

Dottore London Ltd

Dottore London

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. (Previous inspection 11 April 2018 – the provider was not rated at this stage in line with our methodology 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 Dottore London on 27 June 2019 as part of our inspection programme 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.

Our key findings were:

Summary of findings

- The clinic had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the systems in place supported learning and improvement.
- Staff involved patients with their procedures and treated them with kindness, dignity and respect.
- Patients found it easy to get an appointment at a time that was convenient to them.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Leadership at the clinic were approachable had an 'open door' policy.

- Policies and procedures were regularly reviewed and accessible to all members of staff.
- Staff were valued and appropriately trained for their roles.

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

- Ensure up to date training certificates are kept in personnel files for all members of staff.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Dottore London

Detailed findings

Background to this inspection

Dottore London is a private health clinic in central London which specialises in offering medical services to Italian nationals living in England, although all nationalities are welcome as patients. The clinic offers consultations for adults and children and provides the following specialities: gynaecologists, paediatricians, dermatologists, orthopaedists, neurologists, gastroenterologists, psychiatrists, physiotherapists, ear nose and throat (ENT) specialists, speech therapists, dietitians and psychotherapists. A complete list of services can be found on the clinic's website: <https://www.dottorelondon.com/>

Patients can be seen by Italian and English-speaking doctors who deliver private consultations at the clinic during weekdays and the weekend as required.

There are four managing partners, three of which are clinicians and one, the service manager, is also 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.

There are a total of 31 consulting doctors who see patients at the clinic, all of whom are employed within the NHS. There are two non-clinical members of staff who assist with admin and reception duties.

The service is registered with CQC to deliver the regulated activities of: Diagnostic and screening procedures and Treatment of disease, disorder or injury. The service is open Monday to Saturday from 10am to 8pm. Home consultations can also be offered seven days a week depending on the doctors' availability.

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

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.

- All safety and safeguarding processes had a service specific policy and were adhered to.
- All clinical staff were trained to the required safeguarding level for adults and children and were aware of the service policy. All policies were accessible and had a date for review. When asked, staff were able to identify an example of a safeguarding concern. The clinic has not encountered any safeguarding concerns to date but informed us they would discuss any concerns at staff meetings and escalate as required.
- All the staff displayed knowledge of the Mental Capacity Act 2005 and its applications. For example, children would not be offered treatment without the signed consent of the parents or guardians.
- All clinical staff had received an enhanced Disclosure and Barring Services (DBS) check, according to clinical policy. 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.
- Clinical staff had been trained to undertake chaperone duties and patients were made aware they could request a chaperone. There were notices in the waiting room and in consulting rooms advising patients that chaperones were available.
- All staff were correctly registered with the appropriate professional body and were engaged with ongoing professional revalidation processes. Staff were able to cover the absences for each other and therefore there was no need for the use of locums or agency staff. However, there were policies in place for a locum induction process.
- The clinic had a building risk assessment and undertook the relevant checks for the waterborne infection Legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- The clinic was clean, tidy and décor was in excellent condition, including all storage areas, with evidence of

frequent cleaning confirmed by a cleaning schedule and checklist. Infection prevention and control and cleaning regimes were reviewed regularly to ensure best practice was maintained.

- Equipment was single use and within the expiry date.
- Staff immunity status was monitored and non-clinical staff were offered the opportunity to have a course of HEP B vaccinations. All staff were up to date with their own immunisations.

Risks to patients

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

- Staffing levels were sufficient for the demands of the clinic. All sickness and absences were covered by the staff themselves.
- Staff felt they had received a good induction to the clinic and were confident in the training and support they received.
- Staff spoken to on the day were familiar with the emergency procedures regarding the safety of the building and also any medical emergencies. They were aware of the location of emergency equipment and emergency medicines. All the medicines and equipment were appropriate, accessible and fit for use. The clinic also had its own stock of emergency medicines. We saw evidence there was an effective system in place for ensuring the emergency medicines were available and in date.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Non-clinical staff knew how to identify the red flags symptoms for severe infection including sepsis.
- The clinic had all the appropriate indemnity arrangements in place to cover all potential liabilities.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Information to deliver safe care and treatment

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

Are services safe?

- All patients to the clinic had to undertake an initial assessment in order to ensure their medical history and needs were completely understood and noted. Patients were required to present identification when registering. Notes and records were securely accessed and stored.
- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.

Safe and appropriate use of medicines

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

- The clinic did not stock vaccines or adopt Patient Group Directions (PGDs) as there were no non-medical prescribers working at the clinic. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The service had reviewed its antimicrobial prescribing and took action to support good antimicrobial stewardship in line with local and national guidance. For example, through completed clinical audits to ensure appropriate prescribing of antibiotics.

Track record on safety

The service had a good track record on safety.

- There had been no significant incidents at the service for the last 12 months. There were easily accessible

policies in place should there be the need to report any in the future. All staff were aware of what constituted a significant event and the need to report, discuss and action such incidents.

- There were comprehensive risk assessments in relation to safety issues for example, annual fire risk assessments, health and safety risk assessment, annual infection prevention and control audits, annual portable appliance testing, annual calibration of medical equipment and risk assessments were in place for any storage of hazardous substances.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service held a log of all the medicines and safety alerts and actions undertaken for relevant alerts. The provider informed us they discussed medicines and safety alerts in clinical meetings and minutes of these meetings were disseminated to all clinical staff to ensure learning; we saw evidence to support this.

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

- Patient outcomes were monitored using personalised treatment programmes, in-depth information and after care advice.
- The service monitored these guidelines through risk assessments, audits and random sample checks of patient records.
- Reception staff knew to contact clinical staff for any patients presenting with high risk symptoms such as chest pain or difficulty in breathing.

