

# Aupres Medical LLP

## Inspection report

1 Harley Street  
London  
W1G 9QD  
Tel: 02085439098

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires Improvement 

# Overall summary

The provider registered for the regulated activities of diagnostic and screening procedure, family planning, maternity and midwifery services and treatment of disease disorder or injury at Aupres Medical LLP in June 2019. This is the first inspection of the service following CQC registration.

We carried out an announced comprehensive inspection at Aupres Medical LLP on 9 March 2022, where we reviewed the key lines of enquiry for a safe, effective, caring, responsive and well-led service.

At this inspection, we have rated the service as Good overall, and 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? – Requires improvement

The service, Aupres Medical LLP, provides cardiac treatment for patients over the age of 18 years. The service specialises in external counterpulsation therapy, (a non-invasive treatment for the heart). The provider also provides the cardiology care to patients referred by a fellow independent psychiatry service regarding the use of thyroxine medication to treat bi-polar disorder. However, this aspect of the service was outside the scope of our inspection as we do not inspect and rate research projects.

The clinical lead for the service is 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.

## Our key findings were:

- 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 provider demonstrated that there was a focus on continuous improvement to the service.
- The provider submitted feedback from 12 patients, taken from 22 February to 3 March 2022. All stated the service was very good, comments made where they had received prompt treatment, and felt cared for, and felt comfortable to ask questions about their treatment.
- The service mostly had clear systems to keep people safe and safeguarded from abuse.
- At the time of the inspection, the provider was implementing new systems and processes, which meant that some information was not available for example, evidence all staff had completed their training, evidence of the emergency medicine and equipment risk assessment, lack of a formal approach to recording meetings. Although we received evidence that the provider had taken action to address these areas, either during or following the inspection, we could not be assured the new processes were fully embedded.

# Overall summary

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.

(Please see the specific details on action required at the end of this report).

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

- Follow up the premise maintenance concerns with the provider, to be assured of patient safety.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

A CQC inspector lead the inspection with the support of a GP specialist adviser.

## Background to Aupres Medical LLP

The registered provider for the service is Apure's Medical LLP. The provider is registered to carry out the regulated activity of diagnostic and screening procedure, family planning, maternity and midwifery services and treatment of disease disorder or injury at:

Apure's Medical LLP

1 Harley Street

London

W1G9QD

The service Aupres Medical LLP provided cardiac treatment for patients over the age of 18 years. The service specialises in external counterpulsation therapy, (a non-invasive treatment for the heart) .

The staff team consists of consultant cardiologist, a clinic nurse and an external counterpulsation therapist. They were supported by the registered manager and a business manager.

The service's telephone line is open from 9am to 5pm Monday to Friday, and all appointments are made at the patient's convenience.

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### How we inspected this service

- The methods that were used, were a visit to the location, talking to people using the service, interviewing staff, observations, and review of documents.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## We rated safe as Good because:

- At the time of the inspection, the systems to assure a safe service were not fully embedded. For example, the provider did not have the evidence of staff training, recruitment, staff immunisations and did not provide a risk assessment to demonstrate the reasoning for not stocking some emergency medicines. We found most of safety concerns were rectified on the day of inspection or soon after our inspection.

## Safety systems and processes

- The service did not provide a service for patients under 18 years of age. The service had both a children's and adult's safeguarding policy in place, which were last reviewed in June 2021 and the service had an allocated lead for safeguarding. Out of four patient facing staff, the service did not evidence one member of staff had completed the appropriate level of safeguarding training. Following the inspection, the provider submitted evidence that the member of staff had completed the appropriate safeguarding training.
- If a patient requested a chaperone, the nurse would carry out this role.
- A review of a sample of staff records found the service had undertaken 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). Aupres Medical was a family business, where staff were either part of the family or had been employed by the service for over five years. This, accompanied by the pandemic, had resulted in a lack of a system to maintain and update and organise their current recruitment and immunisation information. Such as the staff immunisation status and job descriptions.
- The premises were leased, and the property owner was responsible for the maintenance and safety of the building. They consisted of two ground floor clinical rooms, with a shared entrance and access to shared toilets. The registered manager had obtained assurances from the property owner in regard to a completed fire risk assessment and legionella risk assessment. In addition, the service had their own health and safety and fire policies in place and had carried out a fire and a premises risk assessment.
- The registered manager explained they regularly contacted the property owner to ensure they maintained the property. However, on the day of the inspection we found a discrepancy, as the fire risk assessment stated that the fire extinguishers were last tested in 2021, but we saw a fire extinguisher had a date of last check as 2019. The business manager said they would follow this up with the property owner.
- The provider showed us the property owner's legionella risk assessment completed on 17 June 2020, this included a recommendation for the shower's removable parts, (heads, inserts and hoses) to be dismantled, cleaned and descale four times a year. However, we saw there was an unused shower in the lady's toilet which was not maintained. Following the inspection the provider submitted information from the property owner that the shower in the lady's toilets was to be removed.
- The clinic rooms were clean and tidy, and the service had a system to manage infection control. The service had an infection prevention and control staff lead, and the policy was most recently reviewed on 22 February 2022. In addition, they had carried out an annual statement for the prevention and management of infectious diseases. We saw hand sanitiser in clinic rooms, the wearing of masks was mandatory unless there were valid reasons for not doing so, and to enable social distancing the service had arranged its appointments with a 30-minute break between them. However, the provider did not have a system in place to identify staff who may have COVID 19 but be asymptomatic. Out of four patient facing staff, the service did not have evidence one clinician had completed the appropriate infection prevention and control training.

