RoC Private Clinic Limited

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Inspection report

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Ratings

Overall rating for this service

Overall summary

We carried out an announced comprehensive inspection of RoC Private Clinic Limited on 12 February 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

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.

This service has not been previously inspected.

RoC Private Clinic Limited, established in 2010, provides face-to-face GP appointments for children and adults. Services include blood tests, cervical screening, allergy testing, travel and childhood immunisations. The service has a sister-clinic in Aberdeen, Scotland. The service is supported by the sister-clinic for accounting and marketing functions and governance overview by the medical advisory committee headed by the service's Chief Executive Officer (CEO).

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At RoC Private Clinic Limited occupational health services are provided to patients under arrangements made by their employer, a government department or an insurance company. These types of arrangements are exempt by law from CQC regulation. Therefore, at RoC Private Clinic Limited, we were only able to inspect the services which are not arranged for patients by their employers, a government department or an insurance company.

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

The day-to-day running of the service is provided by the clinic manager with support from the medical director who is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The overall running of the service is overseen by the founder and CEO. The service also employs a GP and a receptionist. In addition, there are three consultants who work under practising privileges (the granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services).

As part of our inspection, we asked for CQC comments cards to be completed by patients during the two weeks prior to our inspection. Fifteen comments cards were completed, all of which are positive about the service experienced. Patients said that the clinic offered an excellent service and staff are friendly, caring, thorough and attentive. Patients said they are treated with dignity and respect.

The service proactively gathered feedback from patients. Data from 1 January 2018 shows that of 50 responses received, 92% of patients rated the service as excellent and 100% would recommend the service to friends and family.

Our key findings were:

- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns. All staff had been trained to a level appropriate to their role.
- The service had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- The service carried out staff checks on recruitment, including checks of professional registration where relevant.
- Clinical staff we spoke with were aware of current evidence-based guidance and they had the skills, knowledge and experience to carry out their roles.
- There was evidence of quality improvement, including clinical audit but the service had not undertaken any prescribing audits.
- Consent procedures were in place and these were in line with legal requirements.
- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- Systems were in place to protect personal information about patients. The service was registered with the Information Commissioner's Office (ICO).

Summary of findings

- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- Information about services and how to complain was available.
- The service had proactively gathered feedback from patients.
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.

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

- Include prescribing and clinical notes review as part of the quality improvement schedule.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

RoC Private Clinic Limited

Detailed findings

Background to this inspection

RoC Private Clinic Limited, established in 2010, operates from 45 Queen Anne Street, London, W1G 9JF. The building is occupied by other private healthcare providers. The service is located on the third floor and has access to three consultation rooms, a treatment/investigation room, an office, patient waiting area/reception and patient toilet. Accessible toilet facilities are available on the ground floor. The third floor is accessible by lift. The building is accessible by a ramp, if required.

The service offers face-to-face GP appointments for children and adults, blood tests, cervical screening, allergy testing, travel and childhood immunisations. The service is a registered Yellow Fever Centre.

Data for the period January to December 2018 shows that the service saw 1,395 patients of which approximately 60% attended for a GP appointment. Patients can register with the service to access GP services on a pay-as-go basis.

Patients can access appointments on Monday, Wednesday, Thursday and Friday from 8am to 6pm and on Tuesday from 8am to 8pm. Telephone consultations were available for existing patients for follow-up.

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

Pre-inspection information was gathered and reviewed before the inspection. On the day of the inspection we spoke with the medical director, a GP and the clinic manager. We also reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment, induction and training records, significant event analyses, patient survey results, complaints and premises and facilities management documentation.

