

Takashi Ito

# Dr Ito Clinic

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 16 May 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

#### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

#### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

#### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

#### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations.

#### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The provider offers face to face consultation, examination and treatment for the management of pain for adults over the age of eighteen.

We received feedback from 17 patients who used the service; all were positive about the service experienced. Many patients reported that the service provided high quality care.

#### **Our key findings were:**

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- Information on how to complain was available and easy to understand.
- There was a focus on learning and improvement.

# Summary of findings

There were areas where the provider could make improvements and should:

- Review service procedures to ensure patient identity is checked before treatment.
- Review process for recording patient records so they are available in English for continuity of care.
- Review procedures in place for communication with patients' NHS doctors where appropriate.
- Review service procedures for staff training.
- Review service procedures to maximise the benefits of quality improvement activity.
- Review options to make reasonable adjustments to improve access to the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- Staff knew how to recognise the signs of abuse and how to report concerns.
- The service had a business continuity plan in place.
- The service did not undertake regular fire drills.
- Premises and equipment were clean. The service had not acted on one of the issues they had identified in their infection control audit.
- The service did not always maintain patient records in English.
- The service did not have a system in place to verify patients' identity during registration.

### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- There was evidence of quality improvement and the service had undertaken clinical audits; however, the audits were not written up to support learning.
- There was evidence of appraisals for staff.

### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

- Staff treated patients with compassion, kindness, dignity and respect.
- The Care Quality Commission comment cards we received were all positive about the service experienced. Many patients reported that the service provided high quality care.

### **Are services responsive to people's needs?**

We found that this service was providing responsive care in accordance with the relevant regulations.

- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- Information on how to complain was available and easy to understand.

### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

- The service had a vision to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The service had policies and procedures to govern activity and held regular governance meetings.
- Staff had received inductions, annual performance reviews and attended staff meetings and had training opportunities.

# Summary of findings

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- The provider was aware of the requirements of the duty of candour.
  - The service kept complete patient care records which were clearly written or typed, and these were stored securely. However, we found the patient records were not always maintained in English to enable continuity of care.
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# Dr Ito Clinic

## Detailed findings

### Background to this inspection

Takashi Ito (Dr Ito Clinic) is an independent provider of medical services in Westminster and treats adults over eighteen years of age. The service is led by a doctor who has specialised in pain management supported by a general manager, an administrator and a healthcare assistant. The provider informed us that the majority of patients they see are of Japanese origin.

The provider offers face to face consultation, examination and treatment for the management of pain including diagnostic ultrasound scans for joints and muscles; minor surgical procedures including joint injections, epidural injections, ligament injections, nerve blocks, puncture and drainage.

The service also prescribes and dispenses medicines. The principal doctor is on the specialist register in the GMC (General Medical Council) for anaesthetics. Services are available to people on a pre-booked appointment basis Monday to Friday between 11am and 6pm. The service informed us that they see approximately 50 patients a month.

The clinic has a common waiting area, reception, administrative room and one consulting and one treatment room used by this service.

Takashi Ito is registered with the Care Quality Commission to provide the regulated activities diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury.

The inspection was led by a CQC inspector and supported by a GP specialist advisor and an interpreter.

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?

## Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

### Safety systems and processes

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

- The service had appropriate systems to safeguard children and vulnerable adults from abuse. Staff knew how to identify and report concerns. Staff had not undertaken up-to-date safeguarding training relevant to their role; however, the day following the inspection all staff had completed this training and the provider sent us evidence to support this.
- Staff who acted as chaperones were trained for their role and had received a DBS check. (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 service did not always verify patients' identity during registration of new patients which meant that the service could not be assured they were only treating patients aged over eighteen. The service informed us that they only verify the identity of patients who use the service through their insurance company.
- The service carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was a system to manage infection prevention and control. We found the service to be clean. The service had chairs which could not be wiped clean in line with infection control guidelines. The service had identified this issue in their infection control audit; however, had not acted on it. After we raised this issue with the provider they installed a water-proof cover to the chairs which could be wiped clean or replaced and sent us evidence the day following the inspection.
- The service had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

### Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs.
- There was an effective induction system for staff tailored to their role.
- The service was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. The service had not undertaken a risk assessment to ascertain the emergency medicines they required. The service did not have glucogel (medicine used to treat low blood sugar) as part of their emergency medicines. After we raised this issue with the provider they purchased this medicine and sent evidence to support this the day following the inspection.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- The service did not undertake fire drills. After we raised this issue the service informed us that they had a meeting with the property manager who informed them that they had to undertake fire marshal training and would conduct regular fire drills on completion of this training.

### Information to deliver safe care and treatment

Staff had the 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. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. However, we saw that the patient records were not always maintained in English to continuity of safe and effective care. The service informed us that for Japanese patients the records were written and maintained in Japanese and for other patients the records were written and maintained in English.
- The service did not have a clear system for sharing information with other agencies. The service informed us that information was only shared with the patients' NHS GP on patients' request. They did not routinely collect details of the patients' NHS GP. On the day of the inspection the service changed their patient registration form to include patients' NHS GP details and their consent to share information. The service informed us

# Are services safe?

they would routinely send patient consultation notes to patients' NHS GP on patients' consent; they also updated their record handling policy to reflect this change and sent us evidence to support this the day following the inspection. The policy also identified that patient information would be shared without patient's consent if failure to do so may expose patients or others to risk of death, harm, abuse or neglect.

## **Safe and appropriate use of medicines**

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

- The systems for managing and storing medicines, including medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. .
- The service did not have an antimicrobial prescribing policy in place. After we raised this issue with the provider the service sent us a copy of their new antimicrobial prescribing policy which was based on best practice guidelines.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately.
- Arrangements for dispensing medicines at the service kept patients safe.

- The provider did not keep controlled medicines on the premises; we found that the provider had only prescribed controlled medicines on three occasions since 2017.

## **Track record on safety**

- There were risk assessments in relation to safety issues within the premises such as health and safety and fire safety. The fire risk assessment was undertaken by the landlord of the building. We saw that there was a fire procedure in place and all staff had undertaken fire safety training; ; however, the provider had not undertaken regular fire drills.

## **Lessons learned and improvements made**

The service learned and made improvements when things went wrong.

- 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 when things went wrong. The service learned and shared lessons and took action to improve safety in the service.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

### **Effective needs assessment, care and treatment**

The service had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed and delivered care and treatment in line with current legislation, standards and guidance.

- Patients' immediate and ongoing needs were fully assessed.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- We reviewed the records of five patients during the inspection and found that these patients were managed appropriately.

### **Monitoring care and treatment**

The service had a quality improvement programme in place; they undertook regular clinical audits to review the effectiveness and appropriateness of the care they provided. For example, the service undertook a clinical audit to ascertain if the clinical procedures carried out by the provider during the period July 2016 to June 2017 were effective. This included a review of 112 patients and 268 procedures. They found that a type of anaesthetic they used for some procedures was less effective; following this audit the provider modified their practice for some clinical procedures for it to be more effective. The service had undertaken five cycles of this audit; however, these audits were not written up to ascertain effectiveness and enable learning.

### **Effective staffing**

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

- The service 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 service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring.

### **Coordinating patient care and information sharing**

- The lead clinician confirmed they referred patients to an NHS or private service when required.
- There was limited evidence of written communication between the service and patients' NHS doctors'. The service informed us that information was only shared with the patients' NHS on patients' request. They did not routinely collect details of the patients' NHS GP. On the day of the inspection the service changed their patient registration form to include patients' NHS GP details and their consent to share information. The service informed us they would routinely send patient consultation notes to NHS GP with patients' consent; they also updated their record handling policy to reflect this change and sent us evidence to support this the day following the inspection.

### **Supporting patients to live healthier lives**

The service had identified patients who may need extra support and referred them to relevant services.

### **Consent to care and treatment**

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

- The lead clinician understood the requirements of legislation and guidance when considering consent and decision making.
- The lead clinician supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to decide; however clinical staff had not completed Mental Capacity Act training. After we raised this issue with the provider all staff completed Mental Capacity Act training and the provider sent us evidence to support this the day following the inspection.



# Are services caring?

## Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- All the 15 patient Care Quality Commission comment cards we received and the two patients we spoke to during the inspection were positive about the service experienced.

### **Involvement in decisions about care and treatment**

Staff helped patients be involved in decisions about their care.

- The service gave patients clear information to help them make informed choices; staff listened to them, did not rush them and discussed options for treatment with them.
- The service provided patients with information about the services available.

### **Privacy and Dignity**

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- They stored patient records securely.

The service had obtained feedback from patients who used the service after each consultation. The service provided the results for the period July 2016 to June 2017 (20 patients) which indicated that the patients were positive about the service experienced.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

### Responding to and meeting people's needs

- The facilities and premises were appropriate for the services delivered. The clinic was accessible for patients with reduced mobility; however, the clinic did not have an accessible toilet suitable for patients with reduced mobility and those who used a wheelchair. After we raised this issue with the provider they informed us they had a meeting with the landlord of the building to discuss this issue.
- The service had information available for patients which explained the services offered by the clinic including the costs.
- All patients attending the service referred themselves for treatment; none were referred from NHS services. The service informed us they referred patients to other services when appropriate.

### Timely access to the service

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

- The clinic was open Monday to Friday between 9am and 6pm.
- Patients had timely access to appointments.
- The appointment system was easy to use.

### Listening and learning from concerns and complaints

- Information about how to make a complaint or raise concerns was available.
- The complaint policy and procedures were in line with recognised guidance. The service learned lessons from individual concerns and complaints. The service had received one complaint in the last year. We found this complaint was appropriately dealt with in a timely manner.

# Are services well-led?

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

## Our findings

We found that this service was providing well-led care in accordance with the relevant regulations.

### Leadership capacity and capability;

Leaders had the capacity to deliver high-quality care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- Staff told us the lead clinician and the general manager were visible and approachable.

### Vision and strategy

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

### Culture

- Staff stated they felt respected, supported and valued.
- 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.
- There were processes for providing all staff with the development they need.
- 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 all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Staff were considered valued members of the service team. They were given protected time for professional development and evaluation of their work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service promoted equality and diversity. Staff felt they were treated equally.

### 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.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

### Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks.
- The service had processes to manage current and future performance. Service leaders had oversight of safety alerts, incidents, and complaints.
- There was evidence of quality improvement and the service had undertaken clinical audits; however, the audits were not written up to support learning.
- The service had plans in place and had trained staff for major incidents.

### 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 systems.

### Engagement with patients, the public, staff and external partners

- The service had a system in place to gather regular feedback from patients. They obtained feedback from patients after the last follow-up consultation. Following feedback from one patient the service changed its patient leaflet to aid Japanese patients who attend the local hospital for a scan.

### Continuous improvement and innovation

- There was a focus on learning and improvement; the provider had acted on our feedback and had made a number of improvements immediately following the inspection. The provider also obtained feedback from patients which was regularly reviewed.