

Dr Talha Shawaf

Dr Talha Shawaf Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 21 November 2017 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 providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was 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 providing well-led care in accordance with the relevant regulations.

Background

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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Dr Talha Shawaf provides gynaecological and reproductive medicine services for adults over the age of 18. The services include consultation on fertility care, investigations and treatments including In Vitro Fertilisation (IVF), pre and early pregnancy care, menopause, gynaecological conditions and surgical procedures related to reproductive and specifically to fertility care. Patients are referred to a Human Fertilisation and Embryology Authority (HFEA) licensed centre for the surgical procedures where Dr Shawaf works under practising privileges (the granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services).

Dr Shawaf is a single-handed provider with a secretary who consults six days a week from a room at 64 Harley Street which is rented from another health care provider. He also has an arrangement with the provider to utilise their nursing staff if chaperoning services are required and access to emergency medicines and equipment. Dr Shawaf consults an average of 10 patients a week at the clinic.

Summary of findings

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

We received six completed CQC comment cards which were all very positive about the service provided. We were unable to speak to any patients directly at the inspection.

Our key findings were:

- Systems and processes were in place to keep people safe. Although the provider had not completed safeguarding children training.
- The provider was aware of current evidence based guidance and they had the skills, knowledge and experience to carry out his role.
- Clinical outcomes were monitored on an annual basis. In Vitro Fertilisation (IVF) success rates for the previous year was 65%.
- The provider was aware of their responsibility to respect people's diversity and human rights.
- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- There was a complaints procedure in place and information on how to complain was readily available.
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.

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

- Review the arrangements for monitoring infection control standards.
- Complete safeguarding training in accordance with intercollegiate guidance.

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 providing safe care in accordance with the relevant regulations.

- Systems and processes were in place to keep people safe. Although the provider had not completed formal training in safeguarding vulnerable children.
- There was a system in place for the reporting and investigation of incidents and significant events.
- There were arrangements in place to deal with emergencies and major incidents.

Are services effective?

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

- The provider was aware of current evidence based guidance.
- The provider had the skills and knowledge to deliver effective care and treatment.
- The provider did not audit clinical outcomes however In Vitro Fertilisation (IVF) success rates were independently monitored on an annual basis. Results for 2016 showed a live birth success rate of 65%.
- The provider worked with other services to provide personalised care for patients.

Are services caring?

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

- The provider was aware of their responsibility to respect people's diversity and human rights.
- We received six completed Care Quality Commission comment cards which were all very positive about the service provided.
- We were told that any treatment including fees was fully explained to the patient prior to the procedure and that people then made informed decisions about their care.

Are services responsive to people's needs?

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

- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- Access to the clinic was available for people with mobility needs.
- The provider had access to translation services for those patients whose first language was not English.
- There was a complaints procedure in place.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- The provider had the capacity and skills to deliver high-quality, sustainable care.
- The clinic had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The clinic engaged and involved patients to support high-quality sustainable services.

Dr Talha Shawaf Clinic

Detailed findings

Background to this inspection

The inspection was led by a CQC inspector and included a GP specialist advisor.

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 clinic had appropriate systems to keep people safe and safeguarded from abuse.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible and they clearly outlined who to contact for further guidance if the provider had concerns about a patient's welfare.
- The provider demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding vulnerable adults. However, although they had some knowledge on safeguarding children they had not received any formal training.
- The clinic had a chaperone policy in place. There were notices displayed in the waiting room to advise patients that chaperones were available if required. We saw records of patients being offered a chaperone during consultations including intimate examinations and it was noted if the offer of a chaperone was declined. Nurses employed by another provider at 64 Harley Street acted as chaperones for the clinic. The provider had assured himself that the nurses had received chaperone training and a 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 provider did not employ any staff. The provider utilised the services of a self-employed secretary. There was a DBS check in place for them.
- There was a system in place for dealing with pathology results. Pathology specimens were sent to a professional laboratory for analysis. Once returned to the provider they were acted on within 24 hours. There were no outstanding results on the day of our inspection. The provider followed HFEA guidelines for processing abnormal test results.

Monitoring health & safety and responding to risks

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The clinic had an up to date fire risk assessment and a fire evacuation plan.
- The clinic had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health. A legionella risk assessment had been carried out (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Infection control

- We observed the premises to be clean and tidy and there were cleaning schedules in place. Innoculation injury protocols were available. All equipment was single use and there was an adequate supply of personal protective equipment.
- There were infection control policies in place and infection control training. Clinical waste was segregated appropriately and a professional company was contracted to remove it.
- Infection control audits had not been undertaken regularly to monitor infection control risks. After the inspection the provider told us they would rectify this.
- The provider was vaccinated against hepatitis B.

Premises and equipment

- There was no clinical equipment that required calibration.
- PAT testing of portable electrical appliances was up to date.

Risks to patients

The clinic had arrangements in place to respond to emergencies and major incidents in line with the Resuscitation Council (UK) guidelines and the British National Formulary (BNF).

- There was a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The provider had received annual basic life support training and there were emergency medicines available on the premises.
- Emergency medicines were easily available to staff in a secure area of the premises. All the medicines were in date, appropriate and stored securely.

Are services safe?

- The clinic had a business continuity plan in place for major incidents such as power failure or building damage.

Staffing

- The provider was appropriately registered with the General Medical Council (GMC), the medical professionals' regulatory body, with a licence to practice and they had their own professional indemnity insurance that covered the scope of their practice.
- The provider had a current responsible officer. (All doctors working in the United Kingdom are required to have a responsible officer in place and required to follow a process of appraisal and revalidation to ensure their fitness to practice). The provider was following the appraisal and revalidation processes.