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

Safety systems and processes

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

- There was a clinical lead for safeguarding and policies covering adult and child safeguarding which were accessible to staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding. We saw evidence that clinical staff had been trained to safeguarding children level 3 and non-clinical staff to level 2. All staff had received safeguarding vulnerable adult training.
- The service did not have a consistent process in place to assure itself that an adult accompanying a child had parental authority. However, immediately after the inspection the service sent evidence that it had updated its protocol and child registration form to capture identity and parental authority at the point of registration.
- There was a chaperone policy and staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. 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.
- We reviewed three personnel files and found that the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, written references and appropriate checks through DBS. In addition, for clinical staff which included those who worked under practising privileges, we saw evidence of proof of professional registration, indemnity insurance and evidence of NHS annual appraisal. The service used a recruitment tracker check list to ensure all documents had been received prior to employment.
- We saw that the provider, at the point of recruitment, recorded the immunisation status of staff for hepatitis B, measles, mumps, and rubella (MMR) and BCG tuberculosis (TB) but had not considered all the recommendations for clinical and non-clinical staff in direct patient contact in line with Public Health England (PHE) guidance. After the inspection the service sent an updated protocol and requirements for clinical and non-clinical staff written in line with current guidance.
- We observed the premises to be clean and uncluttered. There was an effective system in place to manage infection prevention and control (IPC). There was an IPC lead and all staff had undertaken training. An IPC audit had been undertaken in January 2019 and saw that the service had acted upon issues identified.
- Arrangements for managing waste and clinical specimens kept people safe.
- The service was operating from rented premises and cleaning, maintenance and facilities management was provided by the landlord. The service maintained an oversight of this process and we saw evidence of maintenance documents and risk assessments, for example, fire, Legionella and health and safety.
- The service ensured that equipment was safe and maintained according to manufacturers' instructions. We saw evidence that portable appliance testing (PAT) and calibration of medical equipment had been undertaken in the last year.

Risks to patients

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

- The service had arrangements in place to respond to emergencies and major incidents in line with the Resuscitation Council (UK) guidelines. All staff had received face-to-face annual basic life support training.
- There was medical oxygen, with child and adult masks, and a defibrillator on site. There was appropriate warning signage visible on the door where these were stored. We saw there was a system in place to ensure the defibrillator was regularly checked and fit for use but not the oxygen cylinder. We inspected the oxygen cylinder and found it to be full. The service sent evidence after the inspection that it had updated its log sheet to include a monthly oxygen and masks check.
- The service held a range of emergency medicines and had undertaken a risk assessment to determine the medicines held. We found that the service did not stock any antiemetic medication (used to treat and prevent nausea, vomiting and dizziness) or a nonsteroidal anti-inflammatory medicine (used to treat pain or

inflammation). However, immediately after the inspection the service sent photographic evidence that they had obtained the medicines and updated its emergency medicine stock and expiry check list.
- The clinical staff we spoke with knew how to identify and manage patients with severe infections, for example, sepsis. We saw that non-clinical staff had received training on sepsis awareness and had access to guidance.
- There were no panic alarms installed in the clinical rooms or a system on the clinical system to alert other staff in the event of an emergency. Staff we spoke with told us they would call for help or use the call/video software application on their computer. We observed clinical rooms were in reasonable proximity to the reception and waiting area and a shout for help may probably be heard. After the inspection the provider told us they were reviewing the process and considering other methods to raise an alarm.
- Doctors had professional indemnity insurance that covered the scope of their private practice.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which included contact details of staff.
- There were arrangements for planning and monitoring the number and mix of staff needed.

Information to deliver safe care and treatment

- We saw that individual care records were written and managed in a way that kept patients safe. Patient records were stored securely using a bespoke clinical system with password protected access for authorised staff.
- The service had systems in place for seeking consent to share information with the patient's NHS GP, if applicable.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- There was a system in place for dealing with pathology results. Pathology specimens were sent to a professional laboratory for analysis. All specimens were collected by the laboratory directly from the location. Pathology results were accessed through a secure portal and results reviewed by the daily duty doctor. The service had mechanisms in place to ensure doctors had communicated results with patients and acted upon findings.

Safe and appropriate use of medicines

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

- All private prescriptions were processed electronically through the clinical system and signed by the prescribing doctor.
- Clinical staff we spoke with demonstrated that they prescribed or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The service prescribed some controlled drugs which we saw were recorded and monitored.
- The service told us they did not prescribe any high-risk medicines, e.g. warfarin, methotrexate, azathioprine or lithium which we confirmed on review of prescribing on its clinical system.
- We found the service held a range of medicines for the purpose of dispensing, which included antibiotics. The service did not hold any controlled drugs. We saw that all medicines were kept in a secure locked cupboard and only accessible to authorised individuals. All medicines we reviewed were in-date. We found that the service dispensed medicines in its original packaging and were labelled. However, we found the information on its labelling did not include all the requirements in line with regulations, for example address of issuing service. After the inspection the service reviewed its labelling and sent evidence of an updated dispensing label it intended to use which was in line with guidance.
- There was a dedicated vaccine fridge with built-in thermometer and we saw evidence that the minimum, maximum and actual temperatures were recorded daily. However, the service did not have a secondary thermometer independent of mains power in line with guidance. Immediately after the inspection the service sent photographic evidence that a thermometer had been purchased and placed in the fridge.

