could evidence that the alert had been received and reviewed by the service.

## Lessons learned and improvements made

The service had a system to enable learning when things went wrong.

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 policy stated that:

- The service would give affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

# 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 told us that they delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Updated NICE guidelines were communicated to all staff across the Samedaydoctor clinics via monthly email bulletins. We saw evidence of clinical consultation reviews where treatment was checked to ensure it was in line with the latest guidance.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Monitoring care and treatment

The service reviewed the effectiveness and appropriateness of the care provided.

The service completed quality improvement activities such as clinical audits and we saw evidence that results and learning from audits were shared with all staff across the Samedaydoctor clinics.

We saw a two cycle audit from 2017 regarding yellow fever vaccinations. The first cycle identified that some patients did not have a scanned vaccine medical questionnaire form or consent form in their notes, and that some patients did not have clear indications documented for the vaccine. The outcome of this audit cycle was communicated to all staff in the monthly email bulletin, and clinicians were reminded to attach the necessary documents to the notes and to ensure that there is a clear reason for the vaccine administration with reference to NaTHNac guidance. The second cycle identified that, although the percentage of patients with signed consent forms of this audit had increased, the service introduced a new form to be completed by each clinician and attached to the patient notes for yellow fever vaccines, which included mandatory tick boxes and information to be completed.

### Effective staffing

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

- Clinicians had sufficient time to carry out their roles effectively.
- We saw up to date records of skills, qualifications and training for staff, and we were told that staff were encouraged and given opportunities to develop.
- The service provided staff with support through an induction and training programme tailored to their role, regular staff meetings, and annual appraisals where performance objectives were identified and any training needs or issues were discussed.
- We saw evidence that GPs consultation notes were reviewed on a regular basis to monitor their record keeping and the treatment provided.
- There were policies in place for supporting and managing staff when their performance was poor or variable.

### Coordinating patient care and information sharing

Staff worked together and with other professionals to deliver effective care and treatment.

- The service's patient registration form requested consent to share information with the patient's NHS GP. We saw evidence that if consent was provided, the service would provide patients' NHS GPs with a written update of the patients treatment.
- Where patients required a referral this was generally arranged directly through a private provider unless it was deemed beneficial for the patient to contact their NHS GP for a referral. Test results were usually received back within 24 hours.
- GPs were expected to review test results received within one working day. Referrals to secondary care could be made on the same day as a GP consultation.

### Consent to care and treatment

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

Treatment costs were on display in the waiting area and explained in detail before treatment commenced.

# 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 treated patients with kindness, respect and compassion.

- We saw that staff understood patients' personal, cultural and social needs.
- Medical administration staff told us that if patients wanted to discuss sensitive issues or appeared distressed they would take them to a private area away from other patients to discuss their needs.
- All of the 60 patient CQC comment cards we received were positive about the service experienced. Patients described the staff as caring, professional and friendly.
- The service promote a culture of seeking patient feedback. For example, all patients are sent a survey once per year and staff record patient comments that attend the service for treatment.
- 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

Staff helped patients be involved in decisions about their care.

- The service offered interpretation services by using multilingual staff from across the Samedaydoctor

clinics. The lead GP explained that staff could translate via speakerphone and that the languages spoken by staff across the clinics included French, Spanish, German, Italian, Welsh, Polish, Hindi, Punjabi, Farsi, and Yoruba.

- Comprehensive information leaflets were available to patients providing travel health advice and detailing risks and side effects of various vaccines.
- Patients in the CQC comment cards stated that they were listened to and that GPs asked if they had any concerns or questions.

### Privacy and Dignity

Staff recognised the importance of patients' privacy and dignity.

- The service complied with the Data Protection Act 1998 and was registered with the Information Commissioner's Office.
- Patient information and records were held securely and were not visible to other patients in the reception area.
- The computer system was secure, backed up daily and certain parts of the system could be accessed by staff from home using an encryption key.
- We saw that when the consultation room door was closed during appointments and that conversations taking place in the consultation room could not be overheard.
- We saw that a privacy screen was provided in the consultation room for patients if needed to maintain dignity.

# 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 organised and delivered services to meet patients' needs.

- The facilities and premises were appropriate for the services delivered.
- The service had leaflets available for patients which gave travel health advice and provided information about the risks and side effects of various vaccines.
- When the service is closed the telephones were diverted to an answering service organisation; this organisation took patient's details and advised that a medical administrator would contact them during open hours or, if the matter was urgent, they would contact the lead GP.

### 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 is open from Monday to Friday from 8am to 7pm, Saturday from 10am to 4.30pm and Sunday from 10am to 3pm. The service is open every day throughout the year apart from Christmas day.
- The appointment system was easy to use; patients could book online or by telephone and were able to ask to see a named GP.
- In the CQC comment cards patients stated it was easy to book an appointment and they only had to wait a short time.

### Listening and learning from concerns and complaints

The service had a complaints policy in place.

- We saw a sign in the reception area which detailed how patients could make a complaint.
- Complaints were reviewed and dealt with by the lead GP, discussed between the two GPs and then fed back to all staff via the email bulletins.
- Two complaints were received in the last year. We reviewed these and found that they were handled appropriately and in a timely way.

# 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 regulations.

### Leadership capacity and capability

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

- There was a clear leadership structure in place.
- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership.

### 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 in place. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision and values and their role in achieving them.
- The service monitored progress against delivery of the strategy.

### Culture

Staff stated they felt respected, supported and valued.

- Staff told us that they felt able to raise concerns and were confident that these would be addressed.
- Openness, honesty and transparency were demonstrated when responding to incidents and

complaints. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- There were processes for providing all staff with the development they needed; this included annual

appraisals and regular meetings during which any concerns could be raised. Clinicians were supported to meet the requirements of professional revalidation where necessary.

- The service had a dignity and respect policy and staff told us that they felt they were treated equally.

### Governance arrangements

The service had a governance framework in place, which supported the delivery of quality care.

- Staff understood their roles and responsibilities, including in respect of safeguarding and infection control.
- Service specific policies and processes had been developed and were accessible to staff on the intranet, including in relation to safeguarding, complaints, significant events, infection control, needle stick injuries, disciplinary procedures, chaperoning and consent.

### Managing risks, issues and performance

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

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through clinical audits which involved reviewing prescribing and record keeping, and the regular reviews of the other GPs consultation notes.
- Clinical staff received medicines safety alerts from the Medicines and Healthcare Products Regulatory Agency, which were also included in the email bulletins, and leadership had oversight of serious incidents and complaints.
- Clinical audits had a positive impact on patients, in that there was evidence of actions taken to improve quality as a result of audits.
- The service had business continuity procedures in place and had advised staff of the processes in the event of any major incidents.

### Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service adhered to data security standards to ensure the availability, integrity and confidentiality of patient identifiable data and records.

# Are services well-led?

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

- The service submitted data or notifications to external organisations as required.

## **Engagement with patients, the public, and staff**

The service took on board the views of patients and staff and used feedback to improve the quality of services. For example, through an annual survey sent to patient.

Staff told us there were multiple ways to stay engaged including, minutes of meeting, a staff intranet, training and development, formal one to one with line managers, quizzes, daily written feedback about the running of the service and staff meetings.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation. For example, the service promoted training and development for all staff. In addition to mandatory training, staff were asked to participate in regular quizzes to maintain their role specific knowledge. All staff completed a fire safety training quiz annually and clinical members of staff were given case studies and asked to provide the diagnosis and treatment.

Clinical staff were encouraged to maintain a high standard of practice and consultation notes were picked at random for regular review to ensure the service was providing the best possible treatment to patients