

DottoreLondon Ltd

# Dottore London Clinic

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 11 April 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 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.

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.

Dottore London Clinic is a private health clinic in central London which specialises in offering medical services to Italians living in England. It offers consultations with gynaecologists, paediatricians, dermatologists, orthopedists, neurologists, gastroenterologists, psychiatrists, physiotherapists, ENT specialists, speech therapists, dietitians and psychotherapists.

Patients can be seen by Italian and English-speaking doctors who deliver private consultations at the clinic during weekdays and the weekend as required.

The Italian doctors have experience gained both in the UK and Italy which allows them the advantage of traversing and overcoming any cultural or language barriers.

There are four Managing Partners, three of which are clinicians and one, the Practice Manager, 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.

There are a total of 26 consulting doctors who see patients at the clinic, most of whom are employed within the NHS. There are also two other non-clinical members of staff who assisted with admin and reception duties.

# Summary of findings

On the day of the inspection we received seven comment cards from clients of the clinic. All the cards were positive and most commented on the friendliness, efficiency and the professionalism of the staff. Several mentioned that they would recommend the clinic to a friend.

## **Our key findings were:**

- The clinic had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the clinic learned from them and improved processes.
- Staff involved clients with their procedures and treated them with kindness, dignity and respect.
- Clients found it easy to get an appointment at a time that was convenient to them.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The clinic was well managed with supportive leadership.
- Policies and procedures had been thoroughly reviewed and applied.
- Staff were valued and appropriately trained for their roles.
- There was an increasing client demand for the clinic from an increasing geographical area.

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

- Consider reviewing arrangements for monitoring and recording the expiry dates of medications.
- Consider the introduction of a second cycle to audits already undertaken.

# 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.

The clinic had clear and comprehensive policies and employed well trained and competent staff. Medicines and patient information were all securely stored and used, and there was a clear line of responsibility.

The clinic was clean and tidy and there were clear processes for all risks, emergency scenarios and significant events.

### **Are services effective?**

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

The clinic demonstrated that staff were up to date with all current safety alerts and recent travel health knowledge.

The clinic had yet to implement quality improvement activities such as clinical audits to improve outcomes for patients however, the clinic undertook several non-clinical audits and was starting to look into systems of clinical quality improvement.

The clinic gave co-ordinated and tailored care and treatment and aimed for best practice and increasing levels of disease prevention activity.

### **Are services caring?**

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

The clinic had received positive feedback through its own feedback surveys, and this was further evidenced by patient responses to CQC comment cards on the inspection. Patients felt that they were treated with respect and courtesy.

### **Are services responsive to people's needs?**

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

The clinic had been started to provide medical services to the Italian community with the location being chosen as there were large numbers of Italians living or working nearby.

One complaint had been received since the clinic started and we saw clear and concise policies and leaflets should they be needed.

### **Are services well-led?**

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

The clinic had competent and knowledgeable staff and there was a clearly laid out vision for the clinic. All staff were aware of the vision and were aware of the values and team ethos.

Staff were demonstrably well trained and knowledgeable. The governance structure was clear and staff were engaged with the leadership.

# Dottore London Clinic

## Detailed findings

### Background to this inspection

Dottore London Clinic is the only location for Dottore London Ltd and has been registered since 2016 to provide treatment of disease, disorder or injury, and diagnostic and screening procedures.

The clinic operates from premises in Central London and has access to emergency equipment including a defibrillator, oxygen and emergency medications. Clients attend the clinic through the clinic reception area and use the clinic waiting room until called for their appointment.

There are four managing partners of Dottore London Clinic, one of whom is the Practice Manager and Registered Manager. There are a total of 26 consulting doctors who see patients at the clinic, all of whom are employed within the NHS. There are also two other non-clinical members of staff.

The opening times of the clinic are as follows:

Monday to Saturday 10am to 8pm. Home consultations can also be offered seven days a week depending on the doctors' availability.

The name and address of the registered provider is:

Dottore London Ltd, Flat E, 24 Little Russell Street, London, WC1A 2HS.

