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Dr Vania Healthcare

Inspection report

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Date of inspection visit: To Be Confirmed
Date of publication: 16/11/2018

Overall summary

We carried out an announced comprehensive inspection on 17 October 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.

Our key findings were:

- The service had systems in place to manage significant events.
- The provider had a clear vision to deliver high quality care for patients.
- The service had clearly defined systems, processes and practices to minimise risks to patient safety.
- Policies and procedures were in place to govern all relevant areas.
- The lead clinician had been trained in areas relevant to their role.
- The service had systems in place for monitoring and auditing the care that had been provided.
- The lead clinician assessed patients' needs and delivered care in line with current evidence based guidance.
- Information about services were available and was easy to understand.
- The lead clinician had the skills and knowledge to deliver effective care and treatment.
- There was an effective system in place for obtaining patients' consent.

Summary of findings

- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service was aware of and complied with the requirements of the Duty of Candour.

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

- Review information displayed for patients whose first language is not English.
- Continue to review emergency medicines risk assessment to reflect changes in circumstances or guidance.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Dr Vania Healthcare

Detailed findings

Background to this inspection

Dr Vania Healthcare provides private medical services from an upper ground floor flat in a private residential street at 49 Netherhall Gardens Hampstead London NW3 5RJ. The premises are located on one floor. The premises consist of a patient reception area, and one consulting room.

The service provides aesthetic procedures such as Botox and dermal fillers which are not regulated by the CQC. Therefore, at Dr Vania Healthcare, we were only able to inspect the services which were subject to regulation.

The provider offers services specialising in sexual health, infertility, gynaecology, and also female ultrasound. The service sees patients aged 18-65 primarily for patients from the Brazilian community whose first language is Portuguese, plus other Portuguese speaking countries including Mozambique and Angola. Portuguese speakers make up 60% of the service's list. The doctor is registered with the GMC and is not on the specialist register, or GP register. The service is registered with the CQC to provide the regulated activities of:

• Diagnostic and screening procedures.

• Treatment of disease, disorder or injury

All of the services provided are private and are therefore fee paying, no NHS services are provided at Dr Vania Healthcare.

Patients using the service book an appointment in advance. The lead clinician initially assesses all potential patients over the phone. The patients who the service sees face to face, after this call are patients seeking fertility investigations and onward referral. Patients are generally healthy and young. On attending, patients are given a registration form to complete, they are then examined. Based on the examination and medical history a prescription will be issued, patients will be discharged or a follow up appointment will be offered. Other patients seen are women with gynaecological symptoms of a chronic and non-urgent nature. If the lead clinician perceives the patient to be seeking her advice over the phone for urgent or acute symptoms then the lead clinician would not consider it appropriate for the patient to be seen face to face and would guide them to an acute hospital trust.

The service opening times varies according to patient's needs, as patients will call first then a convenient time will be agreed. The service does not offer elective care outside of these hours.

We inspected Dr Vania Healthcare on 17 October 2018. Our inspection team was led by a CQC lead inspector and a GP specialist adviser.

The methods that were used for undertaking the inspection included, interviewing staff, observations and reviewing 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

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 people safe and safeguarded from abuse.

- The service had defined policies and procedures. Although the service had not experienced any significant events, there was a system in place for reporting and recording significant events and complaints.
- The provider conducted safety risk assessments including health and safety assessments, portable appliance testing and calibration of equipment. The provider had appropriate safety policies, which were regularly reviewed.
- The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. The lead clinician took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The lead clinician always had a pre-assessment phone call with patients prior to them visiting. The patient would be advised during this phone call if they wanted a chaperone they could bring someone along with them. We saw a chaperone policy.
- We found the premises appeared well maintained and arrangements were in place for the safe removal of healthcare waste.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, for example we saw the ultrasound machine had been calibrated.

Risks to patients

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

- The lead clinician understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were no emergency medicines or equipment available at the service (with the exception of a first aid kit, kept in the treatment room) the service had undertaken a risk assessment and told us, all potential patients were assessed over the phone initially prior to patients being seen face to face. Patients were generally healthy and young (age 18-55) or patients with gynaecological symptoms of a chronic and non-urgent nature. Patients seen did not have acute illnesses. If the lead clinician perceived a patient to be seeking her advice over the phone for urgent or acute symptoms then the patient would not be considered appropriate for the lead clinician to see the patient face to face and they would be guided an acute hospital trust.
- The lead clinician had received annual basic life support training.
- The service had a comprehensive business continuity plan for major incidents such as power failure or building damage.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.
- We saw that a Legionella risk assessment had been undertaken. Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- We saw evidence that electrical equipment was checked to ensure it was safe to use and was in good working order.
- Patient paper registration forms were kept in a locked filling cabinet.

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 and accessible.
- The service did not routinely keep the patients' GPs informed about the treatment. The service told us this was because many patients came to the service to seek sexual health advice, due to the sensitive nature the lead clinician did not deem it appropriate to contact patients' GPs. Also the majority of patients did not have

a NHS GP. After the inspection the service sent us a copy of an amended registration form which included a question asking about NHS GP details. The clinician also told us she would advise patients they could inform their GP of discussion/treatment if they wanted to.

