

Private Doctor Clinic

Inspection report

Worlds End Health Centre
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at the Private Doctor Clinic on 15 August 2019 as part of our inspection programme. The provider was previously inspected on 30 January 2018. This was an unrated inspection and we found the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Private Doctor Clinic is an independent GP-led clinic specialising predominantly in minor surgical procedures and travel immunisations. The provider operates from an NHS GP practice within the World's End Health Centre, 529 Kings Road, London SW10 0UD.

The general manager 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.

Private Doctor Clinic Limited is registered as an organisation with the Care Quality Commission (CQC) for the regulated activities of Treatment of Disease Disorder or Injury, Diagnostic & Screening Procedures, Maternity and Midwifery Services and Surgical Procedures.

We were unable to speak with any patients during the inspection. However, as part of our inspection process, we asked for CQC comments cards to be completed by patients during the two weeks prior to our inspection. Five comments cards were completed, all of which are positive about the service experienced. Patients said that the service was excellent, professional and efficient and that staff were friendly and considerate.

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.
- 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).
- 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.

The areas where the provider **should** make improvements are:

- Review the chaperone procedure in line best practice guidelines.
- Review the process for retaining medical records in line with Department of Health and Social Care (DHSC) guidance should the organisation cease trading.
- Review the arrangements for recording all contact with patients in the clinical records.

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated
Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP Specialist Advisor and a second CQC team inspector.

Background to Private Doctor Clinic

Private Doctor Clinic is an independent GP-led clinic specialising predominantly in minor surgical procedures, for example the removal of cysts and skin tags, and travel immunisations. The service is a registered Yellow Fever Vaccination Centre. The service sees patients 18 years of age and over. The service operates from rented clinical consultation and administration space in the premises of an NHS GP practice within the World's End Health Centre, 529 Kings Road, London SW10 0UD. The premises are fully accessible to all patients and all services are provided on the ground floor.

The service is provided by a lead GP, supported by the general manager who is responsible for the day-to-day running of the service and one full-time administrator. The service offered pre-bookable face-to-face consultations and surgical procedures for adults aged 18 years and over.

Patients could access appointments Monday to Friday from 9am to 6.30pm and Saturday 9am to 2pm. At the time of our inspection the service told us they had seen approximately 80 patients since January 2018, of which approximately 90% was minor surgical procedures.

Pre-inspection information was gathered and reviewed before the inspection. On the day of the inspection we spoke with the lead GP, general manager and administrator. We also reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment and training records, significant events, patient survey results and complaints.

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?

We rated safe as Good because:

Safety systems and processes

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

- The service had systems to safeguard children and vulnerable adults from abuse. Policies were up-to-date and regularly reviewed and staff we spoke with knew how to access them. We saw that all staff had access to up-to-date contact information or who to go to for further guidance. Staff we spoke with knew how to identify and report concerns.
- 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.
- All staff received up-to-date safeguarding training appropriate to their role, for example clinicians to level 3 and non-clinical staff to level 2.
- The service had systems in place to verify a person's identity, age and, where appropriate, parental authority.
- Staff who acted as chaperones were trained for the role and had received a 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. The service did not have a consistent process in place to record on the clinical system when a chaperone had been present at a consultation and/or procedure.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. The immunisation status of staff was maintained in line with current Public Health England (PHE) guidance for staff in direct patient contact. DBS checks were undertaken on all staff in line with the provider's policy.
- The provider 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. For example, health and safety and moving and handling training. We saw that regular fire safety checks were carried out which included a fire evacuation drill. All staff had undertaken fire awareness training.

- There was an effective system to manage infection prevention and control (IPC). We observed that appropriate standards of cleanliness and hygiene were followed. An IPC audit of the premises had been undertaken in June 2019. The service had nominated the lead GP as IPC lead. We saw evidence that all staff, including the lead, had received on-line IPC training relevant to their role.
- The arrangements for managing clinical waste kept people safe.
- The service rented clinical and non-clinical space in an NHS GP practice. Facilities management of the premises was undertaken by Central London Community Healthcare (CLCH) and there was a building manager on site.
- We saw that various risk assessments had been undertaken for the building, which included fire, health and safety, premises and security, Control of Substances Hazardous to Health (COSHH) and Legionella. Monthly water temperature testing was undertaken and recorded. The service demonstrated they had oversight of the facilities management undertaken by CLCH.
- The service ensured that equipment was safe and maintained according to manufacturers' instructions. We saw evidence that medical calibration and portable appliance testing (PAT) testing had been undertaken.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff 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. We saw that clinical and non-clinical staff had undertaken sepsis awareness training.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. All staff had undertaken annual basic life support training.
- There were appropriate indemnity arrangements in place.
- The service had a business continuity plan in place for major incidents such as power failure or building damage which included contact details of staff.