The inspection took place over one day on the 11th April 2018. The inspection team consisted of a lead CQC inspector and a GP specialist advisor.

The provider sent information regarding the management of the clinic beforehand which was reviewed before the inspection. There were no concerns given to the Care Quality Commission from community groups, patients or other stakeholders before the inspection was undertaken.

On the day of the inspection the team interviewed staff, undertook observations in the clinic 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

All safety and safeguarding processes had a clear and clinic specific policy and were adhered to.

All clinical staff were trained to the required safeguarding standard for adults and children, and were aware of the policy and the safeguarding lead. All policies were accessible and had a date for review. When asked, staff were able to identify an example of a safeguarding concern. The clinic has not encountered any safeguarding concerns to date, but informed us they would discuss any concerns at staff meetings and escalate as required.

All the staff displayed knowledge of the Mental Capacity Act 2005 and its applications. Children would not be offered treatment without the signed consent of the parents for treatment.

All clinical staff had received an enhanced Disclosure and Barring Services (DBS) check, according to clinical policy (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).

Clinical staff had been trained to undertake chaperone duties and all clients were made aware that they could request a chaperone. There were clear notices in the waiting room and in the consulting room advising of this as well.

All staff were correctly registered with the appropriate professional body and were engaged with on-going professional revalidation processes. All staff were able to cover the absences for each other and therefore there was no need for agency staff at this present time.

The clinic had a comprehensive building risk assessment and undertook the relevant checks for the waterborne infection Legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

The clinic was clean and tidy, including all storage areas, with evidence of frequent cleaning confirmed by a cleaning schedule and checklist. There were regular meetings where infection control and cleaning regimes were discussed to ensure best practice was maintained.

Equipment was single use and within the expiry date.

Staff immunity status was monitored and non-clinical staff were offered the opportunity to have a course of HEP B vaccinations. All staff were up to date with their own immunisations.

### Risks to patients

Staffing levels were sufficient for the demands of the clinic. All sickness and absences were covered by the staff themselves.

Staff felt that they had received a good induction to the clinic and were confident in their training and support given. Staff spoken to on the day were familiar with the emergency procedures regarding the safety of the building and also any medical emergencies. They were aware of the location of emergency equipment and emergency medicines. All the medicines and equipment were appropriate, accessible and fit for use. The clinic also had its own stock of emergency drugs for anaphylaxis or severe allergic reactions. These were all in date.

The clinic had all the appropriate indemnity arrangements in place to cover all potential liabilities.

### Information to deliver safe care and treatment

All clients to the clinic had to undertake an initial assessment in order to ensure that their medical history and needs were completely understood and noted. All clients were required to present identification when registering. All notes and records were securely accessed and stored.

### Safe and appropriate use of medicines

The clinic did not stock vaccines and so there was no need for vaccine fridges that require temperature monitoring.

Patient Group Directions (PGDs) had not been adopted by the clinic as there were no non-medical prescribers working at the clinic (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

We saw evidence that the clinic was aware of all the national guidelines regarding safe administration of medicines and adhered to all reporting requirements. Any relevant information was sent to all staff or discussed at staff meetings. We saw that all stock was rotated and expiry

# Are services safe?

dates routinely checked. Despite this we did see two items of medication that had recently expired but these were immediately disposed off in accordance with recommended practice.

## **Track record on safety**

There had been no significant incident for the clinic in the last 12 months but there were easily accessible processes and policies in place should there be the need to report any in the future. All staff were aware of what constituted a significant event and the need to report, discuss and action such incidents.

The clinic had thorough health and safety policies, which were all followed. These included a fire policy for the clinic that outlined the evacuation procedure in detail for staff and clients. The evacuation procedure was practiced and clearly accessible to all people in the building.

All concerns or issues within the clinic were communicated via electronic means or through person to person conversations. There was a good administration system in place that ensured that all such information was logged accordingly.

## **Lessons learned and improvements made**

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

Staff were aware of relevant and current evidence based guidance and standards.

- The clinic had systems to keep all clinical staff up to date. We were told how these sources were used during consultations with clients.
- Client outcomes were monitored using personalised treatment programmes, in-depth information and after care advice.
- Any medical alerts would be communicated to all staff members and the consultants would also be made aware of these.

### Monitoring care and treatment

Due to the recent commencement of business the clinic had yet to implement a full programme of clinical audit or monitoring of trends. However they had recently undertaken two first cycle audits with follow up audits planned during for June and September 2018. One audit was to monitor the standards of clinical care in respect of the recognition, diagnosis and early management of sepsis in children under five years of age. The other was to check that correct procedures and guidelines were being followed for the prescribing of hormonal contraception as well as being aware of the contraindications for such prescribing.

### Effective staffing

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

- The clinic understood the learning needs of its staff and provided time for the staff to undertake the training required. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The clinic provided support to all staff and the managing partners were easily accessible at all times when the clinic was open. There was an appraisal system in place and staff felt that they were managed well and were content with the running of the clinic.

- All medical staff had current professional registrations and all staff had received training in basic life support, anaphylaxis, infection control, safeguarding vulnerable adults and mental capacity within the last 12 months. (Anaphylaxis is a severe allergic reaction which needs immediate medical treatment.)

### Coordinating patient care and information sharing

Staff worked together to deliver effective care and treatment.

- We saw records that showed all appropriate staff were involved in the assessing, planning and delivery of treatment to clients.
- Clients received specific care options appropriate to their needs.
- The clinic co-ordinated care where applicable in order to ensure that the treatments and referrals were relevant to the needs of the client and also in line with their underlying medical needs.
- We were told that where relevant, and after consent had been obtained, details of treatment were shared with the clients own GP.

### Supporting patients to live healthier lives

The staff ensured that all the treatment and advice offered was in accordance to national guidelines and that all health advice was aimed towards ensuring that the clients were safe and aware of the best practice and prevention advice.

### Consent to care and treatment

The clinic operated a practice of implied consent, after the procedures and advice had been given to the client. This consent was registered on the client record.

Staff were fully aware of mental capacity and Gillick competence. All staff were up to date in consent and mental capacity training.

The charges for the treatments available were clearly advertised in the clinic, on all literature given to the clients and on the website.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff treated clients with kindness, patience and respect.

- Staff understood clients' personal, cultural, social and religious needs.
- The clinic gave the clients tailored and considered advice.
- All seven Care Quality Commission comment cards that were received were positive regarding the service experienced. The adjectives most commonly used to describe the clinic were that it was friendly, helpful, informative and efficient.
- The clinic collected their own feedback and comments and we saw that these also stated that the service was good.
- Clients reported that they were treated with dignity and respect at all times.
- The environment was conducive to supporting people's privacy. There was a well-appointed consulting room and we saw that staff supported clients' privacy.
- Staff took time to interact with clients and we saw compliment letters from clients confirming that the clinic had treated them and those close to them in a respectful, appropriate and considerate manner.

### **Involvement in decisions about care and treatment**

Staff helped clients to be involved in the treatment that they were offered. Staff were aware of the Accessible Information Standard (a requirement to make sure that people and their carers, where applicable, can access and understand the information that they are given).

- Interpretation services were available for patients that did not have Italian or English as a first language.
- Staff communicated with clients in a way that they could understand.
- Staff ensured that all clients were fully aware of the advice and treatment options and encouraged them to ask questions and ensure that they wanted to proceed with the treatment.

### **Privacy and Dignity**

The clinic respected and promoted client privacy and dignity.

- Staff recognised the importance of client dignity and respect.
- The clinic 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 clinic organised and delivered services to meet a specific patient need.

- The clinic understood that their clients required tailored and accessible advice and treatment that met the needs of their Italian clientele that NHS GP providers were not providing, e.g. annual cervical cytology checks.
- The facilities and premises were appropriate for the services delivered.
- Appointment times were scheduled to ensure clients' needs and preferences (where appropriate) were met. The provider made reasonable adjustments to the environment or treatment options to enable clients to receive care and treatment.
- The provider took into account the needs of different clients on the grounds of age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, pregnancy and maternity.
- There was evidence that the provider gathered the views of clients when planning and delivering services. We saw client survey results which showed clients were extremely happy with the services provided.

