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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 1 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 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 meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Dr Adrian Whiteson OBE is an independent clinic in the central London, which provides a person-centred healthcare service. This is a single-handed private doctor service to adults only, which mostly provides annual health checks, follow-ups, diagnosis and referrals to other consultants. The service is renting a space in shared premises. The doctor is the registered provider with the Care Quality Commission and has 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 two secretaries working in the service who job share.

Two patients we spoke with on the telephone were positive about the care and treatment offered by the service. Patients said they were satisfied with the standard of care received and thought the doctor was approachable, committed and caring. As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the 20 comment cards we received were positive about the care received.

Our key findings were:

Summary of findings

- The provider had specialised in offering the individualised annual health checks, which accounted 90% of their workload.
 - Assessments of patient's potential conditions were thorough and followed national guidance.
 - The principal doctor was not responsible for managing the patients with long-term conditions and they were referred to their NHS GP or other private consultants with their consent.
 - Consent procedures were in place and these were in line with legal requirements.
 - Systems were in place to protect personal information about patients.
 - Safety systems and processes were in place to keep patients safe.
 - Appointments were available on a pre-bookable basis. The service provided only face to face consultations.
 - Staff involved and treated patients with compassion, kindness, dignity and respect.
 - The service had gathered feedback from the patients.
 - Information about services and how to complain was available. A complaints procedure was in place. However, the provider had never received a formal complaint.
- There were areas where the provider could make improvements and should:
- Consider how to improve access to patients with hearing difficulties.
 - Review systems to verify a patient's identity on registering with the service.

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.

- There were systems and processes in place to keep patients safe and safeguarded from abuse.
- There were systems in place to protect all patient information and records were stored securely.
- There was a system for the reporting of significant events and incidents. However, we could not assess its effectiveness as no incidents had been reported.
- There were systems in place to meet health and safety legislation.
- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

Are services effective?

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

- Individual prescribing decisions and consultation records were monitored informally by the doctor. Overall clinical outcomes for patients had been monitored by the provider.
- The doctor was not responsible for managing the patients with long-term conditions and they were referred to their NHS GP or other private consultants with their consent.
- There were training and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment.
- We observed that the doctor assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards.
- There was an appropriate system for recording and updating patient care and treatment information.
- The service had arrangements in place to coordinate care and share information appropriately for example when patients were referred to other services or to their own GP.

Are services caring?

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

- Systems were in place to ensure that all patient information was stored and kept confidential.
- According to patient feedback, services were delivered with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services was available.
- Translation services were available for patients who did not have English as a first language.
- The service did not provide a hearing induction loop for patients with a hearing loss.

Are services responsive to people's needs?

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

- There was information available to patients to demonstrate how the service operated.
- Patients were able to request consultations by telephone or in person.
- There was timely access to appointments once requested. Appointments were available on a pre-bookable basis. The consultation appointment was only offered face to face.
- There was a complaints policy which provided information about handling complaints from patients.

Summary of findings

Are services well-led?

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

- There was a clear ethos of patient centred care.
- Governance arrangements were in place and enabled the day to day running of the service.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Service specific policies were available.
- Patient feedback was encouraged and considered in the running of the service.

Dr Adrian Whiteson OBE

Detailed findings

Background to this inspection

On 1 February 2018, our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor.

Pre-inspection information was gathered and reviewed before the inspection. We spoke with the doctor and a secretary. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service. We reviewed patient feedback received by the service.

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.

This service was previously inspected in March 2011 and February 2013.

Are services safe?

Our findings

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

Safety systems and processes

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

- The service conducted safety risk assessments. Safety policies were regularly reviewed. The service had systems to safeguard vulnerable adults from abuse. Policies were regularly reviewed and were accessible. The service did not treat children (under 18 years old) at the time of our inspection. Whilst the provider did not directly provide clinical services for patients under 18 there is an expectation that staff working in a health care setting are trained in child safeguarding in line with the intercollegiate guidance. This recommends child safeguarding training and competencies for not only those directly caring for children but also those providing care for their parents or carers. A day after the inspection the doctor had completed safeguarding children training relevant to their role and implemented systems to safeguard children from abuse.
- The doctor understood their responsibilities to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service had employed two part time secretaries. There was a recruitment policy in place to carry out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. We found that the records of Disclosure and Barring Service (DBS) checks, qualifications and registration with the appropriate professional body were available on the day of inspection. (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 understood their responsibilities to safeguard children and adults and was able to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The service was renting a space

in a shared premises and the provider was responsible for cleaning the premises. We observed that appropriate standards of cleanliness and hygiene were followed. The provider had carried out an infection control audit.

