

The Third Space Medicine Limited

# The Third Space Medicine Limited

## Inspection report

67 Brewer Street  
London  
W1F 9US  
Tel: 020 7439 7332  
Website: [www.thethirdspace.com](http://www.thethirdspace.com)

Date of inspection visit: 29 January 2019  
Date of publication: 14/03/2019

## Overall summary

We carried out an announced comprehensive inspection on 29 January 2019 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

CQC inspected the service on 27 and 29 March 2018 and asked the provider to make improvements regarding safe care and treatment. Specifically, to ensure staff had received the appropriate level of safeguarding training, the calibration of clinical equipment, the availability of paediatric equipment, and access to historical training and recruitment documents. We checked these areas as part of this comprehensive inspection on 29 January 2019 and found the provider had made most of the necessary improvements.

The Third Space Medicine is an independent medical practice located in Soho in the London Borough of Westminster. The practice offers services for adults and children.

Seven people provided feedback about the service. All feedback we received was positive about the service.

### **Our key findings were:**

# Summary of findings

- There were systems and processes in place to keep patients safe and safeguarded from abuse. Although some improvements were needed in respect of monitoring the safety of equipment and the monitoring of infection control processes.
- Quality improvement activity was used to review the effectiveness and appropriateness of the care provided. The practice ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff had been trained to carry out their roles and had received regular annual appraisals.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

- There was a system in place to gather and act on feedback from patients. Information about services and how to complain was available.
- Governance and oversight had improved.

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

- Review the systems for maintaining and calibrating all equipment according to manufacturers' instructions.
- Review the processes for assessing and auditing the risk of, and preventing, detecting and controlling the spread of, infections.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# The Third Space Medicine Limited

## Detailed findings

### Background to this inspection

The Third Space Medicine is located at 67 Brewer Street, London, W1F 9US. The practice is open from 7:30am to 8.30pm Monday to Thursday and 7.30am to 6.30pm on Fridays. GP appointments are from 8am to 1.30pm Monday to Thursday and 8am to 4pm on Fridays. There are approximately 5,000 registered patients. The practice team consists of a male GP, allied health professionals (physiotherapists, osteopath, nutritionist and massage therapists), a practice manager, a managing director, and three receptionists / administrators. The practice offers GP services and health assessments for children and adults. Patients can be referred to other services for diagnostic imaging and specialist care.

The provider is registered with the Care Quality Commission (CQC) for the regulated activities of Diagnostic & Screening Procedures, Family planning and Treatment of Disease Disorder or Injury.

We carried out this inspection on 29 January 2019. The inspection was led by a CQC inspector who was accompanied by a GP specialist advisor.

Before visiting, we looked at a range of information that we hold about the practice. We reviewed the last inspection report from 27 and 29 March 2018, the provider's action plan following the breaches of regulations identified at the last inspection, and information submitted by the service in response to our provider information request. During our visit we interviewed staff (GP, practice manager, managing director and receptionist), spoke with people using the service, observed practice, and reviewed documents.

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 inspections on 27 and 29 March 2018 we found the provider was not meeting the regulations for providing safe services.

- The GP has not received Level 3 safeguarding children training.
- Clinical equipment had not been calibrated.
- There were gaps in historic recruitment and training files.
- The practice did not have paediatric equipment such as oxygen masks or a paediatric oximeter.

At this inspection on 29 January 2019 we found the provider had made most of the necessary improvements, although the methods used for calibrating clinical equipment and the processes for monitoring infection control should be improved.

### Safety systems and processes

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

- At our last inspection in March 2018 we found safeguarding policies did not detail how safeguarding concerns should be managed within the practice or who to go to for further guidance externally. At this inspection, we found the provider had taken action to update safeguarding policies and a list of external safeguarding contacts was on display for staff to access easily.
- At our last inspection in March 2018, we found the GP had not received safeguarding children training appropriate to their role. At this inspection we found all staff had received up-to-date safeguarding children training which was appropriate to their role, including the GP who had undertaken Level 3 safeguarding children training. The service had systems to safeguard children and vulnerable adults from abuse and staff knew how to identify and report concerns.
- At our last inspection in March 2018 we found gaps in the recruitment files of staff who had been employed by the previous management company. At this inspection we found the practice had acquired the missing recruitment documents for these staff.
- The provider carried 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).

- There was a chaperone policy in place and patients were notified of this service via notices in the waiting area and consultation rooms. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The service had systems in place to assure that an adult accompanying a child had parental authority. There was guidance for staff on parental authority.
- 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 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.
- We observed that appropriate standards of cleanliness and hygiene were followed. The systems to manage infection prevention and control included staff training, daily and evening cleaning schedules for staff and cleaners, quarterly deep cleaning of the practice environment, water testing, and managing healthcare waste. However, the provider had not carried out an infection control audit.
- The provider ensured that facilities were safe, and equipment had been tested for electrical safety. However, the practice had not ensured that all equipment was maintained according to manufacturers' instructions. For example, clinical equipment such as weighing scales, blood pressure monitors, oximeters and the fridge had not been calibrated against known standards for medical devices using calibrated equipment (the practice had attempted to self-calibrate the equipment by comparing readings to other devices). The practice had however ensured that the ECG and spirometer were calibrated according to the manufacturers' instructions.

