

The London Migraine Clinic

Inspection report

2-4 Bulls Head Passage
London
EC3V 1LU
Tel:

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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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

We previously carried out an announced inspection of The London Migraine Clinic on the 8 February 2022. Where we found the practice was in breach of Regulations 17 Good Governance and 12 Safe Care and Treatment of the Health and Social Care Act 2008. In line with the CQC's enforcement processes, we issued warning notices which required The London Migraine Clinic to comply with the regulations by the 5 May 2022.

At the commencement of the inspection the provider submitted a log of the actions they had taken in response to the warning notice for the breach of regulation 17 and explained they had not received the warning notice of the breach of regulation 12. However, they had partly complied with the warning notice as some of the concerns were reflected in the regulation 17 warning notice.

The London Migraine Clinic is currently rated as requires improvement overall and requires improvement for providing a safe, effective, and well-led service and good for providing a caring and responsive service.

The full report of the practice's previous inspection can be found by selecting the 'all reports' link for The London Migraine clinic on our website at www.cqc.org.uk.

The London Migraine Clinic is a private clinic offering treatment for migraines, bruxism and hyperhidrosis to adults and children aged over 12 years. All services were private and subject to payment of fees, with no NHS services provided. The provider was registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC, relating to particular types of service and these are set out in Schedule 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, The London Migraine Clinic refers patients on to a piercer for daith (ear cartilage) piercing as a migraine treatment, which is not within CQC scope of registration. Therefore, we did not inspect this service.

The provider consists of one doctor, who was also the CQC registered manager. A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out this announced focused warning notice inspection on 30 May 2022 at The London Migraine Clinic to check whether the provider had addressed the issues in the warning notice and now met the legal requirements.

At the inspection on 30 May 2022, we found the provider was taking action to reach compliance, however further work was required to embed this fully and demonstrate sustainability. This report covers our findings in relation to those specific areas, is not rated, and does not change the current ratings held by the practice.

Our key findings were:

- Staff had completed safeguarding training appropriate to their level.
- The provider had systems in place to support the safe recruitment of staff.
- The provider had a risk assessment in place to support the decision of which emergency medicines and equipment they held at the service.
- The provider had a system in place to manage safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA).
- The provider had incorporated the request for evidence of parental responsibility in the patient details form which was completed during admission to the service.

Overall summary

- The provider had started to collect data which enabled them to carry out a clinical and patient feedback audits. At the time of the inspection, they had received feedback from 10 patients about their experience of the service and outcome of the treatments.
- During the inspection, we saw that the safeguarding policies did not have a date implemented or when they were last reviewed. Therefore, although the provider has made improvements to the policies documented in the warning notice, further work was required to ensure all policies were reviewed and updated.

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, who had access to advice from a specialist advisor, and was supported by a second inspector.

Background to The London Migraine Clinic

The London Migraine Clinic is a private clinic offering treatment for migraines, bruxism and hyperhidrosis to adults and children aged over 12 years. All services are private and subject to payment of fees, with no NHS services provided.

The service is registered with CQC for the regulated activity of 'Treatment of disease, disorder or injury'.

The services are offered on an appointment-only basis. The service is currently open for consultations from 11am and 5pm on Tuesdays, Wednesdays and Thursdays. Appointments can be booked by telephone or through the service's website.

The service is situated at 2-4 Bulls Head Passage, London, on the lower ground floor of a commercial building, beneath an optician. The service's premises consist of two consulting rooms, one storage room, and a toilet shared with the optician. Where disabled patients cannot access the lower ground floor via the stairs, there is an arrangement whereby they can be seen in a consulting room on the ground floor, although there is also a step up from street level to the building entrance.

In terms of staff members, the provider was the only doctor and clinician who worked at the service. The doctor was supported by some non-clinical staff members, who were not directly employed by The London Migraine Clinic, but who worked for the optician in the same building and were contracted to provide support for the service; this support included answering telephone calls and emails from patients, booking appointments, meeting and greeting patients, cleaning the consultation rooms and filing patient records.

Part of the London Migraine Clinic's service involves the provider referring patients on to a piercer for daith (ear cartilage) piercing as a migraine treatment. The piercer is not directly employed by the service but works independently at a piercing studio. This activity is not within CQC scope of registration and therefore we did not inspect these services.

The service sees approximately 30 patients per month.

How we inspected this service:

We reviewed information about the service in advance of our inspection visit. This included:

- Data and other information we held about the service.
- Material received directly from the service ahead of the inspection.

During the inspection visit we:

- Spoke with the provider.

Reviewed policies, procedures, and documents.

Are services safe?

Safety systems and processes

At the earlier inspection on the 8 February 2022, we found gaps in safeguarding knowledge and training. For example, two non-clinical staff members had not completed adult or child safeguarding training and a risk assessment had not been completed to support this decision. In addition, there were no processes to ensure that adults attending with children had parental responsibility.

At this inspection we found the provider had completed level three adults and childrens safeguarding training and two non-clinical staff had completed level one training. The provider had a child and adult safeguarding policy in place; however, this did not include date the policy was implemented or reviewed. The provider agreed to amend this following the inspection.

The provider did not see any patients under the age of 12 years old. At the inspection, they discussed how they had used their clinical judgement to ensure that adults attending with children had parental responsibility. For example, the hour-long patient consultation enabled them to speak with the child and recognise any possible safeguarding concerns. In addition, following the inspection they had incorporated the request for evidence of parental responsibility in the patient details form which was completed during admission to the service.

At the earlier inspection on the 8 February 2022, we found there were no systems to ensure safe and appropriate recruitment of staff who were contracted to support the service. At this inspection we found the provider had a recruitment policy in place last reviewed 1 May 2022. The policy explained The London Migraine clinic did not employ any non-clinical staff; they were provided under a service level agreement by Eye Care Ltd (EC) who were also located in the building. Once Eye Care Ltd had employed staff that had duties under the service level agreement with The London Migraine clinic, the provider would carry out their own due diligence checklist of tasks to ensure suitable recruitment. This included Disclosure and Barring Service (DBS) checks for staff (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), references, immunisation status, a curriculum vitae (CV) and two references. We reviewed one member of staff members recruitment file who had commenced work following the earlier inspection and found the provider followed their recruitment process and carried out the appropriate checks. In addition, the provider has implemented a confidentiality agreement with staff.

At the earlier inspection on the 8 February 2022, we found the provider had not carried out an infection control audit for The London Migraine Clinic. At this inspection, we found the provider was the lead for the prevention and management of infectious diseases. The service had a policy in place which was last reviewed 14 March 2022, this included that infection control audits would be performed monthly and recorded in the audit system. General cleaning was carried out under the service level agreement with Eye Care LTD, and the provider had a cleaning schedule in place for their staff to follow. Although the provider had not carried out an annual infection prevention and control statement, because 12 months had not elapsed since the February full inspection staff had completed monthly audits.

Infection prevention and control training was part of the staff training record, and the non-clinical team and the provider had completed level one training.

Safe and appropriate use of medicines

At the earlier inspection on the 8 February 2022, we found blank prescriptions were not kept securely. The service had not carried out a documented risk assessment to determine what emergency medicines and equipment should be stocked to support the decision to hold only adrenaline.

Are services safe?

At this inspection we found provider was the only clinician who prescribed medicines, they had a Prescribing Policy and Process in place, which was last reviewed 2 May 2022. This included the process for the storage of blank prescriptions. During the inspection we observed blank prescriptions were stored in a locked cabinet.

A risk assessment was carried out on 3 May 2022, to support the decision of which emergency medicines and equipment was held at the service. In addition, they had a system in place to ensure emergency medicines remained in date.

Safety Alerts

At the earlier inspection on the 8 February 2022, we found there was no system to manage safety alerts from Medicines and Healthcare Products Regulatory Agency (MHRA) or other drug safety alerts for the service. At the inspection we found, the provider was the only clinician at the service, they received the MHRA alerts, reviewed them and sorted them into those which were applicable to the service.

Are services effective?

Effective needs assessment, care and treatment

At the earlier inspection on the 8 February 2022, we found that treatment outside of The National Institute for Health and Care Excellence (NICE) guidelines was not documented as having been communicated to patients.

At this inspection we found the provider had added information that stated they use their own protocols, which were an improvement on the protocols recommended by NICE (which have been unchanged for 10 years) into the patient consent for treatment with botulinum toxin form. However, the document would benefit from clear wording that stated the treatment was outside of NICE guidance.

Monitoring care and treatment

At the earlier inspection on the 8 February 2022, we found there were no systems to monitor the effectiveness of care and treatment provided as the provider had not completed any clinical audits or quality improvement activity in order to assess, monitor and improve the quality and safety of the services being provided. At this inspection we found the provider had started to collect data which enabled them to carry out a clinical and patient feedback audits. At the time of the inspection, they had received feedback from 10 patients about their experience of the service and outcome of the treatments.

The provider also submitted evidence of a paper written in 2016 they had written on treating migraines with Botox (improving on the PREEMPT protocol.)

Are services well-led?

Governance arrangements

At the earlier inspection we found there was no system to assess and oversee training requirements. At this inspection we found the provider had put in place a training manual to introduce staff to the service, a clinic training record and an employment due diligence form which included ensuring staff had completed some training on induction. All staff had completed safeguarding and infection prevention and control training. The provider had also completed an update of basic life support training in May 2022. We also noted the non-clinical staff training record did not include other safety training or how often training should be updated.

At the earlier inspection on the 8 February 2022, we found some of the service's policies were not service-specific, were missing, and did not contain required information, or were not being followed by staff. For example:

The service's policy for significant events did not include the service's own definition of a significant event or the type of incident that would need to be reported, it did not outline the process for reporting and recording significant events, or how any learning or changes would be shared and implemented. At this inspection, the provider had reviewed the policy on 2 May 2022 and included what an adverse event may be and a significant event investigation form. It detailed that the responsibility for the management and investigation of significant events was the responsibility of the registered manager.

The service's recruitment policy was not being followed. At this inspection we found the recruitment policy was reviewed on 1 May 2022 and had been followed for a new member of staff.

The service's prescribing policy was not specific to the service and did not refer to the specific medicines that were prescribed for patients. At this inspection we found the policy was reviewed on 2 May 2022, was specific to the service and stated the medicines prescribed were the responsibility of the clinician, who would follow published guidance (British National Formulary or NICE) and no longer referred to the disposal of medicines.

The service's infection control policy did not include the infection control lead or training or the audit requirements. At this inspection we found the policy was reviewed on the 14 March 2022 and included information about monthly audits, training and the infection control lead. However, it did not contain information about an annual infection prevention and control statement as required in The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance or how often the training should be updated.

However, during the inspection, we saw that the safeguarding policies did not have a date implemented or when they were last reviewed. Therefore, although the provider has made improvements to the policies documented in the warning notice, further work was required to ensure all policies were reviewed and updated.

Managing risks, issues and performance

At the earlier inspection on the 8 February 2022, we found there were no systems, or ineffective systems, to manage and mitigate risks. In regard to checking parental responsibility, assessing and oversee training requirements, staff recruitment, infection control audits, and determining and risk assessing the necessity for specific emergency medicines and equipment. At this inspection we found the provider had commenced making improvements to the systems and to mitigating risks.