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Dr Daniel Consulting Rooms

Inspection report

Foresight Medical Centre
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Overall summary

We carried out an announced comprehensive inspection on 14 February 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Dr Daniel Consulting Rooms, also known as Foresight Medical Centre, is an independent GP practice located in the London Borough of Westminster.

The GP principal 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.

Nineteen people provided feedback about the service. All feedback we received was positive about the staff and service offered by the practice.

Our key findings were:

- There were systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice delivered care and treatment according to evidence-based guidelines. However, there was no recent clinical audit to demonstrate the practice reviewed the effectiveness and appropriateness of the care it provided.

Summary of findings

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients reported that they were able to access care when they needed it.
- The practice had not determined what mandatory and additional training staff needed to meet the needs of their patients.
- The practice had not established some policies, procedures and activities to ensure safety and support good governance. For example, in relation to safeguarding; infection prevention and control; health and safety; and significant events or incidents.

We identified regulations that were not being met and the provider must**:**

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review the practice's arrangements for chaperoning.
- Review the system in place to ensure the accuracy of fridge temperatures.
- Review patient access to interpreting services.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?
We found that this service was not providing safe care in accordance with the relevant regulations.

This was because there was no system to manage infection prevention and control. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

We found areas where improvements should be made relating to the safe provision of treatment. This was because the practice's arrangements in relation to chaperones did not reflect the practice policy, there were no policies for safeguarding and staff had not received training in safeguarding children.

Are services effective?
We found that this service was not providing effective care in accordance with the relevant regulations. This was because the provider had not determined what mandatory and additional training staff needed to meet the needs of their patients. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Are services caring?
We found that this service was providing caring services in accordance with the relevant regulations. We found areas where improvements should be made. This was because the provider did not have a translation service available to patients.

Are services responsive to people's needs?
We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?
We found that this service was not providing well-led care in accordance with the relevant regulations. This was because the provider did not have policies and procedures to manage safeguarding; infection prevention and control; health and safety; and significant events or incidents. In addition, there was no continuous cycle of clinical audit or recent patient feedback to support high quality sustainable services. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Dr Daniel Consulting Rooms

Detailed findings

Background to this inspection

Dr Daniel Consulting Rooms, also known as Foresight Medical Centre, is located at 99 Harley Street, London W1G 6AQ. There are approximately 6,000 registered patients.

The practice team consists of a female GP principal (full-time) and a secretary (20 hours per week). The practice is open from 8am to 5pm Monday to Friday.

The practice offers consultations and treatment for adults 18 years and older. Services provided include: management of long term conditions; gynaecological assessment; ECG (Electrocardiogram); blood and other laboratory tests; and vaccinations. Patients can be referred to other services for diagnostic imaging and specialist care.

The provider is registered with the Care Quality Commission (CQC) for the regulated activities of Diagnostic & Screening Procedures, and Treatment of Disease Disorder or Injury.

We carried out this inspection on 14 February 2018. The inspection was led by a CQC inspector who was accompanied by a GP specialist advisor.

Before visiting, we looked at a range of information that we hold about the practice. We reviewed the last inspection report from February 2013 and information submitted by the service in response to our provider information request. During our visit we interviewed staff (GP principal and secretary), observed practice and reviewed 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?

Our findings

Safety systems and processes

The practice had some systems to keep patients safe and safeguarded from abuse. Although improvements were required in relation to safeguarding, chaperoning and infection prevention and control.

- The building's management conducted safety risk assessments and the practice had access to these reports. There were safety policies and staff received safety information for the practice as part of their induction training.
- The practice offered services to adults only and the GP principal had received up-to-date safeguarding vulnerable adults training appropriate to their role. The GP principal had not undergone training in safeguarding children and there were no safeguarding policies for staff however, the GP principal knew how to identify and report concerns.
- The GP principal told us a chaperone service was not available and patients were informed of this at registration. This was not in line with the practice's chaperone policy which stated that any patient or health care professional may request and be provided with a chaperone.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for clinical 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).
- The rooms and premises were visibly clean and tidy. However, there was no system to manage infection prevention and control. For example, there was no policy in place, audits had not been completed and staff had not received training. The premises had undergone a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- New staff underwent an induction as outlined in the practice's human resource's policy. The secretary was new to the role and started in December 2017. We were told that the GP principal supported new staff in their role and a probationary review was carried out after three months.
- The GP principal had received training in basic life support and understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Training had been arranged for the secretary. The practice kept emergency oxygen and staff could access an automated external defibrillator (AED) kept on site. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).
- The GP principal knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- The GP principal had annual appraisals with an independent organisation. Professional indemnity arrangements were in place for the GP principal.

