

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

## Doctorcall London

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Doctorcall Limited
Overview of the service	Doctorcall London provides a private doctors service to adults and children. Two male doctors work at the clinic on a part-time basis. The clinic is open six days a week and people can either book an appointment in advance or walk in on the day.
Type of services	Doctors consultation service Doctors treatment service Mobile doctors service
Regulated activity	Treatment of disease, disorder or injury

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 August 2013 and talked with staff.

We also looked at feedback questionnaires that had been completed in 2013.

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### What people told us and what we found

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It was not possible to speak directly to people who used the service as there were no appointments booked during our inspection. However, we looked at 21 feedback questionnaires that had been completed in 2013. People felt that the doctors had taken appropriate action to address their health complaint. One person described their doctor as "excellent" whilst another described the service as "very good". There was a complaints policy in place, which was made available to people who used the service. There had been no complaints in the year preceding our inspection, but the provider kept a log of all complaints received and the action taken.

People were required to give written consent before they received any treatment. People received care that ensured their safety and welfare from staff who had been appropriately recruited. A medical history was taken and people were always treated by a doctor. There were arrangements in place to deal with medical emergencies and, where necessary, people were referred to an alternative service for treatment.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

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The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

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Doctorcall London was a private clinic that people had elected to attend. There was a consent policy and procedure in place. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People were required to complete a registration form at their first appointment, which asked for their consent to be treated. We looked at four people's medical records and saw that these had been signed and dated.

We were told that the doctors obtained verbal consent before undertaking a physical examination of the person. There was a chaperone policy in place, which people were made aware of on the registration form.

It was not possible to speak directly to people who used the service as there were no appointments booked during our inspection. However, we looked at 21 feedback questionnaires that had been completed in 2013. These indicated that people were satisfied with the service they had received and felt that the doctor had clearly explained any treatment required.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Before people could be seen by a doctor they were required to complete a registration form, which asked for their medical history, details of any medication they were currently taking and any known allergies. This was uploaded on to the provider's electronic records system and any conditions that the doctors should be aware of were highlighted. We looked at four people's records and saw that this information was held for each person.

People were always assessed and treated by a doctor. If people required a blood test this was taken by the doctor and sent to a laboratory nearby for testing. However, if a person required a scan or X-ray they were referred to another service. The results of any diagnostic test were sent back to the referring doctor and the person would be contacted via telephone, email or invited in for a follow-up appointment. If a person required a referral to a specialist this was arranged. The doctors who worked at the clinic also had arrangements with consultants at private London hospitals to enable a person to be admitted urgently, if necessary.

It was not possible to speak directly to people who used the service as there were no appointments booked during our inspection. However, we looked at 21 feedback questionnaires that had been completed in 2013. All respondents felt that the doctor had taken appropriate action to address their concerns and all would use the service again. One person described the doctor they had seen as "excellent," whilst another person had described the service as "very good".

People's care and treatment reflected relevant research and guidance. The doctors who worked at the clinic were required to provide evidence that they kept up to date with their Continuing Professional Development (CPD). The doctors were also required to ensure that all treatment was in accordance with national guidelines.

There were arrangements in place to deal with foreseeable emergencies. The doctors who worked at the clinic had received basic life support training. There was emergency equipment available, which included emergency medication, oxygen and a defibrillator. The provider may find it useful to note that one single-use item was out of date and there

was no record of routine checks being carried out on the emergency equipment.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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There were effective recruitment and selection processes in place for both clinical and non-clinical staff. Job roles were advertised via a medical journal or a jobs website. Applicants were shortlisted and interviewed by the practice manager. Second interviews were then held with the provider's Medical Director.

Appropriate checks were undertaken before staff began work. All staff were required to provide two references. Clinical staff were also required to provide evidence of their professional qualifications, professional registration, indemnity insurance, most recent appraisal and Hepatitis B status. In addition, all clinical staff were required to undergo a Disclosure and Barring Service (DBS) check (previously a Criminal Records Bureau check) before they could start work.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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People were made aware of the complaints system. The provider's complaints policy and procedure was on display in the waiting area. There was also a Patient Guide, which included information on how to make a complaint. People were encouraged to leave feedback and feedback questionnaires were available.

At the time of the inspection there were no unresolved complaints. We were told that there had not been any complaints in the year preceding our inspection. The provider kept a log of all formal complaints received and any action taken. We were told that if a person provided any negative verbal feedback, staff attempted to resolve these issues at the time. We looked at 21 feedback questionnaires that had been completed in 2013 and saw that no respondents had any cause for complaint.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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