- The service had a system in place to retain medical records.
- The lead clinician made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. We saw a number of referrals to and from consultant Gynaecologist/Obstetricians, both NHS and private. We were told if the clinician had concerns that there may be a serious underlying diagnosis, patients would always be referred. The service told us this was because Brazilian patients seen in London (plus other Portuguese speaking countries including Mozambique and Angola) have a higher risk of cervical pre-cancer than from other countries. This relates to the younger age of starting sexual relationships, multiple partners concurrently as a cultural norm, younger age for having children, and poor screening services in their home country.

Safe and appropriate use of medicines

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

- The service had no emergency medicines and equipment, the service had undertaken a risk assessment and told us this was due to the initial phone assessment the lead clinician had with patients prior to them coming in for a face to face consultation as patients seen did not have acute illness, patients were generally healthy and young, if the clinician perceived a patient to be seeking her advice over the phone for urgent or acute symptoms then the patient would not be considered appropriate for them to be seen face to face and would be guided to an acute hospital trust. The service was only open for a short period of time twice a week.
- The service kept prescription stationery securely and monitored its use.
- The lead clinician prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. We saw that patients were given leaflets and a DVD to explain some prescribed medicine, for example patients seeking fertility treatment.

Track record on safety

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 provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- There had been no unexpected or unintended safety incidents. However, the service had protocols to give affected people reasonable support, truthful information and a verbal and written apology, if such incidents arose.

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 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 such as the Royal College of Obstetricians and Gynaecologists, and the British Fertility Society.

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Patients completed a comprehensive questionnaire regarding their previous medical history.
- The lead clinician had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- The lead clinician assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity. For example, we saw two audits which demonstrated quality improvement, these included a cervical screening outcomes audit and an ultra sound audit looking at reasons and outcomes.

Effective staffing

- The lead clinician had the skills, knowledge and experience to carry out their role.
- The lead clinician was appropriately qualified. We saw a number of certificates which demonstrated relevant and up to date knowledge.
- The lead clinician was registered with the General Medical Council (GMC).

Coordinating patient care and information sharing

The lead clinician worked well with other organisations, to deliver effective care and treatment.

- Before providing treatment, the lead clinician 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.
- The service did not request details of patients' NHS GPs at the time of registration. However, due to the nature of the service provided, information would not have been routinely shared with the NHS GP. After the inspection the service provided us with an updated registration form requesting NHS GP details and told us they would share information if appropriate.

Supporting patients to live healthier lives

The lead clinician was consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence. We saw the lead clinician had produced educational on-line videos promoting women's health.

- Where appropriate, the lead clinician gave people advice so they could self-care.
- Risk factors were identified, and highlighted to patients.
- Where patients' needs could not be met by the service, the lead clinician 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.

- The lead clinician understood the requirements of legislation and guidance when considering consent and decision making.
- The lead clinician supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

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 lead clinician treated patients with kindness, respect and compassion.

- The lead clinician understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- All of the 19 patient Care Quality Commission comment cards we received were wholly positive about the service experienced.
- Consultation room doors were closed during consultations; conversations taking place in the room could not be overheard.

Involvement in decisions about care and treatment

- The service's website provided patients with information about the range of treatments available including costs. The website could be accessed in Portuguese as well as English.
- We saw clear example of charts regarding ultra sound and fertility cycles/contraceptive choices/success rates, test required and a number of sexual health leaflets.

Privacy and Dignity

- The service respected and promoted patients' privacy and dignity.
- Patient paper registration forms were kept in a locked filling cabinet.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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. For example, prior to patients attending the lead clinician would call the patient to determine the patients needs once assessed on the phone the lead clinician would determine if she could help them or not and would advise them accordingly. Most patients tended to be seeking fertility investigations, sexual health, gynaecology concerns or onward referral.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the provider saw a range of patients including patients who suffered domestic abuse and sex workers.
- There was a comprehensive price list so that patients were aware of the total costs of any particular course of treatment, this was in Portuguese and English.

Timely access to the service

Patients were able to 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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way. We saw the lead clinician had made a number of referrals to hospitals for patients.
- The service did not offer out of hours care.

Listening and learning from concerns and complaints

- Information about how to make a complaint or raise concerns was available.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The was a poster in reception which displayed what patients could do if they wanted to make a complaint. There had been no complaints in the previous year. There was a policy for managing complaints. The provider showed us how the complaint would be dealt with and the processes that were in place for learning from complaints.

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 provider had a clear vision, embedded in the service culture, to deliver high quality care for patients. There was an overarching governance framework which supported the delivery of high quality care.

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

- The lead clinician was 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.

- The service planned its services to meet the needs of service users.
- The service had a vision to deliver high quality care and promote good outcomes for patients.

Culture

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

- The service focused on the needs of patients.
- The lead clinician had annual appraisals.
- The service actively promoted equality and diversity.

Governance arrangements

There were 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.
- The lead clinician had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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 lead clinician had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- 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.
- Patients completed a comprehensive questionnaire regarding their previous medical history and allergies were record.
- Patients' GPs were not routinely informed of treatment.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, and external partners to support high-quality sustainable services.

- There were 19 CQC patient comment cards. All the cards were positive.
- The service used social media to gain patient feedback.

Continuous improvement and innovation

Are services well-led?

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

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

- There was a focus on continuous learning and improvement.
- There were systems to support improvement and innovation work, for example we had seen on-line videos to promote women's health produced by the lead doctor. We saw agendas where the lead doctor had given presentations and we were told the lead doctor intended on continuing to undertake presentations.