### Timely access to the service

Clients were able to access treatment from the clinic within an acceptable timescale for their needs.

- Clients had timely access to an initial consultation and then the follow on treatment where applicable.
- The clinic had varying opening times with the aim that clients were able to book a time convenient to them. There was also the availability to provide services at weekends, dependent on the situation.
- Appointments could be made through the reception desk as well as via a contact form on the website.

### Listening and learning from concerns and complaints

The clinic took complaints and concerns seriously and responded to them appropriately.

- Information about how to make a complaint or raise concerns was available.
- There was a complaints policy easily accessible in the clinic.
- The clinic had received one complaint in the last year and we saw evidence of how complaints were dealt with in a timely and appropriate manner. We also saw evidence of how things were changed to reflect the nature of the complaint.

# 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 to deliver the treatment that was offered and to address and manage any risks associated to it.
- The provider had the capacity to deal with the increasing demand on the service.
- All staff were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were able to address them.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Clinic specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- There were appropriate arrangements for identifying, recording and managing risks through regular meetings.

### Vision and strategy

The clinic had a clear vision and strategy to deliver high quality treatment and advice to Italian clients the majority of whom were living and working in the London area.

- The clinic had a well thought out and executed business plan.
- The clinic vision was formed by utilising the experience of the managing partners and the staff, together with the patient need for good quality and accessible service.
- The clinic encouraged an holistic care approach where appropriate advice and immunisation was delivered according to national guidance, but where the physical, psychological and social aspects of the care of each client was also considered.
- All staff understood and practiced the values of professionalism and efficiency.
- The clinic had well-managed financial management in place and was realistic regarding targets and objectives.

### Culture

The clinic had a culture of high quality care.

- Staff felt respected and valued. All staff enjoyed working at the clinic and were supported both clinically and personally.

- There was a focus on tailoring advice and treatment to each client on an individual basis.
- Leaders were knowledgeable and led by example.
- There was a culture of openness and honest. All issues were openly discussed at regular minuted staff meetings or ad hoc meetings. The provider was aware of and had systems in place to ensure it complied with the requirements of the duty of candour.
- All clinical staff had a training schedule and were valued for the expertise that they had, and were gaining, through continuous development.
- There was a culture of equality and diversity, and all staff and patients felt they were treated equally and respectfully.
- The clinic operated safely, with particular consideration given to potential emergency scenarios and how staff would deal with them.
- The clinic had a positive outlook, with staff content in their job roles.
- Patients were encouraged to be involved in their own care and were given the appropriate choices and options in the clinic in order to make an informed decision.

### Governance arrangements

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

- The clinic was managed well, with particular systems to support an effective and safe service.
- Staff were clear as to their roles. There were defined lead roles and a registered manager in post who understood their responsibilities.
- There was continuous review of policies and objectives, which were communicated to all staff.

### Managing risks, issues and performance

There was a clear and effective process for managing risks, issues and performance.

- Risks were managed and monitored, although due to the recent opening of the clinic, there was no programme of second cycle clinical audit. This was planned to take place during 2018.
- There were financial management processes in place to keep an oversight of the performance and sustainability of the clinic for the future.

# Are services well-led?

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

- The clinic was able to deal with incidents, with staff trained and aware of what to do – for example for spillages or a client being unwell. This was in addition to training in fire evacuation and life support.

## **Appropriate and accurate information**

The clinic acted on appropriate and accurate information.

- The clinic kept up to date with all medicine alerts.
- Performance of the clinic was discussed at meetings.
- Staff were kept up to date with information and business objectives.
- There were arrangements in place to deal with data security and the integrity and confidentiality of patient identifiable data, records and data management systems.

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

The clinic involved the staff and the clients to support on-going sustainable treatment.

- There were feedback processes and the clinic used its own feedback form to measure client opinions.
- There was a transparent and collaborative approach by the staff and company directors.
- All staff were encouraged to attend learning events and to share their knowledge both internally and externally.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement.
- Learning was shared where applicable.
- Leaders encouraged staff to take time for revalidation, training and career development.