- 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. There was a contract for the removal of clinical waste and we saw that clinical waste and sharps bins were appropriately managed.
- The service had a business continuity plan in place.
- There was a call system in place to raise an alarm with the secretaries and the consulting rooms were in close proximity to one another. Therefore, if an emergency arose, a call for help could be heard.
- On registering with the service a patient's identity was not verified. Patients were able to register with the service by verbally providing a date of birth and address. At each consultation patients confirmed their identity face to face. They were able to pay by the bank transfer, debit or credit card and cash.
- Specimens were managed safely and transported to a laboratory by courier.

Risks to patients

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

- The doctor understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The doctor knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services the practice assessed and monitored the impact on safety.
- The doctor had a professional indemnity insurance that covered the scope of their practice.

Information to deliver safe care and treatment

- Individual care records were written and managed in a way that kept patients safe. Patient records were stored securely in the locked room in the locked cabinets. Consultation notes were held in paper format and the doctor had access to the patient's previous records held by the service.

Are services 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.
- Risks related to patients' diagnoses and other health and wellbeing risks were recorded in patients' records.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including medical gases, and emergency medicines and equipment minimised risks.
- The private prescriptions were hand written on the letterhead which included a company name and other necessary information. These paper prescriptions were prescribed and signed by the doctor. There was a record of what was prescribed in the patient consultation notes.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service was renting a space in a shared premises. 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.

- The fire risk assessment had been carried out on 3 December 2007. The service had carried out a fire drill on 4 January 2018 and fire extinguishers were serviced on 15 November 2017. Smoke alarm checks had been carried out on 25 January 2018. The provider informed us that a visit had been arranged to undertake a new fire safety risk assessment on 19 February 2018.
- A legionella risk assessment had been carried out in March 2016 and regular safety checks had been undertaken by the building management who was responsible for managing the premises. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The provider had carried out a recent Legionella risk assessment a day after the inspection on 2 February 2018.

Lessons learned and improvements made

- There was an incident reporting policy for staff to follow and there were procedures in place for the reporting of incidents and significant events. However, we could not assess its effectiveness as no incidents had been reported.
- The doctor demonstrated an understanding of which incidents were notifiable under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The doctor had signed up to receive patient and medicine safety alerts. They provided examples of alerts they had received but there were no examples of alerts being acted on as none had been relevant.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The service had systems to keep the doctor up to date with current evidence-based practice. We saw that the doctor assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- The provider had specialised in offering individualised annual health checks, which accounted for 90% of their workload. On average they offered 15 to 20 annual health checks per week mostly to the patients working in the corporate sector.
- The provider offered services to patients who were aged 18 years and over.
- The service ensured that all patients were seen face to face for their consultation. The service offered a 90 minute consultation for an annual health check and 30 to 60 minute consultations for follow up and all other health conditions.
- We reviewed two examples of medical records which demonstrated that patients' needs were fully assessed and they received care and treatment supported by clear clinical pathways and protocols.
- The service used a comprehensive assessment process including a full life history account and necessary examinations such as blood tests or scans to ensure greater accuracy in the diagnosis process. The assessments were tailored according to information on each patient and included their clinical needs and their mental and physical wellbeing. All patients' completed a medical questionnaire at their first visit.
- The outcomes of each assessment were clearly recorded and presented with explanations to make their meaning clear, which included a discussion on the treatment options.

Monitoring care and treatment

We saw the service had an effective system to assess and monitor the quality and appropriateness of the care provided.

- The doctor was not responsible for managing patients with long-term conditions and they were referred to their NHS GP or other private consultants with their consent.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. Patients were required to attend a periodic check with the service, without which the doctor would not prescribe further medicines.
- The doctor advised patients what to do if their condition got worse and where to seek further help and support. The service had a contract with an out of hours provider to provide an out of hours service after 5.45pm and at weekends when the service was closed.

We found the service was following up on pathology results and had an effective monitoring system in place to ensure that all abnormal results were managed in a timely manner and saved in the patient's records. Patients we spoke with on the telephone informed us that the service was very pro-active to follow up and discuss the blood test results.