# Are services safe?

- The provider ensured equipment were safe and was maintained according to manufacturers' instructions. The service had ensured portable appliance testing of electrical equipment was carried out in February 2022, and the service kept an equipment register to ensure it was calibrated correctly.
- The business manager explained the service generated only a small amount of clinical waste which was disposed of by a neighbouring provider.

## Risks to patients

- The service had recognised the employment of one consultant cardiologist was a risk to ensure a consistent medical approach. To mitigate the risk, treatments were not carried out when the consultant cardiologist was on leave and they ensured they were always available by telephone.
- The business manager explained that when the external counterpulsation therapists (ECP) commenced employment, they carried out their EPC training and were provided with training on how to recognise a cardiac arrhythmia.
- The external counterpulsation therapy may cause patients to require the toilet, however the toilets were accessed by steps to the basement, away from the clinic room. The business manager explained that the therapist would accompany the patient if they believed there was any risk.
- Out of four patient facing staff, the service was only able to provide evidence that two staff members had completed their adult resuscitation course.
- At the time of the inspection Aupres Medical had healthcare, professional, public and employer's liability in place.
- At the time of the inspection, the provider did not have a defibrillator at the location and there was no evidence of a documented risk assessment to support the decision not to have one available for use in a medical emergency. Immediately following the inspection, the provider installed a defibrillator, and provided guidance about use storage and maintenance.
- At the time of the inspection the provider did not have access to oxygen and there was no evidence of a documented risk assessment to support this. Following the inspection, the provider arranged access to the oxygen held by the neighbouring service provider.
- The consultant cardiologist explained the service did not see acutely unwell patients and if one were to visit the service, they would use the emergency service. The service had a oxygen saturation monitor and an plethsmograph but did not have a thermometer . Following the inspection, the provider purchased a thermometer.

## Information to deliver safe care and treatment

- 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.

## Safe and appropriate use of medicines

- The service used private prescriptions and the only prescriber was the consultant cardiologist. The nurse did not prescribe or administer medicines.
- The consultant cardiologist used private prescriptions on headed note paper and did not stock any pre-written prescriptions.

# Are services safe?

- The consultant cardiologist explained the follow up protocols for any patients prescribed medicines that needed follow up, such as medicines for angina and high blood pressure. In addition, they explained how they fully informed to the patient the reasons for prescribing the medicines.
- The service did not prescribe any controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- Processes were in place for checking medicines and staff kept accurate records of medicine stocks. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- The consultant cardiologist did not prescribe drugs that were off licence.
- On the day of the inspection, we were told the provider had a risk assessment in place to demonstrate why they did not hold any emergency medicines, apart from a Glyceryl Trinitrate Spray. They explained it was because they only saw patients who had chronic stable angina. Following the inspection the provider submitted a risk assessment which included the decision made regarding the holding of emergency medicines.

## Track record on safety and incidents

- The provider had a premises risk assessment completed on 10 March 2022.
- There were risk assessments in relation to safety issues.
- The service had commenced understanding and reviewing risks that clear, accurate and current picture that led to safety improvements. For example, the use of one consultant cardiologist.

## Lessons learned and improvements made

- The service had a significant events and Duty of Candour policy which was last reviewed in April 2021. Staff understood their duty to raise concerns and report incidents and near misses.
- The registered manager investigated and responded to significant events.
- The business manager described two significant events in the previous 12 months, where they had made changes as a result. For example, for the loan of equipment to patients which was not returned, where they had responded by commencing a deposit system.
- The leaders were aware of the significant events and had discussed them, however the meetings when these were discussed were not recorded.
- The service disseminated alerts to all members of the team.

# Are services effective?

**We rated effective as Good.**

## **Effective needs assessment, care and treatment**

- Patients mainly accessed the service through the website or by telephone. The nurse acted as the receptionist and would take the patients initial details and ensured the service was appropriate for the patient. During the first consultation the consultant cardiologist would take a full medical history and carry out cardiology and blood tests to ensure that any treatment prescribed was safe.
- All patients' blood tests were sent to an independent pathology service and the consultant cardiologist called the patient promptly to go through the results.
- Electro-cardiograms were carried out by the consultant cardiologist or the nurse, or the cardiac physiologist. The consultant cardiologist explained they ensured the results were promptly reviewed.
- Clinicians had enough information to make or confirm a diagnosis.
- Patients who had the external counterpulsation therapy, attended the surgery for the standard of 35 hours delivered over several weeks. This was carried out by the external counterpulsation therapy technicians who the business manager explained had completed training on cardiac arrhythmias and electrocardiograms, however this had not been recorded in their staff records.
- Patients referred by the fellow independent psychiatry service for cardiac monitoring, had an initial appointment, with monthly and then six-monthly follow ups.