Are services safe?

Information to deliver safe care and treatment

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

- Patient records were stored securely using an electronic record system. There were no paper records. Computers were password protected with restricted access dependant on role.
- We reviewed some individual care records and found they 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.
- 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 service. Pathology results were securely received by the service and saved on the clinical record.
- The service told us it sent tissue removed by minor surgery for histological examination if requested by the patient or deemed clinically indicated. It was not their standard procedure to send all tissue samples. After the inspection the service confirmed that they had reviewed their policy and all excised tissue samples would be sent for histological examination, with patient consent, in line with best practice guidelines.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The service had systems in place for seeking consent to share information with the patient's NHS GP, if applicable.
- The service was able to describe the system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading, but this was not formalised in a policy.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. Processes were in place for checking medicines and staff kept accurate records of medicines.
- The provider did not hold any stocks of medicines for dispensing, which included controlled drugs.
- There was no prescription stationery as all prescriptions were processed electronically through the clinical system and signed by the lead GP.
- The service told us they did not prescribe controlled drugs and any high-risk medicines, for example warfarin and methotrexate, which we confirmed on a review of the clinical system.
- Staff we spoke with demonstrated they prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety and incidents

The service had a good safety record.

- 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 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.
- The service had recorded three incidents in the past 12 months. We saw that the service had adequately reviewed and investigated when things went wrong and took action to improve safety.
- We saw evidence that incidents had been discussed in staff meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. Staff we spoke with were aware of and the Duty of Candour. They told us the service encouraged a culture of openness and honesty.

Are services safe?

- There was a formal system for receiving and acting on patient safety alerts and we saw evidence where recent alerts had been reviewed and action taken, where relevant.

Are services effective?

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 such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- We reviewed examples of medical records which demonstrated that patients' needs were fully assessed, and they received care and treatment supported by clear clinical pathways and protocols.
- Clinical staff advised patients what to do if their condition got worse and where to seek further help and support.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- There was some evidence of quality improvement which include patient satisfaction and a telephone audit, and clinical audit which included minor surgery and pathology turnaround times.
- We reviewed an audit on post-operative outcomes from minor surgical procedures and found that a first cycle audit undertaken from July 2017 to January 2018 based on 29 procedures showed that there had been no post-surgical infection. A second cycle audit undertaken from August 2018 to June 2019 based on 20 procedures showed that there had been one post-surgical infection noted at follow-up consultation.

Effective staffing

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

- GPs were registered with the General Medical Council (GMC), the medical professionals' regulatory body, with a licence to practise, on the GP register and held NHS positions.
- We saw that GPs had a current responsible officer. All doctors working in the United Kingdom are required to have a responsible officer in place and required to

follow a process of appraisal and revalidation to ensure their fitness to practise. We saw that the GPs were following the required appraisal and revalidation processes.

- The service had an induction programme for newly appointed staff. All staff had undertaken the service's 'skills and drills' training which included dealing with medical emergencies and aggressive patients.
- The service could demonstrate role-specific training and updating for relevant staff. For example, the lead GP had undertaken a minor surgery update and Yellow Fever training. The service was a registered Yellow Fever Vaccination Centre.
- 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.
- The service had a mandatory training schedule for staff which included safeguarding children and adults, chaperoning, Mental Capacity Act (MCA), infection prevention and control, basic life support, GDPR, fire awareness, health and safety and equality and diversity, privacy and dignity and whistleblowing.
- There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

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

- 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.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- The service had systems in place for seeking consent to share information with the patient's NHS GP, if applicable. The lead GP 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

Are services effective?

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. For example, after minor surgical procedures, patients were given an information leaflet on post-operative care and advice on what to do if they had any concerns. In addition, all patients who had undertaken any minor surgical procedures were followed-up with a telephone call. The outcome of this call was not consistently recorded in the patients' clinical records.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- GPs understood and sought patients' consent to care and treatment in line with legislation and guidance, including the Mental Capacity Act (MCA) 2005.
- We saw that clinical and non-clinical staff had undertaken MCA training.
- The service had a consent policy and we saw documented examples of where consent had been sought for example for minor surgical procedures (under local anaesthetic).

