

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
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Citydoc Medical Limited
Registered Manager	Dr. James Ghalaey
Overview of the service	Citydoc is part of a UK network of private walk in GP clinics based in Moorgate. It provides health screening, immunisation and medical consultations.
Type of services	Doctors consultation 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 7 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

On the day of our inspection, the clinic was quiet. We spoke with one patient and looked through the recent patients' feedback questionnaire forms from ten other patients.

Positive feedback was given by the patient we spoke with and was documented on all the feedback forms. The patient told us they found the clinic "really good" and one feedback comment was that the staff were "helpful in arranging appointments."

We looked at patients records and the treatment protocols. We spoke with two members of staff. The records we viewed were accurate and up to date.

We found that the premises were appropriate for their intended purpose. All areas of the practice were seen to be hygienic and well organised.

The process used by the provider for recruitment of staff was appropriate. We saw that all the essential checks had been carried out on all staff. We saw the registration details of the clinical staff with their respective professional bodies. This meant that the provider had systems in place to protect patients from harm and to have their health and welfare needs met by appropriately qualified staff.

The complaints process was clearly displayed and we saw evidence that complaints had been acted upon.

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

Patients understood the care and treatment choices available to them. The clinic website clearly listed the services available and the clinic's opening times. There were leaflets available in the clinic waiting area and we saw that prices were clearly displayed on the reception desk and again in the waiting area. We spoke with one patient who said he had been given "comprehensive and clear information" regarding his onward referral to another service.

We observed excellent communication and interaction between the staff and the people using the service on the day of the visit. We saw in the appraisal file of one member of staff that improving communication skills was a development need and the manager said this was a key priority for the clinic. The consultation room was private and gave a high level of confidentiality.

We discussed the possible lack of confidentiality at the reception desk. The clinic manager explained that staff would enable the service user to talk privately if required in the consultation room or in the rear office. This meant that due respect and consideration had been given to the privacy needs of the service users.

We observed that the consultation and treatment costs were fully displayed on the website and in the clinic. The patient we spoke with had private medical insurance but was aware of the costs and said he would "use the service anyway as the costs were acceptable" and that it "was easy to get an appointment, much easier than my local GP."

People expressed their views and were involved in making decisions about their care and treatment. We saw the poster clearly displayed at reception saying that the results of the last patient satisfaction survey in 2012 were available to read on request. The new survey form for 2013 was on the reception desk for patients to complete if they wished. We read

the completed forms to date and there were no negative comments. One patient had ticked the box to indicate that the doctor was 'definitely attentive' during the consultation. We spoke with staff who said that following recent patient feedback they had improved the signage on the front entrance door. We saw that the sign was large and clear and gave good instructions as to how to access the building.

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

Comprehensive protocols had been developed at the clinic to cover travel appointments, sexual health and general advice. We looked at examples of these and saw that the protocols followed a series of questions that explored medical history, contra-indications, proposed treatment, fees and risks. The patients' consent was recorded on the form and we saw this on all the protocol forms we viewed.

People's care and treatment reflected relevant research and guidance. The clinic used an extensive and detailed clinical operations manual which contained all the up to date protocols, operating procedures and guidance available for sexual health and travel health consultations. We spoke with the doctor who explained that this manual reflected current research and guidance and was updated constantly as required. Clinical memorandums and updates to Patient Group Directions (specific written instructions for the supply and administration of licensed named medicines) were sent out by email to all relevant staff as required. We saw a recent case review involving the yellow fever vaccination and the associated clinical memo email that was circulated to the relevant staff.

We were told that people who needed appointments outside of the clinic hours would be directed to the other clinic site in London. Saturday appointments were available from 9am-5pm which had been extended to accommodate the demand from service users. This meant that appropriate medical help could be arranged to meet the immediate health needs.

There were arrangements in place to deal with foreseeable emergencies. For example, people using the service had access to a helpline where necessary. The staff we spoke to were aware of the service's emergency procedures and the evacuation procedure was clearly displayed beside the reception door. The clinic manager and reception staff were trained in first aid but would use the local accident and emergency centres or an ambulance if required.

The patient we spoke with was very satisfied with the quality of care they received from the clinic. The recent survey forms rated the clinic as either "excellent" or "very good."

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We found that the premises were appropriate for their intended purpose. There was no disabled access but patients were advised of this at the time of telephone enquiry and advised to attend another clinic. We were told by the manager that this clinic had a ramp and stairlift, which would enable access for patients with mobility difficulties.

We noted that the design and layout of the clinic was appropriate, with access to toilets. It was bright and well-ventilated and fresh drinking water was available. The seating area was minimal but the manager told us that they do not have a problem with space as the appointments are well regulated. We observed service users in the waiting area and they had adequate space.

The premises appeared well maintained and there were no obstacles on either side of the emergency exit doors. The fire exits were clearly marked and the emergency fire evacuation procedures were clearly visible on the wall near reception. The provider may find it useful to note that although we were told that the landlord carried out the fire and emergency lighting checks no records of these checks were kept. The clinic manager told us that they were aware checks were carried out on a regular basis, but they did not have a copy of the dates or information in the clinic.

The clinic manager told us that she undertook a quarterly site visit for the clinic and completed a risk assessment each time. We saw copies of two site visit forms from May 2013 and September 2013. This meant that the provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were effective recruitment and selection processes in place. We saw evidence on the computer system of scanned references, identification checks, signed criminal conviction forms and that the reception staff had completed training in safeguarding adults and children. The provider had arranged for the Disclosure and Barring Service (DBS) checks to be carried out on the staff that had recently started employment and were still undergoing a probationary period.

We also saw evidence of the clinical staff's indemnity insurance, Criminal Record Bureau (CRB) checks (CRB has now been changed to DBS), health declaration forms, GMC registration and record of their safeguarding training. All were complete and in date.

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

Patients, their representatives and staff were asked for their views about their care and treatment and they were acted on. Decisions about care and treatment were made by the appropriate staff at the appropriate level. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. The provider took account of complaints and comments to improve the service.

The provider used quarterly site visits as a quality monitoring tool. This included the observation of a consultation. Results were fed back to all staff concerned. The policies and procedures we looked at were all current and fit for purpose. The clinical staff referred to the Clinical Operations Manual which was comprehensive and up to date. Regular partners and governance meetings were held. The reception staff were not involved in these meetings but the manager told us that they encourage open communication and the minutes of those meetings could be easily viewed. We looked at the minutes of these meetings and they demonstrated the issues discussed and the action to be taken. We saw that the clinic's staff reviewed the last CQC report in July 2013 and made changes accordingly. An example of this was that the reception staff now held keys to the drug safe to carry out extra checks to ensure it was locked at all times.

Regular clinical audits were undertaken and we saw the results from two of these. Feedback was given in the form of a clinical memorandum and we saw a memo issued in July 2013 to update the clinic on a new standardised procedure.

Complaints were recorded on the central computer system and acted upon. For example, we saw that the doctor had contacted a service user who was unhappy with the service. The discussion was documented. We saw that incident forms were completed by staff as required and that learning and action points were discussed at team meetings.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw that the service had a complaints procedure made visible to all service users. All staff that we spoke to were aware of the complaints procedure. The procedure also included onward referral details to the CQC if the provider did not give a satisfactory response to the service user. This meant that people were made aware of the complaints system. This was provided in a format that met their needs.

The service user we spoke with did not feel that it would be necessary to make a complaint but was aware of the process to do so and felt that any concerns would be dealt with.

We saw a copy of two complaints that had been fully documented with actions and response. This meant that people's complaints were fully investigated and resolved, where possible, to their satisfaction.

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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