

Edgcare Ltd

Edgcare at BMI Hendon Hospital

Inspection report

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Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. The service was previously inspected in March 2018 and met the standards in place at the time.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Edgcare at BMI Hendon Hospital on 29 May 2019 as part of our ratings inspection programme for Independent Health Providers.

At this inspection we found:

Summary of findings

- There was a clear leadership structure and staff felt supported by management.
- People using the service were able to contact clinicians directly with any concerns or questions following a consultation.
- The service had a process in place to communicate with a patient's NHS GP.
- The service proactively sought feedback from staff and patients, which it acted on.
- Information about services and how to complain was available and easy to understand.
- Appointments with the GP were readily available and flexible to meet the needs of the individual patient.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Edgcare at BMI Hendon Hospital

Detailed findings

Background to this inspection

Edgcare at BMI Hendon Hospital is a private doctor service located in North London at 46-50 Sunny Gardens Road Hendon, NW4 1RP that offers a pre-booked private doctor service. The registered provider is Edgcare Limited which has two directors, both of whom are GPs. One of the company directors is the registered manager.

A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service premises consists of one consultation room, an administration office and a shared waiting area located on the second floor of a private hospital. The service is open from 8am to 10pm between Sunday and Thursday and from 8am to 3pm on Fridays. During winter months, the

service is also open on a Saturday night between 8pm and 10pm. The service is registered with CQC to undertake the regulated activity of Treatment of Disease, Disorder or Injury.

The service offers private GP consultations to UK residents and non-residents, but most patients are people who are resident in the UK and registered with an NHS GP.

The service staff consists of one GP who is a director of the organisation and who works full-time. The second director, who is also a GP partner in an NHS practice, undertakes occasional clinics at the service. The clinical team is completed by three salaried GPs, one male and two female, each of whom work part-time at the service. There is a practice manager who works full-time and an administration assistant who works part-time. Clinical leadership is provided by the registered manager.

Prior to the inspection we reviewed information requested from the provider about the service they were providing. During the inspection we spoke with the lead GP and one member of the non-clinical staff, analysed documentation, undertook observations and reviewed completed CQC comment cards.

Are services safe?

Our findings

We rated the service as good for providing safe services.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health, and Health & Safety policies, which were regularly reviewed and communicated to staff. The provider also participated in risk assessments undertaken by the private hospital in which the service was located and held copies of these risk assessments, for instance a legionella risk assessment. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. We were shown an example of an occasion when the provider had arranged a Best Interests Meeting to discuss a patient's condition with specialist clinicians to ensure the patient's best interests were considered. A Best Interest meeting can be held where an adult lacks mental capacity to make a decision for themselves and needs others to make those decisions on their behalf.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The provider had a policy of training all staff, including non-clinical staff, to child safeguarding level 3. All staff had received up-to-date safeguarding and safety

training. They knew how to identify and report concerns. The provider was aware its patients were drawn from a wide geographical area and had taken steps to ensure staff had access to or knew how to find safeguarding contacts in all neighbouring local authority areas. Staff who acted as chaperones were trained for the role and had received a DBS check. The provider had included a question about satisfaction with the chaperone service during its most recent satisfaction survey and this had shown all 21 patients who had requested a chaperone responded 'very good'.

- There was an effective system to manage infection prevention and control.
- The provider ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits although delays for appointments were uncommon.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse. Patients contacting the service requiring urgent medical attention were advised to visit alternative providers where urgent or emergency care was provided and were given information about how to do so.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Are services safe?

- The provider had installed specialist medical practice management software on its computer system and was able to use this to search, audit, review and update medical records.
- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Appropriate and safe use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines including emergency medicines and vaccines minimised risks. The service had carried out a risk assessment to identify a range of emergency medicines to hold and we found these were appropriate for the activities undertaken at the location. We noted the service reviewed this risk assessment on a regular basis and on the day of the inspection, it had decided to include a medicine to treat patients experiencing seizures even though there was an agreement in place to access this medicine from the private hospital in which the service was located. We saw evidence this medicine was ordered and delivered immediately after the inspection. The service also had written agreements in place with the private hospital which provided access to medical gases and equipment including an automated defibrillator and there was a protocol in place which meant any activation of the emergency alarm in the consulting room prompted a response from a crash team which included a doctor, an anaesthetist and a nurse. The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines carried in vehicles were stored appropriately.
- The service had a prescribing policy which included steps to ensure patient's NHS GPs maintained responsibility for repeat prescribing. The policy included

a protocol for communicating with a patient's GP where the clinician considered a change to an existing treatment was appropriate, however, the service would not make the change to the treatment itself.

- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues, including premises risk assessment specific to the clinical area occupied by the service.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, including the local A&E department, GP out-of-hours, NHS 111 service and urgent care services.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating near misses, when things went wrong as well as incidents of particularly good practice. The service learned and shared lessons, identified themes

Are services safe?

and took action to improve safety in the service. For instance we saw records of an incident where the service had been able to carry out a blood test and receive a result within a single day and this had resulted in the diagnosis of a serious illness. The service had reviewed the incident and noted that having access to a rapid diagnostic service meant it agreed to take a sample from a patient when in other circumstances, it might have referred the patient directly to a hospital. Although this would not have affected the outcome in

the recorded incident, the provider had reviewed its referral protocol to ensure clinicians considered the potential impact of delaying a referral to emergency care in similar cases.

- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional staff.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure people's needs were met. The provider monitored that these guidelines were followed.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service used medical record software to manage patient records which meant clinicians had instant access to medical records to support repeat patients. The patient record system could also identify frequent callers and patients with particular needs, for example palliative care patients, and protocols were in place to provide the appropriate support.
- When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place. These were agreed with senior staff and a clear explanation was given to the patient or person calling on their behalf.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For instance the service had completed a two-cycle clinical audit focussing on antibiotic prescribing. After the first cycle, the service created a patient information leaflet on antibiotic

prescribing to promote education within the patient population. When the service carried out a second-cycle audit, there had been a reduction in the overall prescribing of antibiotics.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as information governance, basic life support skills and fire safety.
- The provider ensured all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider gave staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making.

Coordinating care and treatment

Staff worked together, and worked well with other organisations to deliver effective care and treatment.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- The provider had a written process and supporting flowchart to manage communication with patient's registered GPs. Staff communicated promptly with patient's registered GPs so the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure callers were referred to other services for support as required.

Are services effective?

(for example, treatment is effective)

- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service ensured care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given, for instance patients whose conditions were adversely affected by their lifestyle were given advice about changes which could bring about improvements or prevent or delay further deterioration.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- The service had arrangements in place with specialist clinicians to undertake virtual multi-disciplinary meetings to discuss patients conditions. This included conversations about test results when a patient had paid to undergo a complete health check.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Call handlers gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs.
- All of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced. There were clear patterns to comments, including descriptions of staff at all levels being polite, welcoming and caring. This was in line with other feedback received by the service.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- The service was able to describe how they would access interpretation services for patients who did not have English as a first language, although this was rarely requested.
- Patients told us through comment cards, they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of its intended population group and tailored services in response to those needs. For instance, the service was aware some patients wanted to access appointments on Saturdays but were unable to access these during daylight hours because of religious observances and had arranged its opening hours to include a later evening session on Saturday.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service. For instance, although the service which is located on the second floor was accessible by a lift, it had arranged to see patients on the ground floor when the patient had been unable to access the upper floors despite the availability of the lift.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients were able to access care and treatment at a time to suit them. The service operated between 8am and 10pm from Sunday to Thursday, 8am to 3pm on Fridays and 8pm to 10pm on Saturdays.
- The appointment system was entirely telephone or email based and was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. The service had protocols in place to follow-up on every referral made to ensure the patients received and attended an appointment.

- The provider had undertaken a patient satisfaction survey in May 2019 and had analysed the results to identify trends and patterns. The survey had received 25 responses and included responses from patients who had visited the service as well as those who had had a home visit. When asked about the ease of contacting the service, 92% had responded with good or very good, whilst 8% said this was satisfactory.
- One hundred percent of respondents to the patient satisfaction survey said they found the range of services offered as good or very good, 100% also said the service was good or very good at meeting their needs whilst 96% said they thought the opening hours were good or very good.
- The service had discussed the single response which indicated a lack of satisfaction with the opening hours and noted this referred to the lack of appointments on Saturdays. The provider told us they acknowledged this although this was a single response, it was likely to be representative of a wider opinion. Following this feedback, the provider told us they had recruited a GP who was available to work on Saturdays.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. One complaint had been received in the last year. We found this was handled in a timely way.
- The service had identified a learning point from the single complaint received and had acted to improve the quality of care.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We rated the service as good for leadership.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet what it regarded as unmet needs of the local population, in particular quicker access to appointments and continuity of care from a GP.
- The provider monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing staff with the development they need. This included appraisal and career development conversations. Staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Although clinical staff were in frequent contact with each other, the service only held one minuted clinical meeting per annum. The service was able to show us a plan to increase the frequency of formal clinical meetings to quarterly.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves they were operating as intended.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Performance was regularly discussed at weekly senior management meetings attended by both directors.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had plans in place and had trained staff for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. For instance, access to the clinical system used by the service required an authentication code which changed every thirty seconds.
- There were specific arrangements in place to manage records appropriately in the event the provider decided to terminate the service.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- Staff were able to describe to us the systems in place to give feedback, including an annual patient satisfaction survey. Staff who worked remotely were engaged and able to provide feedback through appraisals.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.