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London Screening Centre

Inspection report

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Date of inspection visit: 9 May 2018
Date of publication: 10/07/2018

Overall summary

We carried out an announced comprehensive inspection on 9 May 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 not 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.

The service mainly provides pre-employment health checks commissioned by private companies.

We received nine Care Quality Commission comment cards from patients who used the service; all were positive about the service experienced and reported that the service provided high-quality care.

Our key findings were:

- The service had some systems to manage risks, including a clear system to manage significant events and safety alerts. However, the service did not have an effective stock management system in place. Following the inspection the provider forwarded a comprehensive stock management policy.
- The service did not have adequate infection prevention and control arrangements in place. The service did not have an effective equipment calibration system in place. Following the inspection the provider demonstrated that the infection control processes had been adequately revised.
- The service offered a chaperone to patients who were undergoing intimate examinations. We found that persons used as chaperones by the service did not have chaperone training, or a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a

Summary of findings

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). However, the chaperone did have an awareness of the requirements of the role.

Immediately following the inspection the provider forwarded a DBS check undertaken by the chaperone.

- Comments cards indicated that patients were treated with compassion, kindness, dignity and respect.
- Information on how to complain was available and easy to understand.
- The service carried out appropriate referrals to patients' NHS GP when additional treatment was required.
- The doctor had a vision to deliver high-quality care for patients.

- 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 offered a flexible range of appointments and treatments.

We identified regulations that were not being met and the service **must:**

- Establish effective systems and processes to ensure a system of quality improvement and good governance in accordance with the fundamental standards of care.

You can see full details of the regulation not being met at the end of this report.

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 provider informed us that they had arrangements in place to receive and comply with patient safety alerts.
- The service did not have a comprehensive adult safeguarding policy in place. However, the doctor knew how to recognise the signs of abuse and we saw evidence of appropriate referrals of patients who presented with a concern.

However, we found areas where improvements must be made relating to the safe provision of services:

- The service had some systems to manage risk; however, the service did not have a clear system in place to monitor the manufacturers use by date of diagnostic equipment used during examinations or that they were calibrated appropriately. Immediately following the inspection the provider submitted evidence that a stock management policy had been implemented.
- Premises and equipment were clean; however, the service did not have adequate arrangements in relation to infection prevention and control. Following the inspection the provider provided evidence of amendments made to their infection control processes.
- Persons who acted as chaperones had not received chaperone training or have 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). However, the chaperone demonstrated an awareness of their responsibilities and following the inspection the provider provided evidence that the chaperone had received a DBS check.

Are services effective?

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

- We saw evidence that where the service identified risks to people's health; people were advised or referred to services, including screening and vaccination programmes.
- The service had the information needed to plan and deliver care and treatment.

Are services caring?

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

- The service involved and treated patients with compassion, kindness, dignity and respect.
- The service communicated with patients so they understood the procedures.
- The Care Quality Commission comment cards we received were all positive about the service experienced.

Are services responsive to people's needs?

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

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

Summary of findings

- There was no stock control system in place to ensure products used during consultations were within the manufacturer's use-by date. However, this was immediately implemented after the inspection.
 - The service had a vision to deliver high-quality care and promote good outcomes for patients and we saw evidence to support this.
 - Other than the points raised in the report, there were satisfactory arrangements in place to ensure safe care for patients. For example, there were clear protocols for onward referral of patients to specialists and other services, including patients' NHS GPs where cancer was suspected.
 - The service had policies and procedures to govern activity; however, some of the policies were not comprehensive. For example, the safeguarding policy did not outline how to identify abuse; however, the doctor demonstrated full awareness of the service's safeguarding responsibility for patients. Following the inspection the provider updated their safeguarding policy to include this information.
 - The service was aware of the requirements of the duty of candour.
 - The service kept complete patient care records which were clearly written or typed, and these were stored securely.
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London Screening Centre

Detailed findings

Background to this inspection

The London Screening Centre is a private doctor's consultation service run by Dr Alaudin Sadrudin. The clinic mainly provides pre-employment health checks commissioned by private companies for people over the age of 18. Other services provided include, well women and well men checks, cervical smears, medical consultations and x-rays, which are carried out by an external company. The doctor informed us that approximately 32 patients are seen a month. The service has a waiting area and one consultation/treatment room.

London Screening Clinic is registered with the Care Quality Commission to provide the regulated activity diagnostic and screening procedures.

The inspection was led by a CQC inspector and supported by 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 peoples' 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 did have clear systems in place to keep patients safe.

- The service did not have an effective arrangement in place to monitor the stock levels and expiry dates of equipment. During the inspection, we checked equipment and supplies and found blood vials, sterets (pre-injection swabs), syringes and cervix brushes which were out-of-date. The out-of-date stock was immediately discarded. The provider submitted evidence following the inspection demonstrating that a stock management policy is now in place.
- Equipment calibration was managed internally using the manufacturers' guidelines; however, there were no systems in place to ensure regular and appropriate inspection, calibration, maintenance and replacement of equipment. Provision for equipment calibration and renewal is now outlined in the provider's newly created stock management policy.
- The service had some systems to safeguard vulnerable adults from abuse. The service had an adult safeguarding policy; however, it did not outline how to identify different types of abuse or who to go to for further guidance and where to report concerns. The doctor had undertaken adult safeguarding training and demonstrated awareness of the responsibilities regarding safeguarding adults and how to identify and report concerns. Immediately following the inspection the provider submitted evidence that a comprehensive safeguarding adults policy is now in place.
- The service employed a cleaner who attended to the premises twice a week. However, there was no system in place to check areas within the service had been cleaned. However, following the inspection the provider put in place a formal cleaning schedule.
- The service had designated persons who acted as chaperones. We were informed that their services had been required twice in the last year. Neither person had received chaperone training nor had a DBS check. The

provider submitted evidence that the chaperone has received a disclosure and barring scheme check, is aware of the responsibilities of being a chaperone and has access to a comprehensive chaperone policy.

- We looked at the personnel records of the service. Professional registration and indemnity insurance were both in place.
- We saw evidence that the service had a system in place to verify patients' identity during registration of new patients which meant that the service could be assured they were only treating patients aged over 18 years of age.
- There were systems for safely managing healthcare waste.

Risks to patients

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

- The doctor understood the responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The doctor had completed basic life support training in 2017.

Information to deliver safe care and treatment

The doctor 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 service had clear systems for sharing information with other agencies. We saw letters sent to the patients' NHS GP after consultations and stored in the services' patient management system

Safe and appropriate use of medicines

The service did not keep medicines or vaccinations on the premises. We were informed that all patients requiring vaccinations, immunisations and prescriptions were referred to another service or their NHS GP. However, the service had elected to keep an epi-pen on the premises as a safety measure for patients experiencing anaphylaxis (an acute allergic reaction).

- During the inspection we looked at the records of five patients, and found they were managed according to evidence based guidelines and given advice on medicines in line with current national guidance.

Track record on safety

Are services safe?

- There were risk assessments in relation to safety issues within the premises such as health and safety and fire safety.

Lessons learned and improvements made

The service did have a clear system in place to learn and make improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. The doctor understood the duty to raise concerns and report incidents and near misses.
- There was a system in place for receiving safety alerts.

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

We saw that the doctor assessed patient needs and delivered care and treatment in line with current legislation, standards and guidance. The service had a system in place to keep the service up to date with current evidence-based practice.

- Patient needs were fully assessed.
- During registration, patients were asked to complete a detailed health questionnaire which included past medical history and family history.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

- There was limited evidence available to demonstrate quality improvement. The service had not undertaken any clinical audits. The service had conducted surveys of patient satisfaction which indicated that the patients found the doctor to be professional and providing a quality service.

Effective staffing

- The doctor had the skills, knowledge and experience to carry out the role.
- The doctor had received an appraisal within the last year.

Coordinating patient care and information sharing

- We saw evidence that the service referred patients to an NHS or private service when required. The service had a referral form to make private referrals and had appropriate referral pathways.
- There was evidence of written communication between the service and patients' NHS doctors. Letters were stored in the service's patient management system.

Supporting patients to live healthier lives

- The service had identified patients who may need extra support and with their consent referred them to relevant services.
- We saw leaflets in the waiting area containing information on how to maintain a healthy lifestyle.

Consent to care and treatment

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

- The service understood the requirements of legislation and guidance when considering consent and decision making and obtained written consent from patients, which was contained in their notes.
- The service supported patients to make decisions by providing information about treatment options and the risks and benefits of these as well as costs of treatments and services.
- The doctor had Mental Capacity Act 2005 training and demonstrated a good understanding of how to support patients with mental health needs.

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 service treated patients with kindness, respect and compassion.

- The service understood patients' personal, cultural, social and religious needs.
- All the nine patient Care Quality Commission comment cards we received were positive about the service experienced.

Involvement in decisions about care and treatment

The service helped patients be involved in decisions about their care.

- The service gave patients clear information to help them make informed choices.
- Prior to each appointment the service sent a letter to patients' confirming their appointment time and fees with detailed information about the practice's' terms and conditions in relation to their appointment.
- The service had obtained feedback from patients who used the service through yearly surveys. We reviewed the results for the year 2017/18 (eight patient surveys) which indicated that the patients were positive about the service experienced.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- The service recognised the importance of patients' dignity and respect.
- Patient records were securely stored.

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

- The facilities and premises were appropriate for the services delivered. The clinic was suitable for disabled patients and had an accessible elevator.
- The service had information available for patients which explained the services offered by the clinic including outlined costs.
- We saw evidence that the service referred patients to other services when appropriate.

Timely access to the service

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

- Appointments were available daily from 11am to 5pm.
- Patients had timely access to appointments.
- The appointment system was easy to use.

Listening and learning from concerns and complaints

- Information about how to make a complaint or raise concerns was available. This included information on the Independent Doctors Federation complaint pathway.
- The complaint policy and procedures were in line with recognised guidance. The service had not received any 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 not providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability:

The service had the capacity to deliver high-quality care.

- The doctor was knowledgeable about issues and priorities relating to the quality and future of services.

Vision and strategy

- The service had a vision to deliver high quality care and promote good outcomes for patients.

Culture

- The service had systems in place to ensure compliance with the requirements of the duty of candour.
- The service respected equality and diversity.

Governance arrangements

The systems in place did not adequately support good governance and management.

- Processes and systems to support good governance were not always effective. The service did not have adequate arrangements in place to ensure care and treatment was provided in a safe way for patients.
- Arrangements in place in respect of infection prevention and control were not adequate.
- The service had policies and procedures in place. However, the service did not have a chaperone policy.

Managing risks, issues and performance

The processes in place for managing risks, issues and performance required improvement.

- There were arrangements in place to identify, understand, monitor and address risks including risks to patient safety. However, these did not effectively mitigate potential risk to patients.
- There was evidence of steps taken to review the quality of the service provided.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- There were 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 service had a system in place to gather regular feedback from patients. For example, the service conducted yearly patient surveys.

Continuous improvement and innovation

There were systems and processes to support learning and improvement. We saw evidence that the doctor had completed self-directed learning on an on-going basis.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The service had systems or processes in place that operated ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the lack of processing of the information obtained. In particular:</p> <p>The service had failed to put in place a system of quality improvement to evaluate information and improve care of patients in a systematic way.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>