

London Gynaecology at Austin Friars

Inspection report

15-18
Austin Friars
London
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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

We carried out an announced comprehensive inspection at London Gynaecology at Austin Friars as part of our inspection programme. The provider, London Gynaecology Limited registered with the CQC in April 2020 and began operating The London Gynaecology at Austin Friars in February 2021. This was the services first CQC inspection.

One of the service's directors is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received 70 patient feedback forms. All the feedback indicated that patients were treated with kindness and respect. Staff were described as friendly, caring and professional. In addition, comment cards described the environment as pleasant, clean and tidy.

Our key findings were:

- The provider had clear systems to keep people safe and safeguarded from abuse. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Staff assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards.
- Patients were treated with dignity and respect and they were involved in decisions about their care and treatment and appropriate medical records were maintained.
- Systems were in place to protect patients' personal information.
- Information about services and how to complain was available and easy to understand.
- An induction programme was in place for all staff and evidence of certificate of specialist training was maintained for consultants.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The provider had a clear vision to provide a safe and high-quality service and there was a clear leadership and staff structure. Staff understood their roles and responsibilities.
- We saw that there was a system for managing significant events and that learning and improvement was encouraged.
- Staff and patients had access to all standard operating procedures and policies.
- The provider had taken steps to implement quality improvement activity but there were areas for improvement identified. Namely, the provider had not sufficiently monitored the activity carried out by the consultants to ensure they were following clinical guidance.

Overall summary

- The provider did not have effective safeguards in place to ensure only persons 18 years old or above accessed services.

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

- Develop a comprehensive program of quality improvement including clinical audit to drive improvement in care and treatment outcomes.
- Update the service's prescribing policy to include medication which should not be prescribed.
- Include third stage process for independent resolution of complaints to the service's patient information leaflet.
- Include safety alerts as a standing item to the clinical meeting agenda.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a consultant gynaecological specialist adviser.

Background to London Gynaecology at Austin Friars

The London Gynaecology at Austin Friars (the location) is operated by London Gynaecology Limited (the provider) at 15 Austin Friars, London EC2N 2HE. The provider is registered with the Care Quality Commission to carry out the following regulated activities: Diagnostic and screening procedures and Treatment of disease, disorder and injury, Maternity and Midwifery, Surgical Procedures and Family planning services.

The London Gynaecology at Austin Friars provides services to people aged 18 years and older. At the time of inspection, the clinic saw an average of 200 people per month. The service is located on the ground floor of a five floor shared building but operates as an independent entity and do not share any facilities. The premises consists of a large reception and waiting area, two diagnostic rooms, an ultrasound room, a sluice room (a closed room designed for the disposal of waste products), staff room, nursing station, and two water closets.

The service was run by two directors (one of which was the registered manager, the other was the safeguarding lead). The staff team comprised a female chief operating officer and a female practice manager, a female clinic manager, a female finance manager, a female business and marketing manager (freedom to speak up guardian), a female public relations officer who worked on a contractual basis. The administrative team consisted of four and an administrative support team of three. The clinical team comprised a female nursing team of three (the lead nurse was also a freedom to speak up guardian) and four consultant gynaecologists (male and female) who were awarded practising privileges by the provider, and a female nutritional therapist who works on a contractual basis. They had additional consultants available to utilise as needed to provide clinics and services to patients based on demand for the service.

Before inspecting, we reviewed a range of information we hold about the service, any notifications received, and the information given by the provider at our request prior to the inspection.

During the inspection we:

- Spoke with a range of staff including the directors, the chief operating officer, clinic manager, practice manager, a consultant gynaecologist, a nurse and an administrator.
- Looked at the systems in place for the running of the service.
- Explored how clinical decisions were made.
- Looked at rooms and equipment used in the delivery of the service and made observations of the environment and infection control measures.
- Viewed a sample of key policies and procedures.
- Reviewed feedback from patients about their experiences of the service.

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:

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

Safety systems and processes

In the main, the service had clear systems to keep people safe and safeguarded from abuse. However, we identified an area requiring improvement.

- The service was intended for people aged 18 years and over; however, there were limited checks undertaken to confirm patients' identities. We were told that patients were required to complete an initial questionnaire which included a section for patients to document their age, but no further proof of age or identity was sought.
- 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. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. This included information about female genital mutilation.
- The provider carried out staff checks at the time of recruitment. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. A copy of the service's incident form was available on all staffs desktops. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The provider had taken steps to provide assurance on water safety through a Legionella risk assessment and regular water checks. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- We found the premises to be visibly clean and tidy and reviewed evidence to demonstrate that there were schedules to ensure routine cleaning of all clinical and non-clinical areas.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. The provider carried out appropriate environmental risk assessments.