Information to deliver safe care and treatment

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

- The provider used a secure computer system to manage patient information and paper records were stored in a locked cupboard after they were scanned onto the computer system and prior to shredding.

Safe and appropriate use of medicines

The provider did not hold any medicine stocks at the clinic.

- The provider had signed up to receive patient safety alerts from the Medicines and Healthcare Regulatory Agency (MHRA). There were no examples of alerts being acted on as we were told none had been relevant.
- All prescriptions were issued on a private basis by the provider. Blank prescription pads were stored in a locked cupboard. Once a prescription was issued it was scanned into the computer system and shredded along with the consultation notes.
- The provider did not prescribe any controlled drugs.

Reporting, learning and improvement from incidents

There was an incident reporting policy and there were procedures in place for the reporting of incidents and significant events. There had been no incidents or significant events reported in the last 12 months.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider 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.

Monitoring care and treatment

The provider did not collect and monitor information on care and treatment. However, the providers IVF success rates were independently monitored on an annual basis by CARE Fertility London. Results for 2016 showed a live birth success rate of 65%.

Effective staffing

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

- The provider did not employ any staff therefore there was no induction programme or appraisal system in place other than appraisal and revalidation for the consultant.
- We saw evidence of Continual Professional Development (CPD) completed by the provider.
- The provider received training that included: safeguarding, basic life support, fire safety awareness, chaperoning and consent.

Coordinating patient care and information sharing

The provider worked with other services.

- The provider worked with a range of other services to provide patient centred care. For example, the provider had access to and a close working relationship with HFEA licensed reproduction centres, other specialist doctors, laboratories, imaging and a wide variety of complementary therapists ranging from acupuncture to nutrition. We saw evidence of attendance at multidisciplinary team meetings.
- The provider liaised with NHS GPs with the consent of patients.

Supporting patients to live healthier lives

The provider was consistent and proactive in helping patients to live healthier lives. For example, patients were referred to nutritionists when required.

Consent to care and treatment

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

- The provider had a consent policy in place and the provider had received training on consent. As the provider did not carry out invasive procedures at the clinic only verbal consent was required.
- The provider had a policy in place in relation to gaining consent to contact with patients' NHS GP.
- The provider understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services caring?

Our findings

Kindness, respect and compassion

- The provider was aware of their responsibility to respect people's diversity and human rights.
- We received six completed Care Quality Commission comment cards which were all very positive about the service provided. We were not able to speak with any patients directly at the inspection.
- Patient testimonials that we reviewed were all very positive about the service provided.
- We reviewed correspondence with patients when treatment had not been successful. The examples we reviewed demonstrated the provider was empathetic with patients in these circumstances.

Involvement in decisions about care and treatment

- We were told that any treatment including fees was fully explained to the patient prior to the procedure and that people then made informed decisions about their care.
- Treatments and prices were fully explained on the clinic website.
- Care plans we reviewed were comprehensive and included the pros and cons of treatment.

Privacy and Dignity

The clinic respected and promoted patients' privacy and dignity

- The treatment room was set up to maintain patients' privacy and dignity during examinations, investigations and treatments.
- The treatment room was private and therefore appropriate for patients if they wanted to discuss sensitive issues or appeared distressed.
- The clinic complied with the Data Protection Act.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The clinic met patients' needs through the way it organised and delivered services. It took account of patient needs and preferences.

- Access to the clinic was not suitable for disabled patients as the treatment room was not on the ground floor. However, the provider had an agreement with another health care provider in the premises to use a ground floor consultation room for patients with mobility issues.
- The provider told us that they had access to translation services for those patients whose first language was not English and the provider spoke Arabic and could therefore cater for Arabic speaking patients.
- There was a hearing loop available at reception to aid those patients who were hard of hearing.
- Information about the clinic including services offered was on the clinics website and information leaflets were available.

Timely access to the service

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

- The provider told us that the clinic did not have fixed opening and closing times. He offered flexible appointments based on patient demand over six days a week. Appointments were managed by the providers secretary. The provider consulted an average of 10 patients a week.

Listening and learning from concerns and complaints

- There was a policy and procedures in place for handling complaints and concerns.
- The provider was the designated responsible person who handled all complaints in the clinic. A complaints leaflet was available on request and information on how to complain on the clinic website.
- The provider had not received any complaints in the last 12 months.

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 provider 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 provider was visible and approachable.

Vision and strategy

The clinic 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 vision was to keep up to date with new developments in the field to provide the best quality service possible. There was a realistic strategy to deliver it through continuous professional development and attendance at national and international conferences.

Culture

The clinic had a culture of high-quality sustainable care.

- The provider was proud of the service they provided and focused on the needs of patients.
- Openness, honesty and transparency were the norm.

Governance arrangements

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

- There was a clear staffing structure which comprised the provider and a secretary.
- Practice specific policies were implemented and available on the computer system.

Managing risks, issues and performance

There were clear, effective processes for managing risks.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, health and safety risk assessment had been completed including fire and legionella.
- External audit was used to monitor quality. For example, IVF success rates were monitored on an annual basis by CARE Fertility London.

Appropriate and accurate information

Appropriate, accurate information was effectively processed and acted upon.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The clinic engaged and involved patients to support high-quality sustainable services.

- The clinic had a system in place to gather feedback from patients in the form of a feedback questionnaire available in the clinic. Feedback was collected from patients on an on-going basis. External patient surveys conducted by CARE Fertility London indicated high levels of satisfaction amongst patients.

Continuous improvement and innovation

There were robust systems and processes for learning, continuous improvement and innovation

- The provider attended national and international conferences to keep abreast of new developments in the field.
- The provider was a senior lecturer and academic in the field of reproductive medicine.