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 practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Although improvements relating to emergency medicines and the monitoring of fridge temperatures were needed.

Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and equipment minimised risks. However, the fridge did not have a second independent thermometer to cross-check the accuracy of the internal fridge temperature reading.
- There was a system in place to manage emergency medicines. However, there was no risk assessment for not stocking certain emergency medicines. Following our inspection we saw evidence that the practice had ordered additional emergency medicines to help manage medical emergencies.
- The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There was evidence of actions taken to support good antimicrobial stewardship. For example, information on antibiotic resistance was available to patients on the practice website.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately.

Track record on safety

The practice had a good safety record.

- There were risk assessments in relation to safety issues such as fire, water and general health and safety. These had been arranged by the building's management.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. However, the practice did not have a formal policy to describe this system. Staff understood their duty to raise concerns and report incidents and near misses. The GP principal supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and took action to improve safety in the practice. For example, when a patient collapsed at the practice the GP principal had to administer basic life support until the ambulance arrived. The incident was reviewed as a significant event and the analysis included that staff involved had acted appropriately and should update their training in 2018 when it expired.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The GP principal 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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. For example, patients were directed to local independent hospitals or NHS out-of-hours services.

Monitoring care and treatment

The practice carried out quality improvement activity. However, some of this activity was not regularly reviewed.

- The practice had carried out quality improvement activity including audits. We were shown two audits, one of these was a completed audit where improvements made were implemented and monitored. However, the audits had not been reviewed in the last three years.
- The practice received an annual report from the laboratory of all samples sent for cervical cytology so that sample takers could monitor their inadequate rates.

Effective staffing

Clinical staff had the skills, knowledge and experience to carry out their roles. However, the practice had not determined what mandatory and additional training staff needed to meet the needs of their patients.

- Staff whose role included immunisation and taking samples for cervical screening could demonstrate how they stayed up to date. For example, the GP principal attended various educational events to keep up to date with current evidence-based practice.
- The practice did not have a schedule of ongoing mandatory training for staff. The GP principal had completed training in basic life support and this training had been arranged for the newly employed secretary. However, there was no other evidence to demonstrate the practice understood the learning needs of staff or provided protected time and training to meet them. For example, there was no evidence that staff had not received training in infection prevention and control, the mental capacity act, fire safety or training to the appropriate level on safeguarding children.
- The GP principal provided non-clinical staff with ongoing support. This included an informal induction process, one-to-one meetings, a three month probationary review and annual appraisals.
- There were arrangements for another practice to see patients if the GP principal was on leave.

Coordinating patient care and information sharing

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- Patients received coordinated and person-centred care. This included when they moved between services, and when they were referred for specialist care.
- Some patients also had an NHS GP, and the practice communicated with the NHS GP with the patient's consent. For example, when a change of medication had been prescribed or if the patient requested follow-up treatment via the NHS.
- The practice did not provide end of life care. These patients were referred to and managed by palliative care teams.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice offered a range of medical assessments which included pathology tests and patients could be referred for diagnostic screening such as X-ray, ultrasound, CT scanning and MRI.
- Health screening packages were available to all patients. Consultations included an assessment of lifestyle factors such as diet, exercise and smoking status.
- Patients were encouraged to undergo regular screening such as mammograms for breast cancer and smear tests for cervical screening.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

Are services effective?

(for example, treatment is effective)

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We were told the practice did not currently carry out procedures which required written consent from the patient.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- We received nineteen completed Care Quality Commission comment cards. The patient feedback we received was positive about the staff and service offered by the practice

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- We were told that any treatment including fees was fully explained to the patient prior to their appointment and that people then made informed decisions about their care.
- Standard information about fees was available on the practice website and in a patient brochure.
- Interpretation services were not available for patients who did not have English as a first language. The GP principal told us that patients were informed of this at registration and some patients brought an interpreter with them. The GP principal was bi-lingual and was able to support patients who spoke French.
- Staff communicated with patients in a way that they could understand, for example, easy read materials and educational videos were available.
- Staff told us that if families had experienced bereavement, the GP principal wrote a letter of sympathy and offered their support to the family.

