

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

Citydoc Moorgate

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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

Safeguarding people who use services from abuse ✓ Met this standard

Management of medicines ✓ Met this standard

Staffing ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Citydoc Medical Limited
Registered Manager	Dr. James Ghalaey
Overview of the service	This clinic was situated in the basement of a large building in Moorgate. It provides health screening, immunisation and medical consultations.
Type of services	Doctors consultation service Diagnostic and/or screening service Doctors treatment service Urgent care services
Regulated activities	Diagnostic and screening 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 18 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

On the day of our inspection the clinic was busy. We observed that some patients had to wait to see the doctor even where they had made an appointment and the two staff working in the clinic, a doctor and a receptionist were finding it hard to attend to all the patients in a timely manner. The patients told us they were satisfied with the care they received at the clinic but were not all satisfied with how long they had to wait and we observed that they did not receive an apology or clear information about waiting times. Medical notes were kept as computer records in a secure environment. Consultation rooms were private and gave a high level of confidentiality. We did not see any information, price lists or records of satisfaction surveys displayed but staff told us that the clinic had just been decorated and these were about to be replaced and patients told us they had received the information they needed. There were safeguarding procedures in place and staff were aware of the reporting and escalation of any concerns. All reasonable measures had been taken to allow for disabled persons access. Audit and monitoring information was collected but was held at head office and the results were not available to inform the work in the clinic.

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.

Reasons for our judgement

People's privacy and dignity was maintained. We saw that consultations took place in private consulting rooms and individuals were asked if they wished to be accompanied by a chaperone.

People who use the service were given appropriate information and support regarding their care or treatment. People's diversity was respected, for example prior to the initial consultation staff ensured that they were aware of any communication needs and if necessary arranged for an interpreter to ensure that individuals had access to appropriate information. People were provided with a full explanation of the fees and ongoing costs where appropriate to ensure that they were able to make an informed choice about the treatment they received. People we spoke to at the clinic knew the costs and what to expect when booking the appointment. People told us that they knew that there would be other costs involved if further testing or consultations were required and were happy with this. Some people told us that on some occasions that they had used the service they had to wait for an extended period and felt that this was sometimes unacceptable "especially as I had telephoned and booked the appointment". We saw that some patients had to wait as during the inspection three "walk in" patients arrived causing "booked" patients to experience delays. These patients were not offered an apology for the waiting times. The provider might wish to note that some patients were waiting extended periods for their appointment.

We saw copies of the patient satisfaction survey and the results showed a high level of satisfaction.

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 care plan. The notes of people using the service included a care plan that assessed the individual needs of the person and the delivery and outcomes of the care provided. The staff we spoke with told us that medical histories were taken prior to treatment commencing and were used to inform the individual's care plan. We were told that personal choices such as who would deliver the care were taken into consideration when care was being planned. We saw that personal preferences were recorded in the notes, for example if the individual preferred male or female staff present during the delivery of care.

There were arrangements in place to deal with foreseeable emergencies. For example people using the service were given out of hours contact numbers and had open access to the clinics where necessary. The staff we spoke with were aware of the service's emergency procedures and told us that most people were referred to the local accident and emergency or an ambulance would be called if their condition deteriorated.

The notes of people who had used the service that we looked at during our inspection all included signed consent (scanned) and individual treatment plans. Staff we spoke with told us that people had their individual plan of care explained at the consultation stage and consent was only obtained once the staff member obtaining the consent was confident that the individual understood the treatment and any associated risks. Most consents gained were verbal but notarised on the computer for reference purposes. Written consents for children and those signed by parents or guardians or advocates were scanned onto the computer. Staff told us that, in the case of childrens' vaccinations, discussions with the parent were undertaken to ensure their understanding of the vaccines and treatments. People's care and treatment reflected relevant research and guidance, relevant guidelines and vaccine information was available on request. We saw that other health providers, particularly the General Practitioner were informed of treatments when necessary and if appropriate.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening

Reasons for our judgement

There were safeguarding procedures in place and staff were aware of the reporting and escalation of any concerns. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff told us that there were safeguarding policies and procedures in place but these were held centrally at the head office and had been seen under a different inspection. All the staff we spoke with were aware of the clinic's safeguarding procedures and knew who to report issues to, including the local authority. They were aware of what constituted abuse and what to look for, for example unexplained bruising or injuries.

