

Dr John Keet's Consulting Room

Inspection report

9 Upper Wimpole Street
London
W1G 6LJ
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Date of inspection visit: 12 July 2023
Date of publication: 18/09/2023

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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

This service is rated as Requires improvement overall. (Previous inspection January 2019 – the service was found to be meeting the requirements of relevant regulations.)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

Start this section with the following sentence.

We carried out an announced comprehensive inspection at Dr John Keet's Consulting Room on 12 July 2023 as part of our inspection programme. Dr John Keet's Consulting Room first registered with CQC in August 2015 and are registered for the regulated activities, treatment of disease, disorder or injury and diagnostic and screening procedures.

The registered manager is the individual provider and clinician for the company. 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 reviewed 6 comment cards completed by patients in this year and found them all to be positive about the care and treatment they had received.

Our key findings were:

- *The service provided care in a way that kept service users safe and protected them from avoidable harm, however gaps were identified in safety processes.*
- *Concerns identified and highlighted to the provider at the last inspection were identified again at this inspection.*
- *Some systems lacked oversight to ensure they were being adhered to and there were large gaps in the overall governance of policies and procedures and safety checks.*
- *Service users received effective care and treatment that met their needs.*
- *Service users were treated with kindness and respect and involved in decisions about their care.*
- *The service delivered services to meet service users' needs. Service users could access care and treatment in a timely way.*

We found a breach of regulation. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients

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

Overall summary

- Implement appropriate quality improvement activity for example, carrying out documented audits of activity such as prescribing and record keeping.
- Review the way that notes are stored so that all patient information is clear, orderly and accessible in a timely manner.
- Carry out risk assessments for those performing roles or duties within the service so that any associated risks are considered and documented.

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Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC Inspection GP specialist adviser.

Background to Dr John Keet's Consulting Room

Dr John Keet's Consulting Room is located at 9 Upper Wimpole Street, London W1G 6LJ. Dr John Keet is a consultant physician specialising in internal medicine and the care of older people. He is listed on the GMC's specialist register for geriatrics. Dr Keet provides private consultations to adult patients from premises in the Marylebone area of London. The service is provided by appointment only. Patients are typically referred to Dr Keet by their NHS GP or private doctor. Dr Keet does not normally offer home visits unless patients are housebound or unable to travel.

The service is located in a converted property. The consultation room is located on the second floor which is accessible by stairs only.

The service is provided by the doctor (male). A receptionist is provided on the ground floor of the building by the property management company. The provider has additionally contracted 2 administrative assistants (primarily in bookkeeping roles) on a zero hours contract.

The service website can be accessed through the following link: <https://www.drkeet.com/>

The clinic is open from 9am to 6pm Monday – Friday and will offer occasional Saturday appointments based on patient need. The clinic does not open on Sundays.

How we inspected this service

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre-inspection information which we reviewed.

During our inspection we:

- Spoke with the registered manager/doctor face to face.
- Reviewed files, practice policies and procedures and other records concerned with running the service.
- Reviewed a sample of service user records.
- Reviewed 6 comment cards completed by patients in 2023, in advance of the inspection.
- Looked at information the service used to deliver care and treatment plans.

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 Requires improvement because:

The provider had systems and procedures in place to monitor and keep patients safe, however we identified gaps in these systems. Whilst there were arrangements in place for the management of infection prevention and control, we identified gaps in systems to dispose of clinical waste and systems in place for appropriate checking of equipment used in medical emergencies. Information needed to plan and deliver care was available to staff in a timely and accessible way.

We identified four safety concerns during the inspection that were brought to the attention of the provider. The likelihood of this happening again in the future is medium, however the risk to patients is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor. (See full details of the action we asked the provider to take in the Requirement Notice at the end of this report).

Safety systems and processes

The service did not have systems to keep people safe and safeguarded from abuse.