The provider had carried out some quality improvement activity.

- There were no prescribing audits to monitor the individual prescribing decisions to monitor the quality of the prescriptions issued, but individual patients on prescribed medicines were monitored to identify the appropriateness of their medicines. Overall clinical outcomes for patients were monitored.
- The provider had received an annual audit report from the laboratory on pathology results.
- The provider had carried out an audit of 20 random patients to check follow up actions were taken when clinical abnormalities had been identified in pathology results. This audit had found 100% satisfactory results.

Patient feedback was sought via questionnaires and surveys on the support and care provided. This was highly positive about the quality of service patients received.

Effective staffing

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

- The service was run by a doctor, supported by two part time secretaries to deal with telephone and email queries and book appointments. There had been no new staff employed for the last 10 years.

Are services effective?

(for example, treatment is effective)

- The doctor was registered with the General Medical Council (GMC) the medical professionals' regulatory body with a licence to practice.
- The doctor was registered with the Independent Doctors Federation (IDF) the independent medical practitioner organisation in Great Britain. (IDF is recognised as the nationwide voice of independent doctors in all matters relating to private medicine, their education and revalidation).
- The doctor 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 doctor was following the required appraisal and revalidation processes.
- The doctor had attended role-specific training and demonstrated proof of their ongoing professional development. For example, by attending courses provided by the Royal College of Physicians.
- The learning needs of both secretaries were identified through a system of appraisals and continuous communication with them. All staff had received an appraisal within the last 12 months. Both secretaries had received up to date training relevant to their role.

Coordinating patient care and information sharing

- Patients received coordinated and person-centred care.
- If a patient needed further examination they were directed to an appropriate agency; we noted examples of patients being signposted to their own GP as well as referral letters to private consultants.
- When a patient contacted the service they were asked if the details of their consultation could be shared with their NHS GP. If the patient did not agree to the service sharing information with their GP, then in case of an

emergency the provider discussed this again with the patient to seek their consent. We saw an example of consultation notes having been shared with the GP with the appropriate patient consent.

- Correspondence was shared with external professionals in a way that ensured data was protected. Information required passwords in order to access any data shared with external providers.

Supporting patients to live healthier lives

The doctor was consistent and proactive in helping patients to live healthier lives.

- They encouraged and supported patients to be involved in monitoring and managing their health.
- They discussed changes to care or treatment with patients as necessary.
- Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Consent to care and treatment

- The doctor understood and sought patients' consent to care and treatment in line with legislation and guidance. If a patient's mental capacity to consent to care or treatment was unclear we were told the doctor would assess the patient's capacity and record the outcome of the assessment.
- The service had a consent policy in place and the doctor had received training on consent.
- 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 caring?

Our findings

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

Kindness, respect and compassion

- The doctor we spoke with was aware of their responsibility to respect people's diversity and human rights.
- Patients said they felt the provider offered an excellent service and the staff was helpful, caring and treated them with dignity and respect. They told us they were satisfied with the care provided by the provider and said their dignity and privacy was respected. They said the doctor responded compassionately when they needed help and provided support when required.
- All of the 20 patient Care Quality Commission comment cards we received were positive about the service.

Involvement in decisions about care and treatment

- The service gave patients clear information to help them make informed choices including details of the scope of services offered and information on fees.
- We saw that treatment plans were personalised and patient specific which indicated patient were involved in decisions about care and treatment.
- Patients told us they felt listened to and supported by the doctor and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

- Feedback suggested that patients felt diagnosis and treatment options were explained clearly to them.
- We found that interpretation services were available for patients who did not have English as a first language.
- The service did not provide a hearing induction loop for those patients who were hard of hearing.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The service complied with the Data Protection Act 1998.
- The service had a confidentiality policy in place and systems were in place to ensure that all patient information was stored and kept confidential.
- The practice had arrangements in place to provide a chaperone to patients who needed one during consultations.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The doctor undertook consultations in a private consultation room.
- The service waiting area was a separate room from the reception space. This meant that conversations in the reception area, as patients arrived for their appointments or after consultations, could not be overheard.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

