London Lung Laboratory Limited

London Lung Laboratory Limited

Inspection report

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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	Requires Improvement
Are services safe?	Inadequate
Are services effective?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

We rated it as requires improvement because:

- The service did not have a safeguarding policy and the sole member of staff had not undertaken any safeguarding training.
- The service did not formally document any audits of patient outcomes, service risks or governance meetings.

However:

- The service had enough staff to care for patients and keep them safe. Staff had training in key technical skills and managed safety well. The service controlled infection risks well. Risks to patient safety were assessed and acted upon. There were good care records, and medicines were managed safely.
- The service followed current national guidance related to COVID-19.
- Patients were treated with compassion and kindness. Their privacy and dignity was respected and staff took account of their individual needs, and helped them understand the tests they were about to have.
- The service made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Staff were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services.

We rated this service overall as requires improvement because safe was rated as inadequate, effective was not rated, well led was rated as requires improvement, and caring and responsive, were rated as good.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Requires Improvement 	

Summary of findings

Contents

Summary of this inspection

Background to London Lung Laboratory Limited

The London Lung laboratory limited is a small service operated by one practitioner who is also the registered manager. The service conducts lung function tests and allergy skin tests for patients over the age of 13 years. All its patients are referred via external clinicians.

The lung function tests undertaken by the service were spirometry, flow volume loops, bronchodilator response assessment, measurement of lung volumes and gas transfer. The results were then provided to the referring clinicians. The service did not provide any treatment based on the tests it performed.

We have inspected this service once before in 2013. At that time, we found the service met the standards required.

How we carried out this inspection

This inspection was announced so we could have the best opportunity of observing patient testing. We spoke with the registered manager and reviewed the policies and other documentation available. We also reviewed four patient records. We were able to observe the pre and post testing procedures carried out on the testing equipment and the environment.

The inspection was undertaken by a CQC lead inspector and an inspection manager.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The service must ensure the staff undertake training in safeguarding to the required level, complete refresher training when required and produce and implement a safeguarding policy for the service. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13

Action the service SHOULD take to improve:

- The service should ensure location risk assessments and management of those risks are documented in a format suitable for inspection.
- The registered manager should ensure they resume documenting the regular oversight communication with the director to assess, monitor and improve the quality and safety of the services provided.
- The service should review and update existing and new policies and procedures to include version control, responsibility and national or professional guidance.
- The service should explore ways to measure patient outcomes against other providers.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Inadequate	Inspected but not rated	Good	Good	Requires Improvement	Requires Improvement
Overall	Inadequate	Inspected but not rated	Good	Good	Requires Improvement	Requires Improvement

Requires Improvement

Diagnostic and screening services

Safe	Inadequate
Effective	Inspected but not rated
Caring	Good
Responsive	Good
Well-led	Requires Improvement

Are Diagnostic and screening services safe?

Inadequate

Mandatory training

The registered manager completed some safety related training, although this was not mandated in any policy.

There was no specific policy for the service related to mandatory training and therefore there were no listed subjects stipulated to be undertaken by the one member of staff who worked at the location. Training which had been completed and was in date included, emergency first aid at work, anaphylaxis first aid and a yearly defibrillator refresher.

Safeguarding

The registered manager had some understanding of how to protect patients from abuse, although they had not had any formally recognised training in this area.

The service did not have a policy for the safeguarding of adults or children and therefore there was no guidance as to how to raise a concern or to whom to report. The registered manager told us they would inform the medical doctor who was on-site. The medical doctor was also a director of the company. Following our inspection a safeguarding policy has been implemented and the registered manager has completed level 3 safeguarding training for adults and children.

Cleanliness, infection control and hygiene

The service controlled infection risks well. The registered manager used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

The clinical area was visibly clean and there were suitable furnishings which were clean and well-maintained. The registered manager took responsibility for cleaning the area and for ensuring items of equipment were made clean and safe to use in between patients.

Mouthpieces and nasal clips used during the lung function tests were single use.