- The provider had not conducted some safety risk assessments since the last inspection in 2019 and there was no system in place to ensure policies were regularly reviewed. After the inspection, the provider told us that health and safety risk assessments were not carried out in 2020 and 2021 due to Covid.
- The premises landlord had carried out some safety checks on behalf of the provider including a health, safety and fire risk assessment dated June 2023, fire alarm and emergency lighting checks, dated May 2023, Legionella risk assessment dated August 2022.
- There were limited systems to safeguard vulnerable adults from abuse. We reviewed a safeguarding policy that was brief in detail, had not been dated or signed and did not outline clearly who to go to for further guidance.
- The provider gave examples where he had acted on safeguarding concerns, for example in relation to concerns about a patients' care workers. He knew how to escalate any concerns to protect patients from neglect and abuse.
- The provider had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. We saw evidence that the doctor had completed level 3 safeguarding training.
- A female chaperone could be provided if requested in advance. The chaperone (the provider's wife) did not have a DBS check in place, had not carried out any chaperone training and was not employed by the clinic. We did not see evidence of a risk assessment in place for carrying out chaperone duties, however we were told that it was very rare that a chaperone was requested. The provider told us that patients who wanted to be accompanied during the consultation were welcome to bring a friend or family member if they preferred.
- The provider did not routinely ask patients for proof of identity as they were normally referred by their own NHS or private doctor along with relevant details of their condition and symptoms.
- When registering a new patient, the provider did not obtain the patient's NHS GP's details on the registration form, however the provider told us that he collects this information at a later date. Evidence was seen or correspondence with patients' GP's in consultation notes.
- There was a system to manage infection prevention and control. The infection, prevention and control document provided had not assessed any risks in relation to the service, was brief in detail, had not been dated or signed and did not outline clearly who to go to for further guidance.
- The service did not ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The provider had a working automatic external defibrillator (AED) in place, but the pads had expired in 2013. The provider showed evidence that new pads had been ordered and would be arriving the week following inspection.

Are services safe?

- There were systems for safely managing healthcare waste, however we observed a purple topped sharps bin that did not have a date of assembly written on it, allowing for it to be locked and disposed of after three months in line with current guidance.
- The provider told us that the service did not generate a lot of clinical waste and when the sharps bin was full, they would take it into the hospital they also worked at to dispose of the contents. After the inspection, the provider told us that although they produce very little clinical waste, sharps bins are disposed of every 3 to 6 months and in the future will be dated with the date of assembly.
- We saw evidence of an external portable appliance testing (PAT) certificate dated July 2023 where all 5 appliances had passed testing. We saw no evidence of a calibration report for medical equipment used.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety, but we identified gaps in these systems.

- The provider was able to manage their caseload to ensure they had the capacity to meet the needs of their patients. At the time of inspection, the provider told us they were seeing 2-3 patients a month.
- There were no arrangements for planning and monitoring the number and mix of staff needed as the provider did not employ any staff. The provider contracted 2 administrative staff on a zero hours contract.
- The provider understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- The provider knew how to identify and manage patients with severe infections, for example sepsis.
- The provider did not keep any emergency medicines on site, including medicines that could be used to treat the symptoms of anaphylaxis or medical oxygen. The provider told us that they did not need to stock emergency medicines due to the location of the clinic being close to a number of NHS primary and secondary care services. We saw no documented risk assessment that showed the provider had considered all associated risks with this decision.

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 not always written and managed in a way that kept patients safe. There was no formal system or template in place for the recording of individual patient notes, and we saw evidence of some notes that had been typed, printed and stored in patient files, others that had been handwritten on various pieces of paper and others stored directly onto the doctor's laptop. It was not clear that all patient notes following a consultation had been typed and/or printed as we found one example where consultation notes had not been recorded but the doctor had prescribed medicines following a telephone conversation with another medical practitioner.
- The remaining care records we reviewed showed that information needed to deliver safe care and treatment was recorded and available to the doctor.
- The service had systems for sharing information with other professionals and agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with DHSC guidance.
- The doctor 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 limited systems for appropriate and safe handling of medicines.