Track record on safety

- There was a system for recording and acting on significant events and incidents. There was an incident policy in place which was accessible to staff. Staff we spoke with understood their duty to raise concerns and report incidents and near misses.
- There was a system for receiving and acting on patient safety alerts and we saw evidence where action had been taken. However, the service did not maintain a log

of all alerts received and action taken, including where no action was required. After the inspection the provider sent a retrospective action log of all alerts received from December 2018 and told us they would continue to log all alerts received in this format.
- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There had been 23 clinical and non-clinical incidents recorded and reviewed in the past 12 months. The provider told us they used every opportunity to learn from all incidents.
- We saw that the service had adequately reviewed and investigated when things went wrong and took action to improve safety. All incidents were discussed in the weekly clinical and staff meetings, which were minuted.
- The service was aware of and complied with the requirements of the Duty of Candour. Staff we spoke with told us the service encouraged a culture of openness and honesty. When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and/or written apology.

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

Clinicians we spoke with demonstrated they 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).

- The provider captured patient information and consultation outcomes on a bespoke clinical system. We reviewed examples of medical records which demonstrated that patients were fully assessed and received care and treatment supported by clear clinical pathways and protocols.
- We saw no evidence of discrimination when making care and treatment decisions.
- GPs we spoke with told us they advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

- The service used information about care and treatment to make improvements. There was evidence of some quality improvement, which included clinical and non-clinical audits. We reviewed two single-cycle audits on vitamin B12 deficiency due to metformin use in diabetes and cervical screening. We saw outcomes had been discussed and action taken. For example, alerts on records of patients known to be on metformin. The service had a schedule to repeat both audits in 12 months' time. We saw evidence from minutes that the practice had selected two further clinical and non-clinical audits for the current year.
- The service had not undertaken any prescribing audits, for example antibiotic prescribing to demonstrate good antimicrobial stewardship or routinely undertook a randomised notes review of its GPs as part of its quality assurance process.
- The service had effective systems in place to monitor and follow-up on pathology results.

Effective staffing

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

- We saw evidence that all clinical staff were registered with their appropriate professional body. For example, General Medical Council (GMC). All GPs held NHS positions in addition to their private practice.
- The service had a comprehensive induction programme for newly appointed staff which included role-specific training, organisation vison and values, health and safety, managing emergencies, infection prevention and control and confidentiality.
- The learning needs of staff were identified through a system of appraisals. All staff who had been with the service for more than one year had received an appraisal in the last 12 months. In addition, clinicians had to provide evidence of an up-to-date NHS annual appraisal and revalidation (a process by which the GMC confirms the continuation of a doctor's licence to practise in the UK.)
- 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. The mandatory training schedule included safeguarding, infection prevention and control, fire awareness, basic life support and information governance.

Coordinating patient care and information sharing

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. There were clear and effective arrangements for following up on people who have been referred to other services.
- The service had systems in place for seeking consent to share information with the patient's NHS GP, if applicable. This was captured at the point of patient registration. The provider told us that if a patient declined consent to share information with their GP, but it was felt it was in the patient's best interest to share the information; a further discussion would take place at the consultation to gain consent.

Supporting patients to live healthier lives

The service told us they were proactive in helping patients to live healthier lives.

- The service offered blood tests and patients could be referred for diagnostic screening such as x-ray and ultrasound.

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.
- Clinicians wrote a bi-monthly weblog which was posted on its website and sent to all registered patients. We saw topics aligned to national health awareness campaigns and topical health-related news. Recent topics included cervical screening and testicular cancer.
- We saw that there was a range of health information leaflets available for patients.

Consent to care and treatment

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

- All staff we spoke with understood and sought patients' consent to care and treatment in line with legislation and guidance. We saw evidence that GPs had undertaken training in the Mental Capacity Act.
- We were told that any treatment, including fees, was fully explained to the patient prior to the procedure and that people then made informed decisions about their care.
- There was comprehensive information on the service's website with regards the services provided and what costs applied.

Are services caring?

Our findings

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

Kindness, respect and compassion

- We observed that staff treated service users with kindness, respect and compassion.
- Staff told us they respected the personal, cultural, social and religious needs of service users. We saw staff had received equality, diversity and human rights training.
- Arrangements were in place for a chaperone to be available, if requested.
- Patients were provided with timely support and information.
- We were unable to speak with patients on the day of the inspection. However, we made CQC comment cards available for patients to complete two weeks prior to our inspection. We received a total of 15 comments cards, all of which were positive about the service experienced. Patients commented that the clinic offered an excellent service and staff were friendly, caring, thorough and attentive. Patients said they were treated with dignity and respect.
- The service proactively gathered feedback from patients. Data collected from 1 January 2018 showed that of 50 responses received, 90% were very satisfied with the information they received during their consultation.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- 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.
- The service gave patients clear information to help them make informed choices which included the cost of services and patient leaflets.

