

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

## Paddington Medicentre

Unit 50, Paddington Station, London, W2 1HB

Tel: 02075100312

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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>Safeguarding people who use services from abuse</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	General Medical Clinics plc
Overview of the service	Paddington Medicentre is located on Paddington Station's main concourse in central London. It provides diagnostic and treatment health services such as travel vaccinations, sexual health screening and urgent walk-in medical services. The practice treats both adults and children.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

## Contents

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

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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 unannounced inspection.

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### How we carried out this inspection

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We carried out a visit on 8 November 2013, observed how people were being cared for and talked with staff.

We spoke to one person who used the service.

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### What people told us and what we found

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We spoke with one person who used the service, looked at the results of two "mystery shop" reports, the results of a feedback survey conducted in May 2012 and seven feedback forms from August to November 2013. People were satisfied with the care and treatment they had received. They felt the procedures had been explained well and found the written information provided comprehensive. Consent had been obtained by the most appropriate person.

Care was planned in a way to ensure people's safety. People were assessed by the doctor to determine whether the treatment requested would be suitable. People were given advice and information. There were procedures in place to deal with medical emergencies.

People who use the service were protected from the risk of abuse because the provider had suitable arrangements in place to safeguard people.

There was a complaints policy in place and people were given information on how to make a complaint. The person we spoke with and the results from the staff survey was complimentary about staff.

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

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

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People had a consultation with the doctor where an initial physical examination could take place and the required procedure was conducted. This could be ear irrigation or a vaccination. Physical examinations were conducted and vaccinations were conducted after attaining verbal consent and we were told that this was recorded in the patient notes. Written consent was required for some procedures which included ear irrigation, acupuncture and exercise testing. People were given a copy of a consent form prior these treatments being conducted and were requested to sign these. If people required more time, they could take the form away with them and arrange an appointment for another time.

People could request a chaperone or bring a chaperone into their appointment and children were required to be accompanied by their parent or guardian at all times. We saw a copy of the provider's consent policy. This detailed that children and young adults were required to be involved in decisions about their treatment as much as possible.

We spoke with one person who used the service. They told us they felt all explanations of treatments were clear and they felt well informed. This person confirmed that they were asked for their consent before any treatment was given.

We saw that systems were in place for ensuring that consent had been obtained before every procedure. Where consent forms were required, administrative staff ensured the form had been filled in and this was checked by the doctor. All verbal consent was recorded in the person's notes and clinical notes audits were conducted every six to 12 months to ensure that this happened.

**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. A medical history was taken from the person receiving treatment, which included details of any allergies and medication they were taking. These were discussed with the person during their consultation.

All people were assessed by the doctor who determined whether it would be safe for them to undergo the proposed treatment or procedure. The service was not appropriate for people who required treatment for long term medical conditions, such as raised blood pressure or diabetes. This was because the service was not able to follow up on missed appointments or provide long term supervision, advice and support of treatments. However, we were told that this was explained to people. We spoke with one person who used the service and read seven feedback forms. Comments on the forms included "thank you for friendly and excellent care" and that treatment was "great and easy".

There were emergency policies and procedures in place to deal with foreseeable emergencies. Administrative staff had received basic life support training which was undertaken every three years. There was always a doctor present who had intermediate life support training. There were emergency drugs and equipment available which was checked every month.

There were arrangements for people out of hours. The practice was run as part of a chain of clinics. The doctor explained that people could be seen at another practice out of hours and the contact details were on the clinic's answer phone message. The answer phone message also included the details of a 24 hour service which could also be contacted in the event of an emergency.

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

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### **Our judgement**

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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.

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### **Reasons for our judgement**

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People who use the service were protected from the risk of abuse because the provider had suitable arrangements in place to safeguard people. The doctor confirmed that they knew what to do if a safeguarding concern was raised and received annual training on safeguarding children and adults. We were told that administrative staff received safeguarding training every three years and we were given examples of abuse and the signs of abuse.

Safeguarding policies and procedures were available. The children and adult safeguarding policies stated who to report allegations to and the procedure to be followed.

At the time of our inspection there had never been any safeguarding concerns raised at this practice because there had not been any to report.

## 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. Non clinical staff were interviewed by the practice manager and required to provide two references before an offer of employment was made.

Staff were required to undergo a Disclosure and Barring check (formerly a Criminal Records Bureau check) before working at the clinic. Clinical staff were also required to provide evidence of their professional qualifications and registration. We were unable to view copies of staff files as they were held at the company's head office, but we were given confirmation that appropriate checks were undertaken by head office staff.

## 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 policy which was available in an information guide available in the reception area of the practice. People were encouraged to ask questions and feedback forms were also available in the reception area.

There was a complaints policy in place. The policy stated that all complaints should be acknowledged within two working days and investigated within 20 working days. All complaints were collated and we saw these on a spread sheet. Complaints were sent to the practice's head office which oversaw complaints and made required changes to policies or procedures as a result and sent details of further learning to be undertaken to the practice.

## 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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