Monitoring care and treatment

There was evidence of quality improvement and the practice routinely reviewed the effectiveness and appropriateness of the care provided. For example:

- The service undertook regular antimicrobial prescribing audits to ascertain if antimicrobials were prescribed according to evidence-based guidelines. The findings of the two-cycle audit demonstrated that GPs running the service were only prescribing 'high risk' broad spectrum antibiotics when clinically appropriate.
- The service regularly reviewed consultation notes for clinical effectiveness and provided one to one feedback if any concerns were identified and we saw evidence to support this.

Effective staffing

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

- The clinic understood the learning needs of its staff and provided time for the staff to undertake the training required. Up to date records of skills and qualifications were maintained. However, we found that up to date copies of training certificates were not always available

in personnel files. Following the inspection, the service took immediate action and provided us with copies of the most recent training certificates for all members of staff.

- The service provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, coaching and mentoring and clinical supervision, where needed.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff.

Coordinating patient care and information sharing

Staff worked together to deliver effective care and treatment.

- We saw records that showed all appropriate staff were involved in the assessing, planning and delivery of treatment to patients.
- Patients received specific care options appropriate to their needs.
- The service co-ordinated care where applicable in order to ensure the treatments and referrals were relevant to the needs of the client and also in line with their underlying medical needs.
- We saw evidence of the service sharing information of treatment were shared with the patient's own GP in line with general medical council guidance.

Supporting patients to live healthier lives

The staff ensured all the treatment and advice offered was in accordance to national guidelines and that all health advice was aimed towards ensuring patients were safe and aware of the best practice and prevention advice.

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. The service supported clinicians in keeping up to date with legislation and guidance by ensuring active links were available on the bespoke clinical system.
- Clinicians 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 caring?

Our findings

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We received 12 completed CQC comment cards and patient feedback was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- All staff completed training on equality and diversity.
- The service gave patients timely support and information.
- Patient feedback was collected and analysed regularly and was consistently positive.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard; a requirement to make sure patients and their carers can access and understand the information they are given.

- Staff communicated with people in a way they could understand, for example, by providing patients with Italian and English-speaking doctors.
- Information leaflets, including easy read format leaflets were available.

Privacy and dignity

The service respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

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

- The service understood the needs of its patients and tailored services in response to those needs. For example, by providing appointments outside of working hours and on the weekends.
- The facilities and premises were appropriate for the services delivered.
- The service had multilingual staff who could support patients. There was a hearing loop available for patients who were hard of hearing.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times and delays were minimal and managed appropriately.
- The service was available Monday to Saturday from 10am to 8pm.

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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result 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

Leadership capacity and capability;

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

- The leadership team had the experience to deliver the treatment that was offered and to address and manage any risks associated with it.
- The service had the capacity to deal with the increasing demand on the service. For example, the service provided evidence it would be operating from a new and larger premises which would be available as of October 2019.
- All staff were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were able to address them.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Clinic specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- There were appropriate arrangements for identifying, recording and managing risks through regular meetings.

Vision and strategy

The service had a clear vision and strategy to deliver high quality treatment and advice to Italian and other patients the majority of whom were living and working in the London area.

- The service had a comprehensive business plan in place.
- The service vision was formed by utilising the experience of the managing partners and the staff, together with the patient need for good quality and accessible care.
- The service encouraged a holistic approach to care where appropriate. Advice and guidance was delivered according to national guidelines.
- All staff understood and practiced the values of professionalism and efficiency set out by the service.
- The service had financial management in place and was realistic regarding targets and objectives.

Culture

The service had a culture of high-quality care.

- Staff felt respected and valued. All staff enjoyed working at the clinic and were supported both clinically and personally.
- There was a focus on tailoring advice and treatment to each client on an individual basis.
- Leaders were knowledgeable and led by example.
- There was a culture of openness and honesty. All issues were openly discussed at regular minuted staff meetings or ad hoc meetings. The provider was aware of and had systems in place to ensure it complied with the requirements of the duty of candour.
- All clinical staff had a training schedule and were valued for the expertise they had, and were gaining, through continuous development.
- There was a culture of equality and diversity, and all staff and patients felt they were treated equally and respectfully.
- The service operated safely, with consideration given to potential emergency situations and how staff would manage them.
- The service had a positive outlook, with staff content in their job roles.
- Patients were encouraged to be involved in their own care and were given the appropriate choices and options in the clinic in order to make an informed decision.

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 as to their roles. There were defined lead roles and a registered manager in post who understood their responsibilities.
- There was continuous review of policies and objectives, which were communicated to all staff.
- The service had a comprehensive schedule of meetings in line with their governance arrangements, this included clinical and non-clinical meetings.

Managing risks, issues and performance

There was a clear and effective process for managing risks, issues and performance.

Are services well-led?

Good 

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

- 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. Service leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The service had plans in place and had trained staff to deal with major incidents.
- The service considered and understood the impact on the quality of care of service changes or developments.

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.
- 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.

Engagement with patients, the public, staff and external partners

The clinic involved the staff and the patients to support ongoing sustainable treatment.

- There were feedback processes and the service used its own feedback form to measure patient opinions.
- There was a transparent and collaborative approach by the staff and company directors.
- All staff were encouraged to attend learning events and to share their knowledge both internally and externally.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Learning was shared where applicable.
- Leaders encouraged staff to take time for revalidation, training and career development.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The service took account of patient feedback and improved accordingly. For example, the service was initially set up to provide gynaecology and paediatric services. The extent of services was expanded to include ten other specialities as a result of patient feedback.