

# Park Lane Medical

## Inspection report

33 Curzon Street  
London  
W1J 7TR  
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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Park Lane Medical on 16 May 2022. This was the service's first inspection since it registered with the Care Quality Commission in 2019.

This service is 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 exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service specialises in intravenous vitamin therapy intended to promote and sustain wellbeing. We were told the vitamin therapy was not administered to treat any medical conditions or vitamin deficiency. The therapy was used by clients who wanted a vitamin and minerals boost. Some examples given to us included clients who wanted to detox, rehydrate, overcome the effects of alcohol consumption, increase focus and reduce jetlag. Intravenous vitamin therapy is not within CQC scope of registration, therefore, we did not inspect or report on this part of the service. The scope of our inspection was limited to the occasional prescribing of low risk medicine and blood testing. Patients could request a blood test prior to vitamin therapy however this was not mandatory and very few patients had requested it to date. We also reviewed all of the medicine prescribed to date, and found the doctor had only prescribed either asthma inhalers or antihistamine medicine. The doctor explained to us that these were one-off emergency prescription requests. We were told the service had a policy for not prescribing medium or high risk medicines.

## **Our key findings were:**

- The service provided care in a way that kept patients safe. The service had systems to manage risk so that safety incidents were less likely to happen. If they did happen, the service had policies to ensure they learned from them and improved their processes.
- The service ensured effective care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The service had adequate policies and procedures in place to ensure safe services and premises.

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

- Consider carrying out clinical audits.
- Obtain patient feedback regarding the service.

# Overall summary

**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 CQC GP specialist advisor.

## Background to Park Lane Medical

Park Lane Medical is a private service which specialises in intravenous vitamin therapy which was available to any fee-paying client. The practice does not see anyone under the age of 18.

Park Lane Medical is located at 33 Curzon Street, London, W1J 7TR. It is based within the basement of a pharmacy. The basement premises consists of a clinical room, waiting room, toilet and kitchen. The service does not have a lift. Patient's with mobility issues are referred to other organisations within the local area. There are good transport links with regular buses and local tube stations.

The service is registered by the Care Quality Commission to provide the regulated activities treatment of disease. Care provided in the practice, within the scope of CQC registration is limited to occasional blood testing and prescribing.

The service is run and managed by a single doctor with no other staff. Currently the service is used by approximately five to eight patients a month. Patients are mostly referred to the service by local hotels and businesses. Many of the patients are visiting from different countries.

The service is available throughout the week on a pre-bookable basis from 8am - 8pm.

We gathered and reviewed pre-inspection information before the site visit. On the day of the inspection we spoke with the GP. We also reviewed a wide range of documentary evidence including patient records, policies, written protocols and guidelines and training records.

The sole GP was the CQC 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.

# Are services safe?

**We rated safe as Good because:**

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed. The service had systems to safeguard children and vulnerable adults from abuse.
- Although the service did not see children, there were systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The doctor had an up to date Disclosure and Barring Service (DBS) check. (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 doctor had safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The practice had a chaperone policy, we were told staff from the pharmacy above could act as chaperones.
- There was an effective system to manage infection prevention and control. The practice had an up to date legionella risk assessment and the recommendations were being carried out.
- 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.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## **Risks to patients**

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

- The doctor understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Although this was not an acute service, they knew how to identify and manage patients with severe infections, for example sepsis.
- There were appropriate indemnity arrangements in place
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

## **Information to deliver safe care and treatment**

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

# Are services safe?

- If the doctor had a concern they sign posted the patients back to their GP or other specialist advisors in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

### The service had reliable systems for appropriate and safe handling of medicines.

- There was safe systems and arrangements for managing medicines. The service kept prescription stationery securely and monitored its use.
- The service did 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.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety. The doctor informed us they would sometimes prescribe low risk medicines. To date the doctor had prescribed emergency inhalers to help with asthma and antihistamines to help with allergies.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service had systems in place to learn and improve 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. To date no significant events had been recorded. We were satisfied the doctor understood what constituted a significant event.
- There were adequate systems for reviewing and investigating when things went wrong. We were told if things went wrong in the future, they would learn from them and identify themes to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

**We rated effective as Good because:**

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

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- The provider carried out blood tests and prescribed medicine 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' immediate and ongoing needs were fully assessed. If blood tests were requested by the patient and the results identified abnormalities, the doctor referred the patients on to specialist doctors and services.
- With the consent of the patient the doctor would also share concerns with the patients NHS GP if they had one.
- We saw no evidence of discrimination when making care and treatment decisions.

## **Monitoring care and treatment**

**The service was currently not actively involved in quality improvement activity.**

- The provider told us their business was heavily impacted by the pandemic and to date they had not seen enough patients to carry out any quality improvement activity.

## **Effective staffing**

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

- The doctor was appropriately qualified. They were registered with the General Medical Council (GMC) and were up to date with revalidation.
- Up to date records of skills, qualifications and training were maintained.

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

- Patients received 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 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.
- The service monitored the process for seeking consent appropriately.

## **Supporting patients to live healthier lives**

# Are services effective?

**Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave patients advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- 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.



# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received, this was done by requesting the patient to leave an online review. However, no feedback from patients had been provided to date.
- 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.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

## **Privacy and Dignity**

### **The service respected 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:**

## **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.
- The facilities and premises were appropriate for the services delivered.

## **Timely access to the service**

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- The doctor was very flexible. Patients could book appointments throughout the week between 8am-8pm.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way.

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

**The service concerns seriously and had policies which ensured they responded to them appropriately to improve the quality of care.**

- The service had complaint policy and procedures in place. To date no complaints had been made.
- Information about how to make a complaint or raise concerns was available. The doctor told us they would treat patients who made complaints with compassion.
- The service's complaints policy stated it would inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability;**

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## **Vision and strategy**

**The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

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

## **Culture**

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

- The service focused on the needs of patients.
- The provider told us the service had a policy on ensuring openness, honesty and transparency when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There was a strong emphasis on the safety and well-being of all.
- The doctor had received equality and diversity training.

## **Governance arrangements**

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

# Are services well-led?

## Managing risks, issues and performance

### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.
- The provider had plans to carry out clinical audits in the future.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance.

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

### **The service tried to involve patients, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged feedback via online platforms and comments cards but to date no feedback had been provided.
- The service had plans to carry out future audits once the business had seen more patients.

## Continuous improvement and innovation

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

- There was systems in place to focus on continuous learning and improvement.