

Sameday Doctor Holdings LLP

# Samedaydoctor Central London Clinic

## Inspection report

52 Queen Anne Street  
London  
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### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

### Overall summary

**This clinic is rated as Good overall.** (Previous inspection May 2018, the clinic was not rated but was meeting the requirements).

The key questions are rated as:

Are clinics safe? – Good

Are clinics effective? – Good

Are clinics caring? – Good

Are clinics responsive? – Good

Are clinics well-led? – Good

We carried out an announced comprehensive inspection at, Samedaydoctor Central London Clinic as part of our inspection programme.

Forty-eight people provided feedback about the clinic via CQC comment cards. All the feedback we received was

# Summary of findings

very positive about the staff and clinic provided by the practice. The majority of feedback related to the efficiency of the clinic and the kind and caring nature of staff.

## **Our key findings were:**

- The clinic provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The clinic organised and delivered a service to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the clinic was led and managed promoted the delivery of high-quality, person-centre care.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

**Chief Inspector of Primary Medical Clinics and Integrated Care**

# Samedaydoctor Central London Clinic

## Detailed findings

### Background to this inspection

Samedaydoctor Central London Clinic is located in the London Borough of Westminster located at;

52 Queen Anne Street

London

W1G 8HL

The provider is registered with the Care Quality Commission (CQC) to deliver the regulated activities; treatment of disease, disorder or injury, and diagnostic and screening procedures. Samedaydoctor Central London Clinic is an independent health clinic based in central London. The clinic was founded in 2003. The provider, Sameday Doctor Holdings LLP, manages four other Samedaydoctor clinics, three are located in London and one in Manchester. Two of the clinics are under the providers Franchise. The clinics are closely associated with shared ethos, quality control, policies and procedures and have a shared intranet for easy access to information to ensure a consistent service is delivered across the providers locations.

Samedaydoctor Central London Clinic is the headquarters and offers general private doctor clinics, health screening, sexual health services and treatment, and travel medicine including yellow fever vaccinations.

The lead GP is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the clinic. Like registered providers,

they are 'registered people. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the clinic is run.

The clinic staff consist of a principal GP, medical staff, specialist nurses, nurses and administrative staff.

The clinic is open seven days a week, 364 days a year. Weekdays from 8:00am- 19:00 with shorter hours on weekends and bank holidays. According to the clinic staff, patients using the clinic are mainly overseas visitors, commuters to London, patients not registered with an NHS GP and some patients seeking sexual health services.

Before the inspection we reviewed a range of information. We reviewed information submitted by the clinic in response to our provider information request and the clinics previous inspection reports from May 2018. During our visit we interviewed staff, observed the premises and reviewed documents.

#### How we inspected this clinic

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

**We rated safe as Good because:**

### Safety systems and processes

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

- The clinic conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. For example, the clinic used a daily `GP` feedback alerting system. This was sent at the end of each evening to incoming staff. This alerted the next day's team to ensure they were well informed of any actions that required following up.
- Staff received safety information from the clinic as part of their induction and refresher training. The clinic had systems to safeguard children and vulnerable adults from abuse.
- The clinic had systems in place to assure that an adult accompanying a child had parental authority to give consent to care and treatment.
- The clinic 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 carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Clinic (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. There was a policy for the management, testing and investigation of Legionella (a germ found in the environment which can contaminate water systems in buildings). We saw records that confirmed these checks had been carried out.

- The clinic ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- Appropriate environmental risk assessments, which considered the profile of people using the clinic and those who may be accompanying them had been carried out.

### 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.
- There was an effective induction system for staff tailored to their role. All staff working at the clinic were trained specifically to deliver services at Samedaydoctor clinics and therefore the clinic did not use Locum staff.
- 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 clinics or staff the clinic assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities including professional indemnity arrangements for the doctors and nursing staff.
- There was a system for identifying patients when they registered with the clinic. However, this was not a requirement for patients seeking sexual health services.

### 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 kept on the computers which had double passwords for security purposes to ensure patients information was kept 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.

## Are services safe?

- The clinic had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The clinic had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- There were comprehensive risk assessments in relation to safety issues.
- The clinic 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 clinic learned and made improvements when things went wrong.

### Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The clinic kept prescription stationery securely and monitored its use.
- The clinic carried out regular medicines audits 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

There were effective protocols for verifying the identity of patients including children. Staff showed us the registration forms used at the clinic and demonstrated that photographic identity such as a passport was required when registering with the clinic, apart from when patients were seeking sexual health clinic services and did not wish to share their personal details.

### Track record on safety and incidents

#### The clinic had a good safety record.

- 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 clinic learned, and shared lessons identified themes and acted to improve safety in the clinic. Learning from the significant events was shared with all Sameday Doctor clinics. Trends from significant events were reviewed every six months.
- 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 clinic had systems in place for knowing about notifiable safety incidents. Sometimes significant event reviews lead to further training needs which were fully supported.