Risks to patients

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.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- We saw that there was oxygen and a defibrillator available in the clinic and that these were checked weekly to ensure they were fit for use.
- The service had the appropriate amount of resuscitation equipment in the form of: an automated external defibrillator (AED), oxygen cylinder and anaphylaxis box. All medicines were in date and stored correctly.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.
- We found infection prevention and control measures were implemented in line with Covid-19 guidance.

Are services safe?

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.
- The service had systems for sharing information with staff and other agencies within to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- 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.

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The provider told us the service did not prescribe medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma; however, this was not explicitly outlined in the prescription policy.
- We reviewed 10 patient records and saw that staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Though, one patient feedback, using the service's patient feedback form, they would have liked more explanation on what to expect from their treatment.
- Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There were comprehensive risk assessments in relation to health and safety issues, including COSHH, Fire Safety and Legionella.

Lessons learned and improvements made

The service had developed systems to aid learning and improvement when things went wrong.

- There was a system for recording and acting on significant events. 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 identified themes and took action to improve safety in the service. The provider told us of a recent incident involving a blood sample delivered to the wrong laboratory. As a result, the service introduced a two-stage system for checking blood samples and ask all couriers where they are from to confirm the blood sample is going to the correct laboratory.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

Are services safe?

- 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, an explanation and a verbal or written apology.
- The service acted on and learned from external safety events and patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team. However, we noted that safety alerts were not a standing item on team meetings agendas as a precautionary measure.

Are services effective?

We rated effective as Good because:

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

Effective needs assessment, care and treatment

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

- 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 and guidelines published by the Royal College of Obstetricians and Gynaecologists.
- Patients' immediate and ongoing needs were fully assessed.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. For example, the service's prescribing policy stated that: at the time of prescribing a drug, the clinician responsible for the patient should agree with the patient what if any repeat prescribing should be undertaken; a date for a review of any repeat prescribing arrangement should always be set; clarity should be provided for the customer about the role of the clinic and the role of the GP in repeat prescribing. The provider carries out prescribing audits against these and other repeat prescribing criteria.
- The provider informed us of extensive investment in technologies to improve patient care. In particular, the provider had invested in artificial intelligence guided digital colposcopy to improve cervical cancer screening.

Monitoring care and treatment

The service was actively involved in quality improvement activity. However, there was room for improvement in this area.

- We reviewed three single-cycle audits and one two-cycle audit (ultrasound, coil insertion and two colposcopy audits) completed since the service started operating in February 2021. There was evidence of action to resolve concerns and improve quality. For example, due to the ultrasound audit in May 2021, the provider introduced a checklist to ensure consultants recorded the patients' pain levels. All audits were scheduled to be repeated within six months. However, we noted the provider had not assessed whether consultants were working following the Royal College of Gynaecology's recommendations for ultrasound scanning. For example, the ultrasound audit did not monitor clinicians use of Doppler ultrasound scanning in the first trimester of pregnancy to ensure it was not routinely used and that it was used within the suggested parameters. We were told that the service relied on the expertise of the consultants.
- The provider had not developed a comprehensive quality improvement plan which covered all aspects of the service provision. For example, there had not been a prescription audit to ensure prescribing was in line with best practice guidelines for safe prescribing.

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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.

Are services effective?

- 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. Administrative and nursing staff were given additional paid time (eight hours) to complete mandatory training.
- All clinical staff worked within the NHS and received NHS appraisals which were reviewed and maintained by the provider.

Coordinating patient care and information sharing

We reviewed how staff worked together, and whether they 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. The provider told us their plans to change to a new IT system with referral templates for referring to GPs and secondary care to uniform the information.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment. All referrals were triaged by a consultant gynaecologist.
- 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 systems for ensuring that patient information was shared appropriately (this included when patients moved to other professional services) in a timely and accessible way.
- 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. We saw evidence of letters sent to their registered GP were in line with GMC guidance.
- There were clear and effective arrangements for following up on people who had been referred to other services.
- The provider had monthly multidisciplinary team meetings where patients were discussed.

Supporting patients to live healthier lives

We saw evidence that staff supported patients 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.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

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.

