

Queens Clinic

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?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This service is rated as Requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Queens Clinic as part of our inspection programme. This service provides gynaecological services and advise to fee paying patients.

The provider 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.

Thirty-three patients provided feedback about the service to CQC. All patients said the service was of a high standard and that staff members were all kind and helpful.

Our key findings were:

- Not all staff had received mandatory training relevant to their role. The doctor did not have the appropriate level of safeguarding training for adult and children. The provider could not demonstrate staff had received fire safety training.

- Where the service did not follow national guidance relating to effective treatment, there was not always a clear rationale documented in patients' records.
- There governance systems in place were not always effective in overseeing risk.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- Staff said that they felt happy to raise concerns or issues to the provider.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure all staff receive the appropriate training to enable them to carry out their role.

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

- Review service policies to ensure they are service specific, including business continuity plan.

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 Queens Clinic

Queens Clinic is a private gynaecological service located on the second floor at 75 Wimple Street, Marylebone, London, W1G 9RT. The building entrance lobby is accessed via two steps from the pavement. Wheelchair access is via a ramp at the front of the building (patients are advised of this and a member of staff is available to assist patients). The service is easily accessible by public transport and is a short walk from Bond Street. There are two consultation rooms, one minor operations room, one reception room and a waiting area for patients.

The services website is located at:
www.londongynaecologyclinic.com

The opening hours are 9 am to 9 pm, Monday to Friday and between 9 am to 6 pm on Saturdays. Patients have access to a 24/7 on-call emergency visiting service

provided by the doctor. The medical team comprises of a single consultant, who is the provider and registered manager of the service. The service provides private consultations to adults. A variety of services are offered including gynaecological diagnostic and minor surgery procedures, as well as early medical and surgical termination of pregnancy.

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?

Are services safe?

We rated effective as Requires improvement because:

Care and treatment were not always provided safely, including not all staff were trained up to the appropriate levels of safeguarding adults and children for their roles. Not all recruitment checks had been carried out prior to staff employment.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies, which were regularly reviewed and communicated to staff including locums. However, they were not always specific to the service. Staff received safety information from the provider as part of their induction.
- The service did not treat children (under 18 years old) at the time of our inspection. Whilst the provider did not directly provide clinical services for patients under 18 there is an expectation that staff working in a health care setting are trained in child safeguarding in line with the intercollegiate guidance 'Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff'. This recommends child safeguarding training and competencies for not only those directly caring for children but also those providing care for their parents or carers.
- Not all staff received up-to-date safeguarding and safety training appropriate to their role in line with intercollegiate guidance for all staff working in the healthcare settings. The doctor was the safeguarding lead however had not completed Level 3 safeguarding child and adult training. Staff knew how to identify and report concerns. Staff who acted as chaperones were trained for the role by the doctor.
- The provider had systems in place to work with other agencies to support patients and protect them from neglect and abuse if needed.
- The provider did not always carry out all staff checks on recruitment as outlined in the providers recruitment policy. The five staff files we reviewed showed that interview notes were not recorded and stored in staff files, one staff did not have proof of ID and only one person had two sources of reference from previous employees.
- The provider risk assessed the need of a Disclosure and Barring Service (DBS) checks at the time of recruitment.

(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). On the day of inspection, we found four members of staff had DBS checks carried out in previous employment in the past 12 months. One member of staff had submitted their DBS check and was waiting to receive the outcome.

- There were systems to manage infection prevention and control. The provider had oversight of risks managed by third parties, including fire safety and legionella.
- 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.
- There was a business continuity plan in place however this did not include contact details of staff working at the service.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system for non-clinical 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety. At the time of the inspection the provider was actively recruiting a new member of staff to join the administration team.

Information to deliver safe care and treatment

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

Are services safe?

- 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. Additionally, the service would always provide patients with a copy of their records after each consultation on patients request.
- 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 some systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks.
- The service did not carry out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- The doctor prescribed and administered medicines to patients and gave advice on medicines in line with legal

requirements. Processes were in place for checking medicines and the doctor kept records of medicines but did not always record accurately who administered the medicines to people. Where there was a different approach taken from national guidance there was not always a clear rationale for this that protected patient safety.

- There were effective protocols for verifying the identity of patients.

Track record on safety and incidents

The service did not have a good safety record.

- The provider received safety alerts but could not evidence what actions were taken as a result of safety alerts.
- There were comprehensive risk assessments in relation to safety issues.