Are services safe?

- The service kept prescription stationery securely and monitored its use.
- The provider prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- There were no emergency medicines kept on site. There were no documented risk assessments in place to evidence that risks associated with not keeping any emergency medicines on site had been considered.
- The provider did not prescribe off-label or unlicensed medicines or controlled drugs. They did not prescribe higher risk medicines that required ongoing monitoring.
- The provider did not carry out any formal, documented audits of prescribing. They told us that due to the very small number of patients seen, there was not enough information that could be gathered to influence improvement activity.

Track record on safety and incidents

The service had a good safety record, although there were gaps in safety checks such as risk assessments.

- We did not see evidence of comprehensive risk assessments in relation to safety issues.

Lessons learned and improvements made

The service learned from when things went wrong.

- There was a system for recording and acting on significant events.
- There were systems for reviewing and investigating when things went wrong.
- The provider was aware of and complied with the requirements of the duty of candour. The service had systems in place for knowing about notifiable safety incidents.
- The service had a system to act on and learn from patient and medicine safety alerts. We saw evidence of safety alerts during the inspections.
- There had been no recently recorded incidents. The doctor told us they had learned from recent incidents involving other agencies.

Are services effective?

We rated effective as Choose a rating because:

The provider had systems and procedures which ensured clinical care provided was in relation to the needs of patients. The provider had the knowledge and experience to be able to carry out their role. At the time of inspection, the service had not completed any quality improvement activity in the form of clinical and non-clinical audits predominantly due to the low number of patients seen.

Effective needs assessment, care and treatment

The provider had systems to keep up to date with current evidence based practice. We saw evidence that the clinician assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- The doctor encouraged patients to share important information about their health with their NHS GP and other relevant professionals. We saw evidence that the doctor had coordinated with GPs, with the patient's consent.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The doctor obtained written feedback from referring doctors and patients about the service. We reviewed this and saw that the feedback was very positive.
- The service did not have a programme of clinical audit or completed audit cycles but the small number of patients limited the scope of potentially useful audit activity.

Effective staffing

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

- The provider was appropriately qualified. The service did not use locums or other clinicians on a temporary basis.
- The provider was registered with the General Medical Council (GMC) and was up to date with appraisal and revalidation.
- The provider maintained up to date records of skills, qualifications and training. The provider also currently worked within the NHS on a locum basis which provided opportunities to maintain their clinical professional development.

Coordinating patient care and information sharing

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

- Patients received person-centred care.
- Before providing treatment, the doctor ensured they had adequate knowledge of the patient's health and their medicines history.

Are services effective?

- All 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.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available in a timely and accessible way.
- The service relied on both paper and electronic records and systems in place to retrieve, update and file these following a consultation were not always clear. Records were transported between the consulting room and the records storage room on the third floor when the consultation was completed. Records were not always well secured within the folders and there was a risk that pages might become misplaced during transfer.

Supporting patients to live healthier lives

Staff were consistent in empowering patients and supporting them to manage their own health.

- 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.

Consent to care and treatment

The service 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. Where appropriate, they assessed and a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

The service treated patients with kindness, respect and dignity. The service involved patients in decisions about their treatment and care. The provider demonstrated a patient-centred approach to their work.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. The comment cards we reviewed consistently described the provider as compassionate and helpful and all said that they were pleased with the care and treatment they received.
- The provider 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.

Involvement in decisions about care and treatment

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

- We were told that patients had almost always been able to communicate well in English. The provider told us that if this was not the case, patients were asked if they could bring an appropriate family member or friend who could translate or they would use interpretation services.
- Patients told us through comment cards, that 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.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The service was small in scale and patients were able to discuss sensitive issues in privacy.

Are services responsive to people's needs?