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Arrangements were in place for a chaperone to be available, if requested.
- The service gave patients timely support and information.
- We were unable to speak to patients at our inspection. However, we received five CQC comments cards, all of which were positive about the service experienced. Patients commented that the service was excellent, professional and efficient and that staff were friendly and considerate.
- The service proactively gathered feedback from patients and we saw the most recent survey in April 2019 showed that of the 41 responses, 98% rated the doctor five stars, 100% felt involved in their care and treatment and 93% rated the overall experience five stars. We saw that 100% of patients stated that they would recommend the service to their friends and family.

Involvement in decisions about care and treatment

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

- The service gave patients clear information to help them make informed choices. We were told that any treatment, including fees, was fully explained to the patient prior to a consultation or procedure.

- There was information on the service's website with regards the services provided and what costs applied. The website had details of how the patient could contact them with any enquiries.
- The service website had the functionality to translate to other languages.
- The service had access to formal interpreting services and staff spoke several languages which included the Arabic language.
- There was a hearing induction loop available at reception.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff we spoke with recognised the importance of people's dignity and respect. All staff had received privacy and dignity training.
- Curtains were provided in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments.
- There were arrangements to ensure confidentiality at the reception desk.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice complied with the Data Protection Act 2018 and was registered with the Information Commissioner's Office (ICO) which is a mandatory requirement for every organisation that processes personal information.
- There were systems in place to ensure that all patient information was stored and kept confidential.
- All staff had received information governance and General Data Protection Regulation (GDPR) training.

Are services responsive to people's needs?

We rated responsive as Good because:

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 facilities and premises were appropriate for the services delivered. All services were provided on the ground floor and were fully accessible. Accessible toilet facilities were available.
- Breast feeding and baby changing facilities were available.
- Staff told us that they had access to translation services for those patients whose first language was not English.
- There was an induction hearing loop available at reception to aid those patients who were hard of hearing.

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. The service provided face-to-face consultations which were available Monday to Friday 9am to 6.30pm and Saturday from 9am to 2pm.
- The service was not an emergency service. Patients who had a medical emergency were advised to ask for immediate help via 999 or NHS 111.

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.

- The service had a complaints policy and there were procedures in place for handling complaints.
- The general manager was the designated responsible person to handle all complaints.
- Information about how to make a complaint was available in a patient leaflet which included a complaint form. We saw the leaflet included information in line with guidance on how to escalate the complaint if dissatisfied with the response.
- The service had recorded four complaints in the last year. We found that they were satisfactorily handled in a timely way and discussed and minuted in meetings.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability

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

- The lead GP and the general manager, who was also registered with CQC as the registered manager, had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The lead GP and general manager were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership

Vision and strategy

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

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

Culture

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

- Staff felt respected, supported and valued. They told us they were proud to work at the service. The service focused on the needs of patients.
- 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 openness, honesty and transparency were the norm including with patients when responding to incidents and complaints.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations.

Governance arrangements

There were no clear responsibilities, roles and systems of accountability to support good governance and management.

- 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. The lead GP and the service manager had lead roles in key areas. For example, the lead GP was the infection control lead and the service manager was the lead for handling complaints
- Practice specific policies were implemented and available to all staff on the shared drive of the computer system.
- Staff meetings were held weekly and governance meetings held monthly.

Managing risks, issues and performance

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

- There were clear, effective processes for managing risks, issues and performance.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, health and safety and fire risk assessments had been completed for the premises.
- Internal audit was used to monitor quality of both clinical and non-clinical services.

Appropriate and accurate information

The service acted on/did not have appropriate and accurate information.

- Appropriate, accurate information was effectively processed and acted upon.
- Patient consultations, treatments and medications were recorded on a secure electronic system.

Are services well-led?

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

- The service engaged and involved patients and staff to support high-quality sustainable services.
- 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 service subscribed to a cloud-based communication platform which gave staff a shared workspace for conversations and sharing information across the team, this included training videos.
- The provider engaged with staff through appraisal and staff meetings.

Continuous improvement and innovation

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

- There were systems and processes for learning, continuous improvement and innovation.
- There was a focus on continuous learning and improvement at the service.
- The practice made use of reviews of incidents and complaints. Learning was shared and used to make improvements.