- Feedback from patients was positive about the way staff treat people,
- Comments received through our online feedback forms also described staff as caring, respectful and supportive.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. There were leaflets available for a range of different treatments and for patients with a protected characteristic.
- The service sought feedback on the quality of care patients received. We reviewed the service's 2021 Q2 patient feedback; we saw that all seven respondents felt involved in their care and treatment decisions and felt they were given sufficient information to understand the treatment. All participants said they were 'extremely likely to refer the service to friends and family. Before the inspection, 70 patients who used the service provided direct feedback to us about their experience. All of the feedback was positive.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, to help patients be involved in decisions about their care.
- Patients told us through our online feedback forms, 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.
- Results from the service's patient feedback showed that all of the seven respondents felt information about their treatment was given to them in a way they could understand. We reviewed six service feedback forms and found that one out of six patients was positive about their experience but would have liked to receive additional information about their treatment. The remaining five were wholly positive about their experience; all patients said they were extremely likely to recommend the service.
- The service had patient information leaflets on the procedures available. The information was also available on the service's website; for example, there was a section of educational presentations on a range of topics such as modern management of fibroids.

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.
- Results from the service's in-house satisfaction survey showed that patients were satisfied with staff courtesy.

Are services responsive to people's needs?

We rated responsive as Good because:

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

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 provider understood the needs of their patients and improved services in response to those needs. For example, patients were able to access same day appointments.
- The provider planned to invest in training and equipment to increase services and treatment options available.
- Clinics were aligned to patient demand and in an effort to ensure the best possible outcomes, appointments were arranged with clinicians based upon their gynaecology sub-specialism.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

In the main, 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 with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.
- The service's patient feedback showed that six out of the seven respondents were seen on time. The remaining patient was seen within 15 minutes. Of the six patient feedback forms we reviewed, one patient said they were seen within 15 minutes and was kept informed of the delay; another said they waited over 15 minutes and was not informed of the delay.

Listening and learning from concerns and complaints

The service had policy and procedures in place to manage complaints and concerns seriously.

- The service had a complaint policy and procedures in place. The service had not received any complaints since being in operation.
- Information about how to make a complaint or raise concerns was available onsite and on the service's website. The service informed patients of any further action available to them should they not be satisfied with the response to their complaint. This information was only available on the service's website, not the leaflets within the service.

Are services well-led?

We rated well-led as Good because:

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

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Staff told us they felt well supported by the leaders, who they worked with on a regular basis. They were approachable and open to new ideas and suggestions for improvement to the service.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership 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.

- The practice's vision was to 'Provide a world class healthcare to women by choosing the best people, providing more access and choice and focusing on patients and staff'.
- The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

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.
- There was a process in place to act on behaviour and performance inconsistent with the vision and values.
- 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. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

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. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established policies and procedures to ensure safety and assured themselves that they were operating as intended. However, the service's prescribing policy did not cover medications not meant to be prescribed by consultants.

Managing risks, issues and performance

There were processes for managing risks, issues and performance; however the provider had not demonstrated that all potential risk factors had been considered.

- The provider did not have an efficient process to ensure only persons over the age of 18 accessed their services.
- The services quality improvement activity did not cover all aspects of the service delivery.
- There was an audit programme in place to provide assurance of the quality and safety of the service. Peer review audits were undertaken in accordance with recommendations made by the British Medical Ultrasound Society.
- Clinical audits had a positive impact on the quality of care for patients. There was clear evidence of action to amend practices to improve quality. However, the services audits did not assess whether consultants were adhering to the recommended guidelines.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- There were plans to address any identified weaknesses.
- The service had processes in place to submit 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.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.

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.

Engagement with patients, the public, staff and external partners

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

- The provider encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, the provider undertook regular patient surveys.
- The provider established a Medical Advisory Committee which met quarterly to discuss issues that are specifically relevant to medical staff, provide an opportunity to express and explore views and concerns and explore ways to improve service provision.

Are services well-led?

- Staff could describe to us the systems in place to give feedback. For example, through appraisals, staff meetings and engagement with managers. Staff described an open-door policy and told us that their views were sought and acted upon.
- We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The provider was transparent, collaborative and open with stakeholders about performance. The provider ensured that engagement was maintained with the appropriate NHS Trusts to ensure that learning, developments and improvements were shared appropriately with all those involved in the delivery of the service; this also provided a quicker pathway for patients to receive treatment.

Continuous improvement and innovation

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

- Staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.
- There was a focus on continuous learning and improvement.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.