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. Staff understood their duty to raise concerns and report incidents and near misses.
- The provider told us that there had not been any significant events in past 12 months.
- The provider told us that in the event of a significant event they would learn and share lessons and take action to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Are services effective?

We rated effective as Requires improvement because:

The provider did not have a programme of clinical audits to improve outcomes of patients and not all staff had fire safety training.

Effective needs assessment, care and treatment

The provider had systems to keep 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 set by the Royal College of Obstetricians and Gynaecologists.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The doctor 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.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The service used some information about care and treatment to make improvements. For example, the provider carried out a review of the success rate of pregnancies between 2019 and 2020. Results shared with us identified that there had been a 70% success rate of pregnancies at the service. However, there was no evidence of actions taken to implement further improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles in some areas. However, there was no evidence that staff had received fire safety training.

- All staff were appropriately qualified. The provider had an informal induction programme for all newly appointed staff. Staff told us that they all had three days of induction with the doctor.

- The doctor 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 not maintained. Staff were encouraged and given opportunities to develop. However, the provider could not evidence staff had received fire safety training.
- Healthcare assistance, whose roles included carrying out health checks had received specific training and could demonstrate how they stayed up to date.

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, 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 and any medicines prescribed with their registered GP on their initial consultation at the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw letters were given to patients to give to their registered GP.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- 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.

Are services effective?

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.

- 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:

The service treated patients with kindness, dignity and compassion.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the customer satisfaction and 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. Patients were also told about multi-lingual staff who might be able to support them.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

Privacy and Dignity

The service respected/did not respect 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 providing responsive care. The service provided appointments to see doctors in short timescales, and appointment times met patient needs. Complaints were taken seriously and were used to improve the service.

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, appointment times were staggered to ensure only one patient was in the waiting room at any one time to maintain patient's privacy.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, there was ramp access for patients with mobility issues.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Appointments were available between 9 am to 9 pm Monday to Friday and between 9 am to 6 pm on Saturday. Out of hours service was provided by doctor to all patients.
- 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.

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. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

We rated well-led as Requires improvement because:

There was a lack of clarity around processes for managing risks, issues and performance, including a lack of auditing of clinical performance and no systems to manage and action safety alerts.

Leadership capacity and capability;

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

- The provider was knowledgeable about some of the issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Provider was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had a process 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 developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

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.
- The provider acted on behaviour and performance in line with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to and complaints. 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. We saw the provider had plans to carry out annual appraisals for all staff. Current staff had been in the service for less than 12 months.
- There was a strong emphasis on the well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and the provider.

Governance arrangements

There was not clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were not clearly set out, understood or effective. There was a lack of governance arrangements in place to ensure safe and effective care, particularly those related to audits and recruitment.
- The provider had policies to manage the service and staff said they understood their roles and responsibilities. However, we found that these policies were not always specific to the service. For example, policies made references to nursing staff and the practice manager, neither of which were in post at the service.

Managing risks, issues and performance

There was a lack of clarity around processes for managing risks, issues and performance.

- The service had some processes to manage current and future performance. The provider had recently carried out an audit on a small number of consultations notes, however on the day of inspection we found that not all

Are services well-led?

notes detailed clinical decisions made and the reasons for not following national guidelines. The provider could not demonstrate audits carried out on prescribing or referral decisions.

- Although the provider had oversight of safety alerts, they could not evidence what action was taken as a result of alerts.
- Clinical audits did not demonstrate continuous improvement on quality of care and outcomes for patients.
- The provider had plans in place for major incidents, however the business continuity plan was not specific to the service and staff did not have fire safety training or basic life support training.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service used performance information which was reported and monitored, and management and staff were held to account.
- 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.

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 and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. For example, the service had patient surveys and encouraged patients to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.

Continuous improvement and innovation

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

- The provider and staff told us that they had a focus on continuous learning and improvement.
- The service made use of internal reviews of complaints. Learning was shared and used to make improvements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had not established effective systems and processes to demonstrate:</p> <ul style="list-style-type: none">• positive clinical outcomes for patients through continuous quality improvement activities and audits.• appropriate action was taken in response to safety alerts.• All patient records detailed clinical decisions made and the reasons for not following national guidelines. <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Recruitment procedures were not always followed, and appropriate checks were not completed prior to new staff starting employment.• Not all staff received appropriate training for their role, including safeguarding adults and children and fire safety. <p>This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>