

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Paddington Medicentre

Unit 50, Paddington Station, London, W2 1HB

Tel: 02075100312

Date of Inspection: 26 November 2012

Date of Publication:
November 2012

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	General Medical Clinics plc
Registered Managers	Miss Samantha Cass Dr. Caroline Rachael Lamb
Overview of the service	Paddington Medicentre is located on Paddington Station's main concourse in central London. It provides diagnostic and treatment health services such as travel vaccinations, sexual health screening and urgent walk-in medical services.
Type of services	Doctors consultation service Diagnostic and/or screening service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Cleanliness and infection control	8
Supporting workers	9
Assessing and monitoring the quality of service provision	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We carried out a visit on 26 November 2012, talked with staff and received feedback from people using comment cards.

What people told us and what we found

We were unable to speak with people using the service as no one had an appointment during our visit. We saw feedback from the last report from May 2012 from a patients' survey. People were positive about their experience of Paddington Medicentre. They valued a quick and convenient appointment system and said that staff were helpful, explained their condition and treatment and involved them in making decisions. One person had commented that "their health had improved 100%".

Staff were well trained for their roles and received supervision and appraisal. They were supported by the provider's systems and policies. There were processes to assess each person's suitability prior to any treatment. There were effective systems in place to reduce the risk and spread of infection. Staff had been trained in infection control and for emergency situations. The provider had systems to review and monitor the quality and safety of the service provided.

In this report the name of a registered manager appears who was not in post and not managing the regulated activities at this location at the time of the inspection. Their name appears because they were still a registered manager on our register at the time.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their treatment. People received information from a variety of sources such as the provider's website and leaflets in the service which detailed costs of consultations and treatments. There was an opportunity for people to return for further appointments if required.

People were invited to complete feedback forms following an appointment. The last report from feedback from May 2012 showed that people were positive about being involved in decisions about their treatment. They were all satisfied that the doctor would keep information about them confidential.

People valued the convenience of appointments without prolonged waiting times. They could discuss their individual needs with a doctor or nurse and this included information about diagnostic tests and travel vaccinations. People received treatment in private rooms. A chaperone was always available and people could choose an appointment with a male or female doctor.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. Each person had a consultation with the doctor or nurse prior to any treatment and this included taking a detailed medical history. If needed, and with their consent, people would be referred to their general practitioners for follow up.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The service was not appropriate for people who required treatment for long term medical conditions, such as raised blood pressure or diabetes. This was because the service was not able to follow up on missed appointments or provide long term supervision, advice and support of treatments.

We saw evidence that staff take account of published research and guidance. The provider updated clinical protocols in line with published guidance, for example in provision of treatment and advice for sexual health.

There were arrangements in place to deal with foreseeable emergencies. There was an emergency trolley and emergency drugs in place. Staff had received resuscitation training and there were protocols for staff in the event of a medical emergency.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. There were infection control and prevention policies and procedures in place to guide staff. These were available on the provider's intranet. Staff confirmed that they had received infection control training.

The provider had contracts in place for the appropriate disposal of clinical waste and sharp items. We saw that clinical waste was stored and disposed of safely. Each room had a cleaning schedule and practitioners were responsible for maintaining clean and hygienic surfaces and equipment. The centre was cleaned daily. We saw that the centre was clean and well maintained.

All instruments used in the centre were single use and were not reused so that no decontamination of instruments was required. We saw that staff working in the centre wore appropriate protective clothing when needed.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We were unable to speak with people using the service at this location as no one had an appointment during our visit. We saw recent feedback forms which demonstrated that people were positive about their experience of staff at this location. In the last completed report compiled from feedback in May 2012 we saw that more than 97% of people would be happy to see the same doctor again.

Staff received appropriate professional development. All staff had annual performance appraisals and their training needs were linked to this appraisal. There were processes in place for staff to receive supervision. New staff received induction training and all staff undertook the provider's annual mandatory training.

The lead clinician, who was also the registered manager, undertook annual appraisals using the Independent Doctors' Federation appraisal system. She also undertook the provider's mandatory training, which included safeguarding and resuscitation, as well as further relevant training, such as updates on travel vaccinations. She received supervision from the provider's clinical lead. The registered managers and lead doctors from the registered Medicentre locations met regularly to support each other and discuss their practices.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service were asked for their views about their care and treatment and they were acted on. People were encouraged to give their feedback about the service and this was positive.

The provider took account of complaints and comments to improve the service. We saw that there was a system for logging and responding to complaints. The provider reviewed complaints and incidents using its clinical governance process and then fed back to staff at the Medicentre.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. There was evidence that clinical audits were undertaken. Staff met to review and monitor the quality of the service provided.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