Privacy and Dignity

- Staff we spoke with recognised the importance of patients' dignity and respect.
- Privacy screens were provided in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation room doors were closed during consultations and conversations could not be overheard.

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 facilities and premises were appropriate for the services delivered. All patients were offered and had access to refreshments. The service was located on the third floor with lift access.
- Patient security had been considered and there was a door buzzer controlled entry system at street-level. The waiting area was visible from the reception area. All staff wore name badges.
- Information about the clinic, including services offered and fees, was on the clinic's website. A patient leaflet and information about treatments offered were available in the waiting area and consulting rooms.

Timely access to the service

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

- Appointments were available on a pre-bookable basis. Patients could access appointments on Monday, Wednesday, Thursday and Friday from 8am to 6pm and on Tuesday from 8am to 8pm. Telephone consultations were available for existing patients for follow-up.
- The service proactively gathered feedback from patients. Data collected from 1 January 2018 showed that of 50 responses received, 92% were very satisfied with the date and time offered for their appointment.

Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns.

- The service had a complaints policy and there were procedures in place for handling complaints. This included timeframes for acknowledging and responding to complaints with investigation outcomes.
- There was a designated responsible person to handle all complaints.
- The service recorded written and verbal, of which there had been four in the last year. We found that they were satisfactorily handled in a timely way and we saw evidence of learning. We saw that all actions and outcomes from complaints were discussed in staff meetings.

Are services well-led?

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

Our findings

Leadership capacity and capability

The medical director and clinic manager had the capacity and skills to deliver high-quality, sustainable care.

- The medical director and clinic manager demonstrated they 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.

Vision and strategy

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

- The provider told us it prided itself on a highly personalised, caring journey for all its patients. The service's mission, was to inspire hope and improve the general health and well-being of its patients whilst striving to promote excellence in healthcare through continuous education of its staff.
- There was a realistic strategy and business plan to achieve priorities.
- The service monitored its progress against delivery of the strategy.

Culture

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

- Staff we spoke with told us they felt respected, supported and valued. All staff we spoke with gave positive feedback about working at the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff we spoke with told us there was a culture of openness, honesty and transparency when responding to incidents and complaints.
- There were processes for providing all staff with the development they need. This included induction, training and appraisals.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and accountabilities. Staff had lead roles, for example, infection control, complaints and safeguarding.
- Service-specific policies were implemented and available to all staff.
- The service held weekly staff and clinical governance meetings for its team. We reviewed a selection of minutes over the past year and found meetings had a standing agenda which included incidents, complaints and audits. Minutes were comprehensive. The service also held a monthly clinical group meeting with clinicians at its sister-clinic in Aberdeen via video/call software. We saw the meeting was a forum to discuss clinical guidelines and protocols and patient case summaries for shared learning.

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.
- There was evidence of quality improvement, including clinical audit. The service had a schedule of future clinical and non-clinical audits. At the time of our inspection the practice had not undertaken any prescribing audits.
- We saw evidence of regular staff and clinical meetings. Staff had access to regular appraisals and one-to-one meetings. Staff were required to undertake a range of mandatory training.
- Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

Appropriate, accurate information was effectively processed and acted upon.

- Patient consultations and treatments were recorded on a secure bespoke clinical system.

Are services well-led?

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

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The service complied with the Data Protection Act 1998 and was registered with the Information Commissioner's Office (ICO) which is a mandatory requirement for every organisation that processes personal information.
- All staff had undertaken information governance training as part of the mandatory training schedule.
- The provider submitted data and notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

- The service encouraged and valued feedback from patients and had a system in place to gather feedback from patients on an on-going basis.
- The provider actively engaged with staff through staff meetings, one-to-ones and appraisals.

Continuous improvement and innovation

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

- The service made use of reviews of incidents and complaints. Learning was shared and used to make improvements.
- The service had recently engaged in an internship programme for placement of American students in partnership with a London university which enabled students to undertake unpaid work experience in a UK company in a field related to their studies. The service did not receive any remuneration for its participation.
- The service produced a bi-monthly newsletter/weblog aligned to national health awareness campaigns and topical health-related news.