- Patient's individual needs and preferences were central to the planning and delivery of tailored services. Services were flexible, provided choice and ensured continuity of care, for example, early morning and late evening appointments were available for patients who were unable to attend the practice during normal working hours.
- The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against anyone.
- They provided services to patients with an ethos of providing individualised care and treatment, considering and respecting the wishes of its patients.
- An electrocardiogram (ECG) service was offered onsite. An electrocardiogram (ECG) is a simple test that can be used to check heart's rhythm and electrical activity. Sensors attached to the skin are used to detect the electrical signals produced by heart each time it beats.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. There were two steps going up to the premises main entrance and an additional step into the practice's inner entrance door. They had a ramp that could be used to wheelchair or pushchairs users access the premises.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment. Patients were offered various appointment dates to help them arrange for suitable times to attend.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- The appointment system was easy to use. Appointments were available on a pre-bookable basis. The service was not advertising or seeking to register new patients and most of the appointments were annual health checks and follow-ups or referred by the existing customers.
- Consultations were available between 8.45am to 5.45pm Monday to Friday. The provider was flexible to accommodate consultations between 7am to 8.45am and 5.45pm to 7pm Monday to Friday if required for working patients who could not attend during normal opening hours.
- Patients could access the service in a timely way by making their appointment over the telephone or in person.
- This service was not an emergency service. Patients who had a medical emergency were advised to ask for immediate medical help via 999 or if more appropriate to contact their own GP or NHS 111.
- The patient feedback we received confirmed they had flexibility and choice to arrange appointments in line with other commitments.

Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns.

- The service had a complaints policy and there were procedures in place for handling complaints.
- The doctor was a designated responsible person to handle all complaints.
- Information about how to make a complaint was available in the waiting area. We saw this information included the complainant's right to escalate the complaint to the Independent Doctors Federation (IDF), Independent Healthcare Sector Complaints Adjudication Service (ISCAS) and the Care Quality Commission (CQC) if dissatisfied with the response.
- The provider had never received a formal complaint since the service opened.

Are services well-led?

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

Our findings

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

Leadership capacity and capability;

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

- The doctor had the experience, capacity and capability to run the service and ensure patients accessing centre received high-quality assessment and care.
- The doctor, who was a UK based GMC registered doctor, had overall responsibility for any medical issues arising.
- The doctor was knowledgeable about issues and priorities relating to the quality and future of services.
- The doctor was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

- The provider had a clear vision to provide a high-quality person-centred service.
- The provider had a mission statement which included to provide professional, caring and supportive medical advice and treatment in a comfortable and supportive environment.

Culture

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

- The service had an open and transparent culture. We were told that if there were unexpected or unintended safety incidents, the service would give affected patients reasonable support, truthful information and a verbal and written apology.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The service focused on the needs of patients.
- 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.
- There were positive relationships between staff and the doctor.

- There were processes for providing all staff with the development they need. All staff received regular annual appraisals in the last year.

Governance arrangements

- The service had a governance framework which supported the delivery of the strategy and good quality care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- There was a range of service specific policies which were accessible.

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 identified, assessed and managed clinical and environmental risks related to the service provided.
- There were systems in place to monitor the overall performance of the service.
- There was no specific prescribing audit activity, but overall clinical outcomes for patients were monitored.
- The service had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on the appropriate and accurate information.

- Patient assessments, treatments and medications were recorded in a paper format. We reviewed two anonymised assessment reports where a diagnosis was made. We found that the assessments included clear information and recommendations. The doctor responsible for monitoring patients' care was able to access notes from all previous consultations.
- Care and treatment records were complete, legible and accurate, and securely kept.
- The provider had protocols for safe sharing and storage of sensitive information.

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients and staff.

Are services well-led?

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

- Comments and feedback were encouraged. These were reviewed and considered by the provider.
- There were many examples of compliments received by the service. For example, we saw several compliments related to the caring and professional nature of staff and the clear explanations around proposed treatments, risks and outcomes.
- The doctor had collected a 360-degree feedback from other clinical colleagues.
- The service had collected patient feedback via questionnaires regarding the support and care provided. This was highly positive about the quality of service patients received.
- The service consistently sought ways to improve. There was a focus on continuous learning and improvement at all levels within the service.
- The doctor was engaged in continuous professional development. They participated in regular joint clinical meetings for peer support and professional development.
- The doctor had attended regular lectures held at the Royal College of General Practitioners and the local hospitals.
- They regularly read international publications regarding the research studies carried out by other clinical fellows.

Continuous improvement and innovation