Privacy and Dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, telephone consultations, home visits and virtual consultations were available to patients.
- The practice had a membership scheme which offered patients greater access to appointments and the service for an annual fee.
- The practice was located on the ground floor of a converted residential property which it shared with other healthcare providers. There was a consultation room, treatment room, administration office, toilet within the consulting suite (currently not used) and two storage rooms. Patients had use of a shared waiting room and toilet facilities on the ground floor.
- The facilities and premises were appropriate for the services delivered, with the exception of the treatment room which had carpet.
- The practice were unable to offer unrestricted access for patients with wheelchair mobility needs due to the layout of the building. Patients were informed of this at registration and the practice were able to provide information about alternative accessible services.
- The practice website contained patient self-help videos on administering certain medicines.

Timely access to the service

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

- The practice was open from 8am to 5pm every weekday. Appointments could be booked over the phone and were managed by an external company.
- 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.
- Feedback from the Care Quality Commission comment cards showed patients found the appointment system easy to use.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously.

- Information about how to make a complaint or raise concerns was available.
- There were procedures in place for handling complaints and concerns.
- The GP principal told us the practice had not received any complaints in the last 10 years.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership capacity and capability;

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

- The GP principal had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The practice had processes to develop leadership capacity including succession planning. For example, the GP principal planned to recruit another doctor to assist with the clinical workload.

Vision and strategy

The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.

- There was a vision and set of core values which was available to patients on the website. The practice had a realistic strategy.
- The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care. However, improvements to mandatory staff training were required.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- The provider had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Clinical staff were supported to meet the requirements of professional revalidation where necessary. However, there was no schedule of mandatory training for practice staff.
- The GP principal received regular external annual appraisals.

Governance arrangements

There were clear responsibilities of accountability. However, the practice had not established some policies, procedures and activities to ensure safety and support good governance

- The GP principal, who had independently led the practice for 16 years with minimal administrative support, had knowledge of the practice's processes and systems. Whilst there were some policies and procedures in place, other key policies to ensure safety and support good governance were not available. For example, the practice did not have formalised policies or procedures to manage safeguarding; infection prevention and control; health and safety; and significant events or incidents.
- Staff were clear on their roles and accountabilities.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. Risk assessments relating to the premises were arranged and managed by the building's management.
- The practice had some processes to manage current and future performance. For example, the GP principal received feedback on their referrals from specialists and performance reports from the laboratory. They had oversight of MHRA alerts, incidents, and complaints.
- The practice did not have a continuous cycle of clinical audit to monitor the quality of care and outcomes for patients, as the most recent audit was from 2015.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Performance information was combined with the views of patients.
- The practice used information technology systems to monitor and improve the quality of care.
- There were 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

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

The practice did not continuously monitor patient feedback to support high-quality sustainable services.

- The practice reviewed patient feedback via the GP principal's appraisal. The most recent feedback report was from 2015 and 43 patients provided positive feedback. There was no recent feedback to ensure patients' concerns were encouraged, heard and acted on to shape the service.
- The GP principal engaged with staff through informal staff meetings.

Continuous improvement and innovation

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

- The GP principal was proactive in attending educational events to network with local clinicians and keep up to date with best practice.
- The practice website contained a health and wellbeing blog which was regularly updated by the GP principal.

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 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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person did not have effective governance systems or processes to assess, monitor and drive improvement in the quality and safety of the services provided. In particular: • Clinical audits had not been reviewed since 2015 to assess, monitor and improve the quality of the service. • Staff training had not been defined. Staff had not received training to the appropriate level on safeguarding children, fire safety, or the mental capacity act. • Feedback from people using the service was not continually evaluated to drive improvement. • There were no policies or procedures to manage safeguarding; health and safety; and significant events or incidents. This was in breach of Regulation 17(1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not have effective processes to assess the risk of, and prevent, detect and control the spread of infection. In particular:

This section is primarily information for the provider

Requirement notices

- There were no infection prevention and control audits; staff had not received training in infection prevention and control; and there were no policies or procedures to manage infection prevention and control within the practice.

This was in breach of Regulation 12(2) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.