

ent4kids

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection of ent4kids (the service) on 30 November 2022, as part of our inspection programme. The service had been inspected previously in May 2013, before the CQC introduced ratings for independent healthcare providers.

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

The service is operated by ENT4KIDS Limited (the provider) and offers private specialist Ear, Nose and Throat consultations and healthcare mostly to children, although adult family members may also be treated. Minor healthcare procedures may be carried out at the location. However, the doctors working in the service have practising privileges at two private London hospitals, where more complex procedures are performed.

The provider has a registered manager, who 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 were no patient appointments on the day of our inspection visit, but we saw recent reviews and feedback and received some comments from service users directly via the CQC website.

Our key findings were:

- Patients were protected from avoidable harm and abuse.
- Patients have good outcomes because they receive effective care and treatment that meets their needs.
- Patients are supported, treated with dignity and respect and are involved as partners in the care.
- Patients' needs are met through the way services are organised and delivered.
- The leadership, governance and culture promote the delivery of high-quality person-centred care.

The areas where the provider **should** make improvements are:

- Investigate whether other healthcare providers at the location have a defibrillator and explore whether access to it can be shared.
- Make use of prescribing monitoring data for future formal clinical auditing.
- Set up a formal monitoring process to check and, if needs be, chase test results on a weekly basis.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Overall summary

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to ent4kids

Ent4kids is a private medical service provided by ENT4KIDS Limited (the provider). It operates from rented premises at 61 Wimpole Street, London W1G 8AH. The provider is registered by the CQC to deliver the regulated activities Diagnostic and screening procedures and Treatment of disease, disorder or injury.

The service offers private specialist Ear, Nose and Throat consultations and healthcare, mostly to children. This includes diagnostic services such as microscopy, endoscopy and audiology; and treatment including prescribing and dispensing topical medication, cleaning of ears, treatment of infections, cauterisation of noses, removal of foreign bodies and tongue tie division. The service operates between 9:00 am and 5:00 pm Mondays to Fridays, although some appointments may be available outside those normal hours.

Minor healthcare procedures are carried out at the location. However, the doctors working in the service have practicing privileges to take patients to two private London hospitals to undergo surgery or for admission.

The clinical team consists of the registered manager and three other doctors, all of whom are registered by the General Medical Council and on the GMC's specialist Otolaryngology register. Otolaryngology is a medical specialty which is focused on the ears, nose, and throat. The service employs a registered children's nurse and the clinic manager is an audiologist, registered by the Registration Council for Clinical Physiologists. The provider has a company secretary and there are two administrative staff, one of whom works remotely.

Details of the service can be found on its website:

www.ent4kids.co.uk

How we inspected this service

Before the inspection we gathered and reviewed information from the provider. We also reviewed information held by the CQC on our internal systems. We carried out a site visit and spoke with the provider and staff.

We reviewed the provider's governance policies and looked at eight sets of healthcare records of patients using the service.

Due to the current COVID pandemic we were unable to obtain feedback from patients using our normal process of asking the provider to place comment cards at the service location. No patients had appointments booked on the day of our inspection visit. However, we reviewed the feedback submitted by service users on a verified review website, regarding their experience of the service. We also received direct feedback via the CQC website from four service users.

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?

We rated Safe as Good because:

Patients were protected from avoidable harm and abuse. Risks to safety from service developments, anticipated changes in demand and disruption were assessed, planned for and managed effectively.

Safety systems and processes

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

- The provider had appropriate safeguarding policies, which were regularly reviewed, most recently in September 2022. It had systems to safeguard children and vulnerable adults from abuse and to ensure an adult accompanying a child had parental / guardian authority.
- The provider worked with other agencies to support patients and protect them from neglect and abuse. The provider took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had up-to-date safeguarding and safety training to appropriate levels. Staff were trained and available to act as chaperones to witness consultations if requested by patients and this was covered by a formal policy document.
- There was an effective system to manage infection prevention and control (IPC). There were a range of policies and procedures relating to IPC, last reviewed in September 2022. General premises cleaning was carried out by a contractor specialising in healthcare locations and was done in accordance with written schedules and checklists. We saw evidence that monthly audit checks were conducted by the provider's staff. Clinical staff were responsible for cleaning the consultation rooms between patients' appointments. There were effective processes in place to clean medical instruments, such as endoscopes.
- The premises landlord had arranged for a specialist contractor to carry out a full risk assessment of the building, covering general health and safety, fire safety and legionella risk. Suitable risk management plans had been implemented, including water temperature testing and sample monitoring.
- There was an effective process for safely managing general and healthcare-related waste.

Risks to patients

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

- The provider and premises staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. The provider sent us evidence that staff had undertaken specific sepsis training after our site visit.
- We saw evidence the provider's clinical staff had appropriate professional liability indemnity in place.
- There were effective systems relating to staff recruitment, including pre-employment checks being conducted, induction and ongoing training, probation and appraisal. The provider used a recognised online training platform, which could be run reports to monitor staff members' ongoing and refresher training needs.
- The provider had risk assessed and maintained a supply suitable medicines and equipment to deal with medical emergencies. Stocks were monitored and recorded. The provider had risk-assessed the current need to have a defibrillator on site and concluded one was not necessary. However, it would investigate whether other healthcare providers at the location had a defibrillator and would explore whether access to it could be shared. Staff had up to date training in adult and paediatric basic life support.
- When there were changes to services the provider assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Are services safe?

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 provider had systems for sharing information with other agencies to enable them to deliver safe care and treatment.
- The provider made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, medications, emergency medicines and equipment minimised risks. The provider had up to date Medicines Management and Prescribing policies. There was a process for receiving, reviewing and actioning patient safety alerts.
- The provider prescribed, administered or supplied medicines and medications to patients and gave advice on medicines in line with legal requirements and current national guidance, such as the British National Formulary. Prescribing was limited mostly to topical treatments, emollients and the like and some antibiotics for nose and ear infections. No controlled drugs or unlicensed medications were prescribed. We saw the provider monitored all prescribing and reviewed it at clinical governance meetings. This information would be used in future for formal clinical auditing, for example relating to anti-microbial stewardship.
- The provider had an effective process to verify the identity of patients, including those with parental / guardian responsibility for children using the service.

Track record on safety and incidents

The provider had a good safety record.

- There were risk assessments in relation to safety issues.
- The provider monitored and reviewed activity, helping to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- Staff had up to date training in general health and safety and fire safety.
- Systems were in place to ensure the facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We saw evidence that electrical equipment had been PAT tested and medical equipment and instruments had been checked and calibrated by a qualified engineer.

Lessons learned and improvements made

The provider learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. There had been only one incident in the 12 months prior to our inspection. It related to a breach of personal data and we saw it had been addressed and actioned appropriately, with learning points shared with the service team. Two incidents in the preceding 12 months had also been suitably dealt with and the learning points shared.
- The provider was aware of and complied with the requirements of the Duty of Candour, and the process of notifying relevant agencies of safety incidents and reporting the occurrence of notifiable diseases.
- The provider's staff discussed and reviewