

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

London Medical

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08 January 2014

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

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Staffing	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	London Medical London Diabetes
Registered Manager	Dr. Ralph Abraham
Overview of the service	The London Medical is a private clinic for people of all ages. The clinic specialises in treating diabetes, cardiology, ophthalmology, endocrinology, nutrition, osteoporosis and well woman services. The clinic is accessible to all by appointment five days a week.
Type of services	Acute services without overnight beds / listed acute services with or without overnight beds Remote clinical advice service
Regulated activities	Diagnostic and screening procedures Family planning Nursing care Services in slimming clinics Surgical procedures Treatment of disease, disorder or injury

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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 unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 January 2014 and 10 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People who used the service told us they were very satisfied with the care and treatment they received at London Medical.

The provider had taken sufficient steps to ensure that medication was given in accordance with prescribing guidelines and medicines are only prescribed by a suitably qualified medical practitioner.

People were treated with equipment that was fit for the purpose it was being used for. Equipment was clean and well maintained, and people we spoke to said they were satisfied with the standard and comfort of the equipment being used.

People were cared for by suitable numbers of experienced staff. These staff had the correct qualifications for the role they were being asked to perform and had received training in the equipment they were using. One person described the staff as 'highly informative and extremely thorough'.

The provider kept comprehensive computerised records of each consultation and these records were kept securely and backed up regularly.

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure potential risks to people's health were considered. In addition people's needs were assessed and care and treatment was planned and delivered in line with their individual care.

We discussed the assessment process with the registered manager, nursing manager and clinical director. People are referred to the service by self referral or from a variety of practitioners including private providers, NHS hospitals and General Practitioners. On arrival they are required to complete a registration form and provide information about their medical history including allergies. Before seeing a consultant they were assessed by a nurse and various checks such as blood tests may be carried out.

The six treatment plans, developed once they had seen the consultant, we reviewed contained information related to the above. The treatment plans demonstrated that treatment options had been discussed with people. This information was inputted by staff into a computerised system and a print out of these notes was sent other providers who were treating the person as well as a copy given to the person themselves.

We spoke to staff about the provision made for giving food at the end of testing to those people who have had to remain without food for a long time as part of their assessment. Senior managers told us that food was provided in these cases however the provider may wish to note that junior staff were unsure about this and told us that finding food in these cases was sometimes problematic.

One person told us they thought the service was "fantastic" and that staff were 'very helpful'. Another person was equally positive highlighting the fact that they had travelled a considerable distance to attend an appointment at the clinic.

Care and treatment was planned and delivered in a way that was intended to ensure

people's safety and welfare. The provider had generic risk assessments to ensure the safety of all those using the service. These included a risk assessment that highlighted the risk of fire and the provider had instructed an outside provider to conduct regular unannounced fire drills. We saw the last report which indicated that evacuation procedures were correctly implemented by staff and evacuation was rapid.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. The provider had in place arrangements for interpreting services and reciprocal arrangements with nearby providers should an interpreter be required urgently.

In both waiting rooms a sign displaying the availability of chaperones was displayed prominently and we saw some information was available in different languages. We spoke to one person for whom English was not their first language. They told us 'they (the staff) understand and explain everything what's happening in treatment'.

There were arrangements in place to deal with foreseeable emergencies. Emergency equipment was checked once weekly and signed by the allocated staff member. All administration staff were trained in basic life support and all clinical staff were trained in intermediate life support. There was an emergency procedure in place and if there was a serious incident or accident at the service, staff would contact the emergency services.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicines. The provider has an on-site pharmacy staffed by a qualified pharmacist and pharmacy technician.

The pharmacy administers prescription medication for people to take home and sells a small number of "over the counter" medicines. The provider obtains medicines from registered wholesalers and companies directly.

Appropriate arrangements were in place in relation to the recording of medicine administration. We found that people's medication is documented in their electronic care plan. The provider operates a policy of medication reconciliation. This policy involves staff documenting all medication being taken by the person, including home remedies and medication supplied by other providers. This documentation is then shared with the persons GP.

Medicines were handled appropriately. We saw medication was safely stored according to manufacturers guidance and kept at the correct temperature. Medicines were prescribed and given to people appropriately.

Medicines were kept safely, mainly in the on-site pharmacy. This area was well secured with locks and security blinds and out of reach of children.. .

Medicines were safely administered by either nurses or doctors. The pharmacist we spoke to had recently completed a New Medicines Service course through the Royal Pharmaceutical Society which allowed them to offer advice to people taking a medication for the first time. This helped ensure that those who took medication were given advice on potential side effects and contraindications.

Doctors who were prescribing had access to up to date information such as the British National Formulary (BNF) and online guidance provided by the clinic.

