CareQuality Commission

Sleeping Disorders Centre London Ltd

Inspection report

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Date of inspection visit: 9 May 2022
Date of publication: 24/05/2022

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 Sleeping Disorders Centre London Ltd on 9 May 2022.

This service is a specialist service for patients with sleep disorders. The provider generally diagnoses and treats obstructive sleep apnoea. This service is based online and there are no physical premises for patients to attend. The provider is able to work remotely by using portable diagnostic equipment which patients can use in their own homes.

The lead clinician 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.

Our key findings were:

- The provider safely diagnosed and treated patients using modern technology and efficient methods which enabled continual monitoring.
- There were detailed records kept of all patients who attended this service and the treatment they received.
- Patients were happy with the results of their treatment at this service and found many advantages to the treatments provided.
- The clinical leads were proactive in considering ways to improve and drive research in this specialist area.
- The service was well managed and governed.

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

- The provider should record its risk assessments for patients, treatments and the service as a whole.

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

Our inspection team

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

Background to Sleeping Disorders Centre London Ltd

Sleeping Disorders Centre London Ltd is a specialist service for patients with sleep disorders. It is run by two ENT (Ear, Nose and Throat) Consultants who carry out all of the work themselves. The provider diagnoses and treats obstructive sleep apnoea. This service is based online for patients and there are no physical premises for patients to attend. The provider is able to work remotely by using portable diagnostic equipment which patients can use in their own homes.

The service treats obstructive sleep apnoea with continual positive airway pressure (CPAP) devices. These devices enable patients to upload their own sleep study data so the clinicians can easily diagnose and monitor the patients who are referred to them. The service has a clinical commission group contract with Richmond CCG which enables referrals to be made from Richmond GP services. The referral process is quick and usually results in a consultation phone call being made within 48 hours.

The service audits and monitors its data and results to identify trends with patients who are all consistently contacted throughout their treatment. All data is stored online securely.

How we inspected this 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?

Good 🟢

We rated safe as Good because:

- The provider ensured patient safety through processes which enabled monitoring and continual review.
- Data was continually collected to enable reviews of treatment and risk assess patients.

Safety systems and processes

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

- The provider had appropriate safety policies, which were regularly reviewed. They outlined clearly who to go to for further guidance. The service had systems to safeguard vulnerable adults from abuse.
- 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. (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.

Risks to patients

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

- 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 who required urgent attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- All patients went through an assessment process which confirmed identities and explored their medical history.

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 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.

Track record on safety and incidents

The service had a good safety record.

Are services safe?

- There were many measures and processes in place to ensure that risks could be monitored and mitigated throughout treatment and interaction with patients. The service had identified the biggest risks related to the face masks used by patients. They told us patients could always contact the clinicians to discuss these issues and we saw evidence that face masks were replaced when required.
- 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.
- Although risks were well managed and mitigated, there was no clear risk assessment of processes, patients or treatment. The provider acknowledged this and agreed to implement formal risk assessment records in future.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. There had been no significant events.
- There were adequate systems for reviewing and investigating when things went wrong.
- The pandemic had presented challenges for the service in that they had to adapt and go online. They felt this resulted in an improved service for many reasons, including the consultations taking place sooner after referral and follow ups taking place more quickly. The remote nature of the information and records also assisted in making the referral process easy and communication within the service.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to both members of the team.

Are services effective?

We rated effective as Good because:

- The lead clinicians were up to date with best practice guidance in their field through continual research and developments in this area of care.
- The equipment used by the service and its patient meant that patient monitoring was quick, accurate and continual.
- The provider told us that patients' lives had improved as a result of the treatment of this service.

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 (relevant to their service)

- 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. Last year both clinicians were involved in the process to design the new NICE guidance for the UK.
- 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 service provided all patients with home sleep study kits which were then returned to the clinicians to enable diagnosis and review of the data. If a patient was diagnosed with sleep apnoea and treated using a continuous positive airway pressure device (CPAP) this enabled continual monitoring of a patients condition. This gave the service updates on the data and results of treatment. The main areas of intervention required by patients after 6 – 12 months was a replacement mask which we saw was provided in a timely manner.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audits had a positive impact on quality of care and outcomes for patients as they ensured close monitoring. If a patient was not benefitting from using a CPAP then clinicians would know this information quickly and be able to adapt the equipment by changing the mask or advising the patient on its use.

Effective staffing

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

- All staff were appropriately qualified.
- Medical professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.

Coordinating patient care and information sharing

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

Are services effective?

Good

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. The service adapted to treat and assess patients with disabilities and patients with dementia.
- 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 where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. We saw examples when patients were unable to participate in the sleep study service where the provider made referrals to secondary care which could provide tailored sleep studies for patients who had additional challenges to overcome.
- 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.
- The service monitored the process for seeking consent appropriately.

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. For example, all patients' co-morbidities were considered throughout their treatment at this service and if any data or results suggested additional care or referral was needed then the provider would act quickly to ensure this was completed.
- 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. The provider treated many patients with dementia or disabilities and always worked with the families to ensure they were are acting in the best interests of the patient in line with legislation.
- Staff supported patients to make decisions. Where appropriate, they could assess and recorded a patient's mental capacity to make a decision.

Are services caring?

Good ●

We rated caring as Good because:

- Patients were treated with kindness and compassion.
- The two clinicians ensured all patients were continually checked upon.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- 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.

- Interpretation services were available for patients who did not have English as a first language.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.

Good ⬤

Are services responsive to people's needs?

We rated responsive as Good because:

- The service had adapted to patients' needs during the pandemic to ensure continuity of care.

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. Before the pandemic the service had mainly been carried out over the phone or virtually along with physical consultations. This had taken longer for patients and clinicians. Now the service only used telephone and email consultations which they said had made the entire process for patients much quicker and easier.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. People with disabilities could access this service.

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 with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way. The provider contacted patients' GPs immediately if necessary via email or phone.

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 had complaint policy and procedures in place. The service had not received any complaints.

Are services well-led?

Good 🟢

We rated well-led as Good because:

- The leaders actively promoted and communicated the successes of their service within primary medical services because of the advantages and benefits it presented to the NHS as a whole.
- The provider had managed to create a quick, efficient and effective service which was easily accessed and could demonstrate positive results for all of its patients.

Leadership capacity and capability;

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.
- 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.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service monitored progress against delivery of the strategy.

Culture

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

- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated through the provider's interactions with CQC. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The service actively promoted equality and diversity.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. 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 proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored and management and staff were held to account

Are services well-led?

Good 🟢

- 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 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. However, there were no clear written risk assessments at the time of inspection. The provider told us they would complete clear risk assessments which documented the processes and policies being followed internally after the inspection.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, treatment and referral decisions. Leaders had oversight of safety alerts.
- Clinical audit had a positive impact on quality of care and outcomes for patients.

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.

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 service encouraged and heard views and concerns from the public, patients, staff and external partners. The most recent patient surveys were positive about the care and service. 99% of patients who took part in the survey had praised the clinicians and their work for the positive impact it had had on their lives.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Learning was shared and used to make improvements.

There were systems to support improvement and innovation work. The provider was working to drive knowledge and awareness of this area with the data and information collected. Their aim was to improve the NHS service for patients with sleep apnoea and raise general awareness in the UK. The service has approached senior members of parliament and health ministers to promote projects and knowledge.