### Risks to patients

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

# Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- 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 reporting on medical emergencies, the guidance for emergency equipment is in the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place for the GP.

## Information to deliver safe care and treatment

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

- Individual care records were 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.
- The service had systems for sharing information with staff 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 DHSC guidance in the event that they cease trading.
- Clinicians 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.

- At our last inspection in March 2018 we found that the practice did not keep records of checks for emergency equipment or medicines. At this inspection, we found the practice had created and maintained monthly logs for checking the quantity and expiry dates of emergency equipment and medicines.
- At our last inspection in March 2018 we found there was no second fridge thermometer to confirm the accuracy of the integrated thermometer. At this inspection, we

found the practice had purchased an additional thermometer. There were systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment.

- The service kept prescription stationery securely and monitored its use.
- The service carried out reviews to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied 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.
- At our last inspection in March 2018, we found that the provider did not have a process to check the identity of patients. At this inspection, we found there were effective protocols for verifying the identity of patients including children. For example, photo identification was requested at registration. The practice also took a photograph of the patient to add to their clinical record to verify their identity at future consultations. We observed staff explaining to patients the reasons for taking the photograph and patients had the option to refuse this.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues that had been carried out by the building's management. The practice was able to access these documents on request.
- 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.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took

## Are services safe?

action to improve safety in the service. For example, an incident occurred where a practitioner had documented a consultation in the wrong patient record but realised before the patient left the practice so the error could be rectified. The practice now took a photograph of patients and uploaded this to their clinical record so that the clinician could verify the patient's identity in addition to confirming other personal identifiable information prior to starting the consultation.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that the GP assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and 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.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

### Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, the GP undertook regular reflective practice on their consultations.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. Clinical areas audited included the monitoring of thyroid disease, urinary tract infections, low back pain, intimate examinations, pap smears and microbiology.

### Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.

- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

### Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, specialist services or the patient's NHS GP.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP when they registered with the service and at relevant consultations.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who have been referred to other services.

### Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Health screening packages were available to all patients and included an assessment of lifestyle factors. Patients were encouraged to undergo regular health screening.

# Are services effective?

(for example, treatment is effective)

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, if the patient had consented their test results were sent to their NHS GP.
- The GP could refer patients to allied health professionals, a nutritionist and personal trainers who worked onsite.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, for diagnostic screening such as x-ray, ultrasound, CT and MRI.

## **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.



# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

### Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

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

managers told us they had never required this service but would be able to source an interpreter if requested by patients. Patients were told about multi-lingual staff who might be able to support them.

- Patients told us through comment cards, that they felt 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.
- Staff communicated with people in a way that they could understand, for example, easy read materials were available.

### Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, advanced booking of appointments, telephone consultations, and home visits (afternoons only) were available to registered patients.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, patients with mobility difficulties could access the practice via a lift, and there was a hearing loop to assist patients with hearing aids.
- The practice utilised a private pharmacy delivery service for patients who requested their medicines delivered.

### Timely access to the service

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

- 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.

- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, referrals were done the same day.

### 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 also from analysis of trends. It acted as a result to improve the quality of care. For example, changes made as a result of complaints included:

- Creating standardised patient letters to confirm treatment plans.

- Ensuring a unified fee structure for practitioners.

- Providing reception staff access to practitioner exercise lists.

- Changing how other services contacted the practice outside of core opening hours.

# Are services well-led?

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

## Our findings

At our previous inspections on 27 and 29 March 2018 we found the service was not providing well-led care.

- The practice did not have oversight of historic training and recruitment documents for some staff.
- Improvements to some policies, procedures and activities were required to ensure safety and support good governance.

At this inspection on 29 January 2019 we found the provider had made the necessary improvements.

### Leadership capacity and capability

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

- Leaders 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 of the service.

### 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 principles. The service had a realistic strategy although there were no supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- 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.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- 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 in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff felt they were treated equally.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Monthly governance meetings were held with the practice leaders and directors of the wider company. The practice's branding and marketing was managed by the gym.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. For example, the practice had purchased a new system which updated policies and procedures in line with regulation and guidelines. If a policy was updated the practice would be notified of the changes and any action they were required to take. Staff could access these policies and procedures from their computers or remotely from mobile devices.

# Are services well-led?

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

- Staff we spoke with were clear on their roles and accountabilities.

## **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. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- 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.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

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

- The practice reviewed patient feedback via patient surveys, and complaints and compliments received. Feedback was heard and acted on to shape services and culture.
- We saw evidence of feedback opportunities for staff.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. For example, the practice worked closely with the gym to promote health and well-being events. They were also involved in educational sessions for gym staff.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.