There was a policy related to infection prevention and control. This was not version controlled and did not indicate who had approved it, although it was in date. We noted there was no specific reference to the measures to take related to Covid-19. Despite this, the registered manager was following appropriate professional and national guidance in relation to the environment and patients coming into the service.

Infection control principles were followed, including the use of personal protective equipment (PPE).

The treatment area was well ventilated and between patients a fan drawing in fresh air from outside provided extra COVID-19 protection by increasing the airflow.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. The registered manager had been trained to use equipment safely. Clinical waste was noted to be managed in a safe manner and in line with best practice.

There was a separate waiting area to that of the clinical room. Chairs had been reduced in number to allow a good space between. There was access to hand decontamination and links to register attendance at the location for COVID-19 tracking and tracing.

We noted the gas cylinders, used during the lung function testing, were stored securely and were within date for use. There was relevant control of substances hazardous to health (COSHH) signs to alert the emergency services to the presence of the gas cylinders within the building.

Fire equipment was accessible and there was guidance on evacuating the building should such an incident occur.

The registered manager carried out daily safety checks of specialist equipment and the lung function machine was calibrated before use. Records were retained to show biological testing. The certified syringe used for daily calibration was re-certified in line with recommended guidance from the ARTP.

The service had enough suitable equipment to help them to safely care for patients, this included technical items and single use products. There was an automated external defibrillator and first aid equipment, and the registered manager was trained in their use.

Clinical waste was disposed of safely and the service had a contact with an external agency for the collection of this.

Assessing and responding to patient risk

The registered manager completed and updated risk assessments for each patient and removed or minimised risks. They could describe how they would identify and quickly act upon patients at risk of deterioration.

Risks were assessed by the registered manager and they had the ability to respond to any change in their condition, such as difficulty in breathing or an adverse reaction to products used for testing of patient allergies.

A risk assessment for each patient was completed and this was suitable for the type of procedures being carried out.

We were told by the registered manager there had not been any incidents where the emergency services needed to be called.

Requires Improvement

Diagnostic and screening services

Staffing

The service was run by one individual only, and they had the right qualifications, skills, and experience to undertake the diagnostic tests.

The registered manager who ran the service was trained as a clinical physiologist and was a member of the Registration Council for Clinical Physiologists (RCCP) and the association for Respiratory Technology and Physiology (ARTP).

Records

The registered manager kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and in line with data protection requirements.

Patient notes were suitably detailed and test reports were shared with the referring medical doctor and where there was a medical-legal case.

Medicines

There were no specific policies for the management of the limited range of medicines held on site.

The registered manager told us they had two different types of respiratory inhaler available in case of a patient not bringing their own with them to use during a test or needing support following the lung function test. They also had medicine for treating patients if they were to have a severe allergic reaction. Referring consultants gave permission for inhalers to be given on the referral forms. In an emergency where inhalers needed to be given by the service staff, the referring consultant was contacted, or another medical clinician could be summoned from within the building.

Staff stored and managed all medicines safely.

Incidents

The service had a policy for managing patient safety incidents, although there had not been any such events in the past two years.

An incident form was reviewed, and this showed there would be a formal record of the event, should one occur. This would be retained in the patient record and investigation undertaken by the registered manager, with escalation to the director, if needed.

The service had not had any never events. These are serious, largely preventable safety incidents that should not occur if the available preventative measures are implemented. They include things like wrong site surgery or foreign objects left in a person's body after an operation.

There was no formal arrangement for sharing learning, as the service was solely run by the registered manager, they did however, have regular informal discussions with the company director who was a respiratory consultant.

Requires Improvement

Diagnostic and screening services

Are Diagnostic and screening services effective?

Inspected but not rated

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Formal reports were provided to the referring clinician or medico-legal requester. These reports reflected the required tests and followed appropriate guidance.

Although there was a range of policies, supported by one cover note which indicated the next review date was July 2022, none of the documents had version control or name of the approving person. There was no reference to professional or national guidance on those where we would expect to see such mention. For example, the infection control policy, safe use of gas cylinders or health and safety policy.

Nutrition and hydration

Patients were given drinks if needed. Water was available in the waiting area. The provision of hot drinks had stopped as a result of the pandemic.

