

London Screening Centre

Inspection report

129 Harley Street

London

W1G 6BA

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Website: www.londonscreeningcentre.com

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

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 The London Centre on 9 May 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

This inspection was an announced comprehensive inspection which we undertook on 24 April 2019 to confirm that the provider had carried out their plan to meet the legal requirements in relation to the issues identified in our previous inspection on 9 May 2018. This report found that the service had made improvements and is rated as **good** overall.

You can find the reports of our previous inspections by selecting the 'all reports' link for The London Screening Centre on our website at www.cqc.org.uk.

The London Screening Centre is a private doctors consultation service for adults delivered by a sole practitioner. The service mainly provides pre-employment health checks commissioned by private companies. On average, the provider sees 10 patients per week.

London Screening Centre is registered with CQC under the Health and Social Care Act 2008 to provide the regulated activities: diagnostic and screening procedures.

The provider 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.

We received five Care Quality Commission comment cards from patients who used the service; all were positive about the service experienced and reported that the service provided high-quality care.

Our key findings were:

- There was a comprehensive set of policies and procedures governing all activities.
- There was a complaints procedure in place and information on how to complain was readily available.
- Systems and processes were in place to keep people safe. The provider had undertaken adult and child safeguarding in line with intercollegiate guidance.
- The service had systems to manage risks, including a clear system to manage significant events and safety alerts.
- The provider was aware of current evidence based guidance and they had the skills, knowledge and experience to carry out his role.
- The service's chaperones had received training and had a Disclosure and Barring Service (DBS) check undertaken by the provider.
- Comments cards indicated that patients were treated with compassion, kindness, dignity, and respect.
- The service carried out appropriate referrals to patients' GPs when additional treatment was required.
- The service had systems in place to collect and analyse feedback from patients.

The areas where the provider **should** make improvements are:

- Explore opportunities for quality improvement activity within the service.
- Confirm the location of emergency equipment within the building.
- Ensure all patients are asked for consent to share details of their consultation with their registered GP.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC inspector accompanied by a GP specialist adviser.

Background to London Screening Centre

The London Screening Centre is based at 129 Harley Street, London, W1G 6BA. The service's website is:

The service provides pre-employment health checks commissioned by private companies for people over the age of 18. Fees are paid by the recruiting company. Services provided include, well women and well men checks. Cervical smears, medical consultations and x-rays, are carried out by an external company or through the NHS.

Consulting hours are 11am-5.30pm, Monday to Friday for booked appointments only. When the service is closed, patients are directed to other services.

The provider rents two rooms on the ground floor of a Victorian house. Several other healthcare services are based in the building, and there is a shared reception, waiting room and toilets. The area is well served by public transport.

Our inspection team was led by a CQC lead inspector, with a GP specialist adviser.

Before the inspection we reviewed notifications received from and about the service, and a standard information questionnaire completed by the service. During the inspection, we received feedback from people who used the service, made observations, and reviewed documents.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- The service had an effective arrangement in place to monitor the stock levels and expiry dates of equipment.
- There were appropriate safety policies, which were regularly reviewed. They outlined clearly who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse.
- The provider had up-to-date safeguarding and safety training appropriate to the role and knew how to identify and report concerns. The person who acted as a chaperone was trained for the role and had received a DBS check.
- The provider had an agreement by way of contract for the building management company to conduct and review health and safety premises risk assessments, control of substances hazardous to health (COSHH) and legionella risk assessment and management (Legionella) is a term for a particular bacterium which can contaminate water systems in buildings). There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider did not know the location of the building's emergency equipment, provided by the landlord. For example, the defibrillator.

Risks to patients

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

- The provider understood the how 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.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. We reviewed 10 patient notes and saw that information needed to deliver safe care and treatment was available.
- The service had systems for sharing information with a patient's GP to enable them to deliver safe care and treatment. We saw letters sent to patients' GPs after consultations and stored in the service's patient management system.
- The provider made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The service did not keep medicines or vaccinations on the premises. We were informed that all patients requiring vaccinations, immunisations and prescriptions were referred to another service or their GP.
- The service had elected to keep an epi-pen on the premises as a safety measure for patients experiencing anaphylaxis (an acute allergic reaction).

Track record on safety and incidents

The service had a good safety record.

- The service had commissioned the landlord to carry out risk assessments in relation to building safety requirements.
- The provider knew how to identify and report concerns and safety incidents.
- There was a system for recording and acting on safety alerts.

Lessons learned and improvements made

The service had a clear system in place to learn and make improvements when things went wrong.