When there were unexpected or unintended safety incidents:

- The clinic 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 clinic acted on and learned from external safety events as well as patient and medicine safety alerts. The clinic had an effective mechanism in place to disseminate alerts to all members of the team including clinical bulletins.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated effective as Good because:**

### 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 clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their clinic)**

- The clinic 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 and other best practice guidance including NaTHNaC, Green Book Online and travel vaccine websites.
- 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. For example, there was a policy in place for repeat prescribing.
- Staff assessed and managed patients' pain where appropriate.

### Monitoring care and treatment

**The clinic was actively involved in quality improvement activity.**

- The clinic used information about care and treatment to make improvements. For example, clinical meetings were used to discuss any complicated issues.
- The clinic 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. Recent audits resulted in improvements in documentation for patients receiving yellow fever vaccinations. Other audits such as antibiotic prescribing demonstrated that prescribing was in line with recommended guidelines.

### 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 that was specific to the clinics offered at the clinic.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council 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.
- Clinical bulletins were circulated every three months. Live recordings of some training was kept in a separate folder for staff to refer to when required. The clinic also held some staff 'Quizzes', to encourage staff to research and discuss in groups the answers to increase their knowledge base.
- We saw evidence that GPs consultation notes were reviewed on a regular basis to monitor their record keeping and to ensure the treatment provided was adequate.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

### Coordinating patient care and information sharing

**Staff worked work 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 clinics when appropriate. For example, when being referred for specialist care. Due to the nature of staff working patterns, the clinic ensured there was daily feedback for doctors, nursing staff and administration staff. We saw that daily tasks were assigned to the different staff groups using an alert system. This was sent at the end of each shift and was assigned to incoming staff each morning to ensure they were up to date with patients who were sick and required follow up. Imaging results that were due and any incomplete medical records.

# Are services effective?

(for example, treatment is effective)

- Before providing treatment, doctors at the clinic 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 on each occasion they used the clinic.
- The clinic had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing, if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional clinics), 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 had been referred to other clinics.

## 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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, for patients who accessed NHS GPs and had consented to their information being shared.
- Where patients need could not be met by the clinic, staff redirected them to the appropriate clinic for their needs.

## Consent to care and treatment

### The clinic 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 clinic monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We rated caring as Good because:**

### **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 clinic 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 available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than

English, informing patients the services was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- 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, communication aids and easy read materials were available.

### **Privacy and Dignity**

**The clinic respected respect 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

**We rated responsive as Good because:**

### Responding to and meeting people's needs

**The clinic organised and delivered clinics to meet patients' needs. It took account of patient needs and preferences.**

- The clinic understood the needs of their patients and improved services in response to those needs. There were instant appointments available for all patients and if required double appointments were offered.
- Instant appointments were available for patients seeking sexual health services. We saw that the clinic provided a speedy service for test results, which suited the patients requiring this sort of service.
- Patients were provided with aftercare information as required. A recall system had recently been set up which enabled emails to be sent to patients when their repeat appointments were due.
- 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.

### Timely access to the clinic

**Patients were able to access care and treatment from the clinic 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.
- When the clinic was closed the telephones were diverted to an answering clinic; this service took the patient's details and advised that a medical administrator would contact them during opening hours or, if the matter was urgent, they would contact the lead GP.

### Listening and learning from concerns and complaints

**The clinic 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 clinic informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The clinic had complaints policy and procedures in place. The clinic learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

**We rated well-led as Good because:**

### **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 clinics. 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 clinic had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision and set of values. The clinic had a realistic strategy and supporting business plans to achieve priorities.
- The clinic developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The clinic monitored progress against delivery of the strategy.

### **Culture**

**The clinic had a culture of high-quality sustainable care.**

- Staff felt respected, supported and valued. They were proud to work for the clinic.
- The clinic 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 could 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 needed. 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, including nurses, were considered valued members of the team. They were given protected time for professional 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 clinic actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### **Governance arrangements**

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

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

### **Managing risks, issues and performance**

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

# Are services well-led?

Good 

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

- The clinic had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. 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 clinic 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 clinic 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.
- The clinic submitted data or notifications to external organisations as required.
- 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.

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

### The clinic involved patients, the public, staff and external partners to support high-quality sustainable clinics.

- The clinic encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape clinics and culture. For example, an annual survey was carried out to gain feedback from patients on the clinics provided.
- The clinic used feedback from patients to make improvements to the service.
- Staff could describe to us the systems in place to give feedback. Patients completed web-based feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. These included regular one to one meetings, clinical bulletin updates, quizzes, daily written feedback about the running of the clinic and whole staff meetings.
- We also saw staff engagement in responding to these findings.
- The clinic was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The clinic 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.
- There were systems to support improvement and innovation work.