We were told that all relevant staff had attended safeguarding training and their attendance at this was recorded on the service's training logs and copies of certificates were included in staff's personnel file but these were not available for inspection as they were held centrally at the head office and seen under a different inspection. There was a whistle blowing protocol and procedure in place to inform how staff should report any suspicions or fears without fear of repercussion. Staff we spoke with told us that they understood this policy and would report any such issues to their line manager or area manager

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

We looked at the fridge where some medication was stored and saw that these vaccines were not correctly stored and were closely packed meaning that they were not held within the correct temperatures. We saw that the temperature book also had anomalies in the recording of the temperatures and would often be too low or too high. We drew this to the attention of the manager whilst on site and corrective measures were taken immediately and some vaccines were moved to an alternative refrigerator with temperature control and a different methodology of temperature recording of vaccines was commenced. We saw that the cupboard containing Prescription Only Medicines for dispensing by the clinic was not locked. We drew this to the attention of the manager and remedial steps were taken immediately, the cupboard locked and a notice on the door to ensure that this door was to remain locked at all times. All medicines that we looked at were within the "use by" dates and were clearly labelled. Appropriate arrangements were in place in relation to obtaining medicine for example we saw that a weekly order sheet was filled by the administrator and levels replenished to a set number. This request form was faxed to the head office and ordered centrally from the approved supplier. Appropriate arrangements were in place in relation to the recording of medicine, staff told us that the doctor would prescribe and hand over the appropriate medicines and that all dispensed medicines were recorded in the patients notes.

Staffing

✓ Met this standard

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.

Whilst there were enough staff to treat the patients who were attending the clinic, these staff were struggling to see all the patients at the time of their appointment.

Reasons for our judgement

We observed during our visit that some patients were needing to wait for an extended period and the one doctor supported by an administrator was not able to see all the patients at the time of their appointment. We were told that this is the number of staff who are usually working in the clinic. We were told by the manager that the recruitment process was maintained and directed centrally by head office personnel, this approach ensured that recruitment process for staff were followed. We could not look at any staff files as they were held centrally at head office and had been inspected on a separate occasion but staff told us that staff files included information relating the individual's qualifications and pre-employments checks. This information provided a record of the professional skills and registrations that staff held. Staff told us that to ensure staff maintained the required qualifications annual checks of doctors and nurses registration status were carried out.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

Staff told us that people who use the service and their representatives were asked for their views about their care and treatment and they were acted on. Satisfaction surveys were completed but the results were not displayed in the waiting area due to recent redecoration. The results we saw showed satisfaction levels were high.

Staff told us that auditing procedures were in place and that staff meetings were held. We did not see any evidence of this as the results, minutes and policies were kept at head office and seen under a different inspection.

Staff we spoke to said that they "thought there was a complaint form" on line but that they would "direct everyone to the head office and had given the managers direct email address on such occasion." We did not see any evidence of the complaints system on the day of inspection as this information was held at the head office.

The provider might wish to note that whilst systems to quality assure the service were in place, some of the results of this work were not available in the service to inform staff working in the clinic and ensure that where improvements are needed they are addressed.

Records

✓ Met this standard

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

Medical notes were kept as computer records on a password protected system with all letters, medical requests and other paperwork being scanned onto the system with paper copies then shredded to ensure confidentiality. Staff told us that this system was backed up overnight to maintain the system and ensure its accessibility. The administrator on duty that day showed us through the pathway that a new service user would take: All new service users had to fill in a medical history form and we saw that this was entered onto the system and the person was then "flagged" as a new registration. We saw that the medical professional would then use this information to inform the care plan and detail on the contact or consultation section what had happened at consultation. All this information was available through a shared drive ensuring that all medical professionals had access and could continue with the care. We saw that any written consents, letters, laboratory requests and results were scanned onto the system and that paper copies were shredded to ensure confidentiality. Records were kept securely and could be located promptly when needed and records were kept for the appropriate period of time and then destroyed securely.

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.

Contact us

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