- There was a system for recording and acting on significant events. The provider understood the duty to raise concerns and report incidents and near misses. There were adequate systems for reviewing and investigating when things went wrong. The service did not have any significant events.
- The provider was aware of and complied with the requirements of the Duty of Candour. The service's

Are services safe?

initial patient questionnaire requested permission from patients to liaise with their regular GP, if required. The provider encouraged a culture of openness and honesty.

- The provider had a system in place to give affected people truthful information and a verbal and written apology.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to remain up to date with current evidence-based practice. We saw evidence that care, and treatment was delivered in line with current legislation, standards and guidance relevant to their service.

- The provider assessed patients in accordance to the specification of their recruiter. During registration, patients were asked to complete a detailed health questionnaire. The provider weighed patients, took a blood pressure (BP) reading, calculated body mass index (BMI), and took detailed fat percentage measurements.
- We noted that consultation appointments were of a suitable length of time. In addition, patients told us that the consultations were very thorough and professional. We saw that a patient who had a high BP reading was referred to their GP.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service only provided pre-employment checks on an adhoc basis and did not have repeat customers or deliver treatment.

- The provider had undertaken surveys of patient satisfaction which indicated that the patients were pleased with the service provided.

Effective staffing

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

- The provider was registered with the General Medical Council (GMC) and was up to date with revalidation.
- The provider understood the learning requirements of the role; up to date records of skills, qualifications and training were maintained.

Coordinating patient care and information sharing

The provider worked with other organisations, to deliver effective care and treatment.

- The provider referred to, and communicated effectively with, other services when appropriate.
- The provider ensured adequate knowledge of the patient's health, any relevant test results and their medicines history was acquired.
- Patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. However, we saw one instance when consent was not sought from the patient.
- Patient information was shared appropriately and there was clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

The provider was consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, the provider gave people advice, so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. We saw that the provider had referred a patient with an elevated blood pressure to their regular GP.
- There was healthy living information in the service's waiting room.

Consent to care and treatment

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

- The provider understood the requirements of legislation and guidance when considering consent and decision making. The provider supported patients to make decisions.

The service monitored the process for seeking consent appropriately. Out of the 10 records we reviewed we found one instance when consent was not recorded.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

The provider treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way they were treated, all the five CQC comments cards were positive about the service. We were told that the service was excellent, and that the provider made time to listen to people.
- The provider understood patients' personal, cultural, social and religious needs, and displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

The provider helped patients to be involved in decisions about care and treatment.

- Patients told us through comment cards, that they felt listened to and supported by the provider and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- Patients received clear information to help them make informed choices. For example, the provider routinely informed patients of treatments that were offered through the NHS.
- Prior to each appointment the provider sent a letter to patients' confirming their appointment time and fees with detailed information about the service's terms and conditions in relation to their appointment.
- The service had obtained feedback from patients who used the service through yearly surveys. We reviewed the results for the year 2018/19 which was wholly positive about patient experience of the service.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The recognised the importance of people's dignity and respect.
- Patient records were securely stored.

Are services responsive to people's needs?

We rated responsive as Good because:

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.

- Services were offered on a private, fee-paying basis only and was accessible to people who chose to use it.
- The service was designed to offer quick, easy and efficient access to patients.
- The provider understood the needs of their patients and improved services in response to those needs. The provider informed us that working hours were flexible to accommodate a patient's preferences and availability.
- The facilities and premises were appropriate for the services delivered.
- An annual survey was carried out to ensure the service was are meeting patient expectations.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis, and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way. We reviewed cancer referrals and saw that they were actioned immediately.
- The service was open on Monday to Friday 11am to 5pm.

Listening and learning from concerns and complaints

The service had a comprehensive complaint policy and procedures in place.

- Information about how to make a complaint or raise concerns was available.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. This included information on the Independent Doctors Federation complaint pathway.
- The service had not received any complaints.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability

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

- The provider was knowledgeable about issues and priorities relating to the quality and future of services.
- The provider had taken part in self-directed learning.

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 had developed a vision, values and strategy.
- The service monitored progress against delivery of the strategy.

Culture

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

- The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes in place for the development of the provider which included an annual appraisal and career development conversations.

Governance arrangements

The systems and processes in place supported good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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 service had processes to manage current and future performance. The provider had oversight of safety alerts, incidents, and complaints.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from patients, and external partners. The service conducted annual patient surveys and had analysed their results to improve services.
- The service was transparent, collaborative and open with stakeholders.

Continuous improvement and innovation

There was evidence of systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement.
- The provider had completed self-directed learning on an on-going basis.