We rated responsive as Good because:

The provider was able to provide patients with timely access to the service. The service had a complaints procedure and policy in place and obtained patient feedback.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the provider could see patients with mobility difficulties in alternative clinical premises in the local area. They had also on occasion, carried out home visits when the patient was unable to attend the clinic.

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.
- Patients reported that the service was accessible.
- Referrals and transfers to other services were undertaken in a timely way, for example, diagnostic testing was done the same day if possible.

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.
- 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.
- The service did not have a complaint policy in place. The service had not received any complaints in the last 12 months and were unable to provide an example of when they acted as a result to improve the quality of care.

Are services well-led?

We rated well-led as Requires improvement because:

The service leader was able to articulate the future vision for the service. The provider worked hard to ensure that patients would receive the best care and treatment. There were some systems in place to govern the service and support the provision of good quality care and treatment, however these systems lacked oversight to ensure they were being adhered to and there were large gaps in the overall governance of policies and procedures and safety checks.

Leadership capacity and capability;

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

- The clinic was run by the doctor as a sole provider. The service had been established for several years.
- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They did not feel they were facing any challenges at the time of inspection.
- The provider told us that they were beginning to see fewer patients, with a view to retiring in the near future and had begun to discuss possible options for the future of the service.

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.

Culture

The service had a positive working culture with a focus on co-ordinating care with other providers for the benefit of patients.

- The doctor was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Governance arrangements

There was no clear responsibilities, roles and systems of accountability to support good governance and management. The provider had systems to maintain professional development; comply with appraisal and registration requirements. Service policies and procedures had not been updated since the last inspection and in some cases were not available.

- The provider had not established proper systems so that policies, procedures and activities to ensure safety were regularly reviewed and updated, to assure themselves that they were operating as intended.
- The policies we reviewed had been updated after the inspection was announced, but the date was the only thing that appeared to be amended and the policies and risk assessments did not appear to have been properly updated.

Managing risks, issues and performance

There was some clarity around processes for managing risks, issues and performance.

Are services well-led?

- The service had some processes to manage current and future performance. The doctor sought feedback about his service from referring clinicians and colleagues in both his private and NHS work.
- There was no clinical audit activity being undertaken at the time of inspection.
- The service had plans in place for major incidents and an arrangement with another clinic in the local area, should the premises become unavailable at short notice.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service maintained detailed and thorough clinical records. Relevant information was shared with other providers with patients' consent.
- The service was aware of the requirements to submit data or notifications to external organisations as required.
- The service used both electronic and paper records to manage clinical information. Records were securely filed and stored but we were concerned that there was potential for confusion when looking for individual patient consultation notes. When reviewing patient notes during inspection, the provider struggled to find information asked for and needed to go back and forth between the laptop and large paper files, which did not seem to be kept in an orderly condition.

Engagement with patients, the public, staff and external partners

The service involved patients to support high-quality sustainable services.

- The doctor provided all patients with feedback forms to complete and reviewed the completed feedback about the service. We reviewed the most recent 6 completed forms which were wholly positive.
- We also reviewed the feedback provided by referring doctors and colleagues. Again this was positive about the doctor's consultation skills and manner with patients.

Continuous improvement and innovation

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

- There was scope to develop more formal clinical quality improvement work including prescribing and records audits.
- The doctor was able to demonstrate how they kept up to date with relevant guidelines and training and put that into practice in their consultations.
- We saw evidence that the provider had completed online mandatory training.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The provider did not stock emergency medicines or oxygen and had not documented the risks associated with not stocking these medicines. Regular checks were not being carried out on emergency equipment to ensure parts had not expired.• The provider did not ensure that complete consultation notes were being written and recorded for each patient after treatment. They did not ensure that these notes were recorded or stored in an organised way.• The provider had not carried out the necessary employment or safety checks for those carrying out roles within the service and had not documented any associated risks in doing so.• The provider had not ensured that systems to monitor safety and support good governance and management were in place or reviewed regularly. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>