The provider conducted regular audits of medication on a monthly basis and kept detailed records of the drugs expiry dates, we examined this audit and found that this was both

comprehensive and up to date. This ensured that people were not given drugs that had expired and that the provider had up to date records of what medication was available, reducing wastage

The provider took steps to ensure that medication was disposed of safely and efficiently. Medication that had expired or had been used was stored securely in the pharmacy and then moved to a secure refuse bin which was located within the clinic building before being removed by an external company for safe disposal. This ensured that medication was not left in an area that members of the general public could access.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

The service ensured that equipment was available in sufficient quantities to meet the needs of people. Some equipment needs were based on the activities and procedures performed. We were told that forward planning of clinics meant that equipment would be made available if required.

Fixed equipment was installed, used and maintained correctly with reference to the specifications, manufacturers instructions, legislation and appropriate guidance from expert bodies.

People who used the service benefitted from equipment that was comfortable. We examined various pieces of equipment and found them to be in good working order, clean and comfortable.

We were provided with records of evidence that showed that patients were protected from unsafe or unsuitable equipment. This included written policies and procedures, records of maintenance and servicing, records of staff training and the arrangements in place for incidents, errors and near miss reporting.

One staff member told us that the instruction manuals for some equipment was quite lengthy and so a solutions sheet for common equipment problems was kept close to the equipment. This meant that simple problems were solved quickly meaning that people did not have their treatment delayed.

During the course of our inspection we saw staff cleaning equipment thoroughly and in accordance with both the manufactures guidance and also the advice given in the providers own policy on cleaning devices.

The service ensured that equipment required for resuscitation and other medical emergencies were available and accessible for use as quickly as possible. There was identical resuscitation equipment on each floor meaning that crucial time would not be wasted locating and moving equipment in the event of an emergency.

Checking schedules were in place for every piece of equipment. all you have to say is "Equipment had been checked daily by nursing staff. Over the last two months, for the

majority of days, equipment was recorded as being in working order. There were clear procedures on both maintenance and cleanliness that were followed in practice, monitored and reviewed for the use of medical devices. This included using guidance provided by experts or professional bodies. Systems were in place to act on alerts from an expert, professional body or a product manufacturer.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We examined the providers' policy for ensuring that staff are suitably trained and experienced. We discussed with both the registered manager and lead nurse the policy for employing staff and ensuring that they performed effectively following induction to the service.

The provider monitored the needs of people who use the service and reviewed the numbers of staff on a regular basis depending on the numbers of people attending clinics.

There were enough qualified, skilled and experienced staff to meet people's needs. We spoke with staff who cared for people and used the assessment plans, and they confirmed people's changing needs were kept under review and amendments made to treatment plans each time people attended the clinic.

Staff we spoke to felt that they were well supported in their roles and had enough staff to fulfil their clinical tasks effectively. Staff told us the nursing manager was very supportive and responsive to their needs. One member of staff told us 'our manager is very supportive' The provider had arrangements in place to manage unplanned absences such as sickness. When staff are unavoidably absent the nursing manager told us that they try to fill the vacant shift with a member of clinics permanent staff.

The provider kept up to date training data on each member of staff which alerted senior managers if a member of staffs' mandatory training had lapsed. The provider accepts training certificates from staffs previous employer when staff begin employment. The provider may wish to note however that currently mandatory training is only provided on one day a year, this means that new staff frequently have to wait longer than a year for their annual update.

Consultants who assess and treat people at the clinic are given a short induction at the start of their role and all appointments are ratified by the provider's medical advisory council prior to the start of their work The policies and procedures for doctors working in the clinic were comprehensive and outlined the expectations of the provider. The clinical director told us that they perform an audit of documentation to ensure that the quality of care provided is of a good standard.

People who used the service that we spoke to were very complimentary about the staff who had treated them. One described them as 'fantastic and very helpful' whilst another described staff as 'very polite and very kind'.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Peoples medical records were accurate and fit for purpose. We examined six individual records which are held on an online system. These were all completed with a high level of detail and key areas such as past medical history and allergies were completed in every case.

All records are held on a computer system which is accessed by staff through unique username and password. This provides an electronic signature which ensures that all information that is inputted into notes is traceable to an individual member of staff. This ensures that staff are accountable for the clinical care they provider.

We examined the way that the provider held information about staff, policies and procedures. Information related to staff and policies and procedures were also held on a computer based system and were clearly organised and easy to navigate. All members of the senior management team were able to access policies and procedures on a shared computer drive which meant that they could be located promptly if required.

Records were kept for the appropriate period of time and then destroyed securely. The provider backed up all data regularly on an external server provided by an outside provider. This ensured that any damage to the providers internal computer system did not mean that information on people who used the service was lost.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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