## **Monitoring care and treatment**

- The consultant cardiologist had carried out an audit of five patients who had undertaken External Enhanced Counter Pulsation (ECP) in February 2022. The conclusion was the ECP had improved the patient's conditions.

## **Effective staffing**

- Aupres Medical was a family business, where staff were part of the same family. The members of the family who worked for the service had all completed or were undertaking medical training, where they would have completed the necessary training for their roles at the service. However, this had resulted in the provider not having the information available on the day of the inspection.
- The business manager explained that they had an induction programme for all newly appointed staff.
- The service submitted their development appraisal policy and procedure and evidence of appraisal for all appropriate staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) or Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The business manager explained that three of the technicians had completed training to perform electro-cardiographs.
- The service confirmed staff had completed their External Enhanced Counter Pulsation as part of their induction.
- The service submitted information to demonstrate the consultant cardiologist's recent self-directed learning had included journal reading, a CardioRenal Metabolic Conference and an independent doctors meeting in 2021.

## **Coordinating patient care and information sharing**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.



# Are services effective?

- 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 each occasion they used 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 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.
- 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.

## Supporting patients to live healthier lives

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs. Such as dieticians and mental health.

## Consent to care and treatment

- 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.

# Are services caring?

**We rated caring as Good.**

## **Kindness, respect and compassion**

- The service sought feedback on the quality of clinical care patients received. The provider showed us feedback obtained from 12 patients; comments made by patients included that the consultant cardiologist was thoughtful and understanding, and that patients felt completely at ease and in safe hands.
- 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**

- The provider showed us feedback from 12 patients; patients commented that they always felt comfortable and were able to ask questions and had them answered satisfactorily.
- Staff communicated with people in a way that they could understand and provided a cooling off period and information about their care.

## **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.**

## **Responding to and meeting people's needs**

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered. Although the toilets did not have disability access, the registered manager explained for any patient with disability issues they were able to use alternative premises. In addition, they would accompany any patients they felt at risk to the facilities.

## **Timely access to the service**

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.
- The consultant cardiologist explained that they carry out home visits when needed.
- The provider showed us feedback from 12 patients. All patients stated they could access the care they needed, and services were set up to support them when they need it the most, including urgent advice.

## **Listening and learning from concerns and complaints**

- 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 had received one complaint in the last 12 months, which we saw had been appropriately investigated and responded to.

# Are services well-led?

## We rated well-led as Requires improvement because:

- At the time of the inspection, the provider was implementing new systems and processes, which meant that some information was not available for example, evidence all staff had completed their training, a copy of the emergency medicine risk assessment, and a lack of a formal approach to minuting meetings. Although, either during or immediately following the inspection the provider made some improvements, we could not be assured the new processes were fully embedded.
- Leaders at all levels were visible and approachable.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Leadership capacity and capability

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Although there were some gaps in systems which we identified that had not been addressed by leaders as of our inspection visit.

## Vision and strategy

- There was a clear vision. The service had and discussed their business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- 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

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The business and registered manager told us they would investigate concerns. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations.
- There was an emphasis on the safety and well-being of all staff.

## Governance arrangements

- At the time of the inspection, the provider was implementing new systems and processes, which meant that some information was not available for example, evidence all staff had completed their training, a copy of the emergency medicine and equipment risk assessment, lack of a formal approach to minuting meetings. Although, either during or immediately following the inspection, the provider made improvements we could not be assured the new processes were fully embedded.
- Staff were clear on their roles and accountabilities.

## Managing risks, issues and performance

- The consultant cardiologist was the only clinician working at the service at the time of the inspection. They had recently completed their General Medical Council appraisal.

# Are services well-led?

- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The provider did not provide evidence of their business continuity plan at the time of inspection, they explained that if the premises were not available, they had access to two other sites. In addition, if the consultant cardiologist was not available, they would refer patients to another consultant cardiologist.
- The provider had established their own risk assessments to ensure patient safety.

## **Appropriate and accurate information**

- The clinic was registered with the International Standards Organisation (ISO).
- Patients' records were kept as both paper and on a computer back up system.
- Quality and operational information was used to ensure and improve performance.
- The business manager explained quality and sustainability were discussed regularly but the meetings were recorded.

## **Engagement with patients, the public, staff and external partners**

- The service had encouraged patient feedback from February 2022, which had been mostly very positive.
- Staff could describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared informally and used to make improvements.
- The provider provided the cardiology care to patients referred by a fellow independent psychiatry service regarding the use of thyroxine medication to treat bi-polar disorder.

## Requirement notices

### 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 17 HSCA (RA) Regulations 2014 Good governance  The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: <ul style="list-style-type: none"><li>• The service was not recording the minutes of staff meetings</li><li>• At the time of the inspection, there were weaknesses in systems for monitoring staff training. For example, safeguarding, infection prevention and control and basic life saving.</li><li>• At the time of the inspection, the service did not have an effective system to risk assess, store and review the emergency medicines and equipment.</li></ul>
Family planning services	
Maternity and midwifery services	
Transport services, triage and medical advice provided remotely	