Patient outcomes

Staff monitored the effectiveness of the diagnostic tests they carried out.

The lung function diagnostic tests generated formal reports, which the registered manager was able to evaluate for accuracy and effectiveness against specific ranges, before providing to the referrer. The service did not measure or compare patient outcomes or treatment effectiveness in conjunction with other locations or nationally. As a provider of diagnostic tests only, any subsequent required treatment or action was the responsibility of the referring clinician or medico-legal practice. It was not the responsibility of the registered manager to suggest treatment and therefore they did not know the patient outcomes once the required tests had been performed.

The registered manager told us they kept up to date with the latest treatment guidelines via the organisations they were registered with. The diagnostic tests were performed in line with patient safety and testing guidelines.

Competent staff

The service had one member of staff and they were suitably skilled and competent for their role. A director of the service appraised the registered manager's work performance.

The registered manager was experienced, qualified and had the right skills and knowledge to meet the needs of patients. They were registered with the Council for Clinical Physiologists and a member of the Association for Respiratory Technology and Physiology.

We were told by the registered manager they had some refresher training due this year and we saw evidence of the previous certification and future expiry dates.

Multidisciplinary working

The registered manager liaised with referring doctors and medical legal teams regarding patients.

Requires Improvement

Diagnostic and screening services

The service received patients for lung and allergy testing only by referral from consultants, other doctors and medical-legal teams. The requirements were discussed, and the results of the tests were sent to the medical or legal referrer.

Seven-day services

The service did not provide seven-day services.

Health promotion

The registered manager referred patients to their own doctor to get practical support and advice to lead healthier lives.

We were told there had been posters in the reception and treatment room about stopping smoking, but they had been removed to make cleaning easier during the COVID-19 pandemic.

Consent

All patients were assessed and satisfactorily consented before any tests were conducted. The registered manager supported patients to make informed decisions about their treatment.

Consent from patients for their care and treatment was gained in line with legislation and guidance. The registered manager made sure patients consented to treatment based on all the information available.

We saw patient consent had been completed in each of the four records we reviewed.

Are Diagnostic and screening services caring?

Good

Compassionate care

The registered manager treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

The registered manager was discreet and responsive when caring for patients. They took time to interact with patients and those close to them in a respectful and considerate way.

We observed interactions with a patient and the registered manager thoroughly explained the test and the process to obtain the best results from the test. They followed their own internal policy to keep patient's tests confidential.

Emotional support

Emotional support was provided to patients, families and carers to minimise their distress. The registered manager understood patients' personal, cultural and religious needs.

The registered manager gave patients and those close to them help, emotional support and advice when they needed it. This was reflected in consistently positive feedback in the patient feedback forms.

Requires Improvement

Diagnostic and screening services

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and encouraged them to seek medical advice about their care and treatment.

The registered manager made sure patients and those close to them understood the tests carried out.

Patients were encouraged to complete patient feedback forms upon the completion of their tests. We looked at 27 feedback forms from patients who used the service in 2021 and seven for 2022. All were positive in the feedback. Comments included: 'very helpful and polite', 'kept the waiting time brief.', 'clinician was polite and very patient, took the time to explain everything.'

We could not find any online reviews for this service.

Are Diagnostic and screening services responsive?

Good

Service delivery to meet the individual needs of patients

The service planned and provided care in a way that met the needs of patients.

Patients were referred by doctors from the surrounding area and from solicitors handling medical legal cases. Appointments were made to suit individuals, with a degree of flexibility for alterations.

Time was allocated for each patient, which meant there was no queue of patients in the waiting room. Relatives who attended with the patient were encouraged to leave whilst the tests were undertaken, although if their support was required, this was accommodated.

Facilities and premises were appropriate for the services being delivered. There was enough room in the clinical area for the testing to be done in reasonable comfort.

Meeting people's individual needs

The service was inclusive and considered the individual needs of patients.

The registered manager told us they rarely had patients who did not speak or understand English but when they did an interpreter was arranged by the referrer.

Although there were two small steps to enter the location, the provider had a portable ramp which allowed wheelchair users safe access.

Access and flow

People could access the service and received the right care when they needed it.

Requires Improvement

Diagnostic and screening services

The service was able to accommodate patient appointments, usually at a time of their choosing, during the working week. The registered manager monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

The registered manager told us they had not had any complaints but recognised they would need to take any concerns and complaints seriously.

There was information available to patients on providing feedback and making a complaint. Information included details of the timelines for a response. People knew how to make a complaint if they had one, but none had been made.

Are Diagnostic and screening services well-led?

Requires Improvement

Leadership

The registered manager had the clinical skills and abilities to provide the required diagnostic tests. Whilst they understood and managed the priorities and issues the service faced, they had not considered their responsibilities regarding safeguarding potentially vulnerable people.

The registered manager had not recognised the need to undertake safeguarding training or to have relevant protocols in place to support the appropriate reporting, if such a matter presented. Although our discussion with the registered manager provided assurance of them being able to respond to emergency situations, they had not formalised by way of a policy a list of expected subjects to be completed, or their frequency.

As a single person running the service, the registered manager was visible and approachable to the patients and any accompanying individuals.

Vision and Strategy

The service did not have a formalised vision with a strategy. The unwritten vision was focused on the sustainability of the service.

When asked about the vision and strategy for the service the registered manager told us they hoped to increase the number of patients attending by expanding the number of referring doctors and legal teams while maintaining their quality of patient care. This was not formally stated in a documented business plan or otherwise, and there were no meeting minutes to indicate any discussion around this.

Culture

The registered manager focused on the needs of patients receiving the diagnostic test they attended the service for. There was an open culture.

Requires Improvement

Diagnostic and screening services

The registered manager had received an annual appraisal, which was viewed by us during the visit. They had received the training and development needed for performing their role in conducting lung function tests and allergy screening.

The registered manager told us they were able to discuss all issues related to the running of the service with the directors of the business. They did not however, have formal meetings with recorded notes of any discussion or actions.

Governance

There were no formalised governance processes, such as set meetings where risks, performance or monitoring was discussed with directors. The registered manager was not clear about their responsibilities and accountabilities in this role.

There was a set of service specific policies, although as previously stated there was a lack of version control, individual sign off and some deficiencies regarding inclusion of national guidance when it was required.

Management of risk, issues and performance

The registered manager was aware of most of the risks facing this service. However, documentation of these was limited.

This was a small independent service which was run by one individual, the registered manager. As such they were fully aware of both the day to day and any continuing risks to the service. However, this was not formalised into a location risk register. There were two company directors, both medical doctors within the same field of practise, who were available for guidance and advice. The registered manager told us they spoke with one of these almost every day as they were in the same building. The registered manager said previously they had documented these discussions once a month, including details of any continuous professional development, additional training, any concerns or risks. However, in recent years this practice has lapsed and while the discussions still took place they were not documented. This meant the registered manager was unable to provide us with evidence of oversight of their practise or risk management.

Information Management

The service collected reliable information and could find the data they needed, in easily accessible formats, to understand the performance of diagnostic tests, make decisions and improvements. The information systems were integrated and secure.

Patient records contained information relevant to individuals, including personal data. We saw formal reports were generated from the lung functions tests and these were retained in the patient record. Reports were provided to the referring clinician.

The registered manager understood and implemented the regulations around the collection and storage of personal data as set out in the General Data Protection Regulation (GDPR). Records were seen to be stored securely.

Records of testing the reliability and calibration of the lung function machine were seen by us and these were retained on site.

We saw and heard information being provided to patients verbally and in written format on the diagnostic tests they were to have.

Requires Improvement

Diagnostic and screening services

Learning, continuous improvement and innovation

The registered manager was committed to continually learning and improving services.

The registered manager told us they regularly checked both the RCCP and ARTP website for safety and training updates and to renew their membership.

This section is primarily information for the provider

Enforcement actions

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	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The service must ensure the staff undertake training in safeguarding to the required level, complete refresher training when required and produce and implement a safeguarding policy for the service.