

Dr Oscar Duke

Inspection report

6b Sloane Square
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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 to people's needs? | | 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

Dr Oscar Duke Ltd. provides an independent doctor service based near Sloane Square, Central London.

The service has a 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 carried out an announced comprehensive inspection at Dr Oscar Duke on 7 November 2022 as part of our inspection programme.

Our key findings were:

- People had comprehensive assessments of their needs, which included consideration of clinical needs, mental health, physical health and wellbeing.
- There were clearly defined and embedded systems and processes to keep patients safe and safeguarded from abuse.
- The service was tailored to meet patients' needs and delivered in a way to ensure flexibility, choice and continuity of care.
- We saw evidence of quality improvement activity. For example, a recent clinical audit had been undertaken and all relevant staff were involved. Opportunities to participate in peer review were also proactively pursued.
- Leadership and practice management arrangements drove the delivery of high-quality person-centred care.

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

- Continue to liaise with its Landlord in respect of addressing identified risks associated with a bacterium called Legionella (which can proliferate in building water systems).
- Introduce a system of periodic checks to ensure that, as necessary, emergency equipment and medicines are functioning, available and in date.
- Ensure that non-clinical staff undertake sepsis awareness training.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to Dr Oscar Duke

Background to Dr Oscar Duke Ltd.

Dr Oscar Duke Ltd. provides an independent doctor service and is located at 6b Sloane Square London, SW1W 8EE. The service is located on the second floor of a residential block and is serviced by a lift. In addition to routine family practice, the service also has expertise in paediatrics; as well as health screening for men and women. The service is open Monday – Friday 8:30am - 5:30pm. The clinical team comprises Dr Oscar Duke with administrative support provided by a female practice manager (who has been trained to undertake chaperone duties).

Dr Oscar Duke Ltd is registered with the Care Quality Commission to carry out the regulated activities of Treatment of disease, disorder or injury and Diagnostic and screening procedures.

Are services safe?

We rated safe as Good because:

- Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety.
- There was an open culture in which safety incidents were integral to learning and improvement.
- There were clearly defined and embedded systems and processes to keep people safe and safeguarded from abuse.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service had systems in place to enable it to work with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. These 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 had clear systems to keep people safe and safeguarded from abuse (including a designated Safeguarding Lead and readily accessible Local Authority safeguarding guidance).
- Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The staff member who acted as a chaperone was trained for the role and had received a DBS check.
- We looked at systems in place to manage infection prevention and control (IPC) risks. An IPC audit had taken place in July 2022 although we noted this was not part of a periodic programme of IPC audits. When this was highlighted, we were told that a programme would immediately be introduced. Staff had received recent IPC training.
- Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety. Records showed that in December 2021, the provider's Landlord had commissioned an external contractor to assess risks associated with a bacterium called Legionella (which can proliferate in building water systems). We noted the risk was assessed as "tolerable" and we were advised that consequently, the Landlord had decided not undertaken any of the remedial actions required to reduce this risk level (for example removal of ground floor redundant pipework).
- We further noted the service was located in a converted apartment and that the patient WC contained a bath unit which was not in use but, we were advised, was flushed on a weekly basis. However, records were not available and it was unclear whether the bath's infrequent usage or the profile of people using the service had been considered as part of the December 2021 risk assessment.
- Shortly after our inspection we were sent the results of an April 2022 water sample test which confirmed the absence of the Legionella bacterium from the building's water system.
- 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.

Risks to patients

Are services safe?

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The doctor knew how to identify and manage patients with severe infections although we noted the service's practice manager had not undertaken sepsis awareness training.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- We looked at a selection of individual care records and confirmed these were written and managed in a way that kept patients safe. The care records showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- We noted the provider was not undertaking periodic checks of emergency medicines and equipment. When this was highlighted, we were told a system of periodic checks would immediately be implemented.
- The service kept prescription stationery securely and monitored its use.
- We were told the service used local NHS antibiotics prescribing formulary guidance to ensure that antibiotic prescribing was in line with best practice guidelines.
- The service prescribed Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). We saw evidence that systems were in place to ensure their safe management. For example, a log was kept, detailing when controlled drugs were prescribed.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- Regular meetings took place to discuss cases and monitor activity. This helped the service to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service had systems in place to ensure learning and improvement took place when things went wrong.

Are services safe?

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- 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.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a protocol in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good because:

- The provider assessed needs and delivered care in line with current evidence-based guidance.
- Clinical audits were carried out and all relevant staff were involved.
- We saw evidence of how opportunities to participate in peer review were proactively pursued.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice.

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used clinical audits to improve quality. For example, a recently completed two cycle audit had resulted in improved protocols for ensuring that up to date blood monitoring was in place prior to prescribing.
- The clinical lead routinely discussed current evidence-based guidance with the lead clinician of another independent doctor service based in the same premises and also spoke positively about how part-time sessional work at a local NHS practice (and attendance at clinical meetings) helped ensure they kept up to date with quality improvement best practice.
- The clinical lead also routinely attended educational seminars delivered by local private hospitals.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The lead clinician was registered with the General Medical Council (GMC) and was up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, the lead clinician ensured they had adequate knowledge of the patient's health, any relevant test results 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 NHS GP.
- 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 to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

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

Are services caring?

We rated caring as Good because:

- There was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Feedback from patients was positive about the way staff treated them.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. For example, an October 2022 patient survey highlighted that all 20 patients surveyed either 'agreed' or 'strongly agreed' that the doctor treated them with care and compassion.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpreting services were available for patients who did not have English as a first language.
- Patients fed back 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. For example, the October 2022 patient survey highlighted that all 20 patients surveyed either 'agreed' or 'strongly agreed' that they felt involved in decision making during their appointment.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

- The service was planned and delivered in a way that met the needs of its patients. The importance of flexibility, choice and continuity of care was reflected in how care was delivered.
- Patients could access the right care at the right time. Access to appointments and services was managed to take account of people's needs, including those with urgent needs.
- The service had systems in place to respond appropriately to complaints.

Responding to and meeting people's needs

The provider organised and delivered services to meet the healthcare needs of its patients and took account of their needs and preferences.

- The provider understood the preferences and needs of their patients and strove to provide patient centred and flexible services.
- The facilities and premises were appropriate for the services delivered.

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, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Arrangements were in place to allow patients to make contact outside the service's opening times. Patients were advised they could call at any time if they experienced an emergency.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs. For example, an October 2022 patient survey highlighted that all 20 patients surveyed either 'agreed' or 'strongly agreed' that they were satisfied with available appointment times.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems in place to respond to them appropriately to improve the quality of care.

- The service had a complaints policy and procedures in place although this was not publicised on its website.
- Information about how to make a complaint was available on the premises.
- The service had received four complaints in the previous 12 months: categorised as either 'low harm' or 'no harm'. Records confirmed that 'complaints and compliments' were standing agenda items at staff meetings.

Are services well-led?

We rated well-led as Good because:

- The lead clinician strove to deliver motivate staff to succeed. There was a common focus across the service on improving quality of care and patient's experiences.
- There were effective processes in place to identify, understand, monitor and address current and future risks.
- There were systems to support improvement and innovation work including the use of clinical audit and peer review.
- The lead clinician was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Leadership capacity and capability

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

- The lead clinician was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. These included increasing the patient list whilst at the same time maintaining the practice's ability to provide patient centred care.

Vision and strategy

The service had a clear vision to deliver high quality, patient centred care.

- The lead clinician had the experience, capacity and capability to ensure that this vision was delivered.
- Staff were aware of and understood the vision and values of the service; and their role in delivering patient centred care.
- Regular staff meetings took place so as to scrutinise delivery and ensure staff engagement.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Systems were in place to ensure openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could 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.
- There was a strong emphasis on the safety and well-being of all staff.

Governance arrangements

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

Are services well-led?

Structures, processes and systems to support good governance and management were clearly set out, understood and effective. There was an effective governance framework, which focused on delivering good quality care. For example:

- Staff were clear on their roles and accountabilities.
- The lead clinician had established service specific policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- We saw evidence the service had undertaken prompt action to improve governance arrangements for managing Legionella risks.
- The service used performance information which was reported and monitored and management and staff were held to account.
- 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.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had plans in place for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

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

- The service routinely undertook patient surveys and considered survey findings.
- Staff were proud of the organisation as a place to work and spoke highly of the service's listening culture.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. For example, we saw how clinical audit had been used to support safe prescribing.
- The service had systems in place to undertake internal reviews of incidents and to ensure that learning was shared and used to make improvements.

There were systems to support improvement and innovation work including use of peer review and identifying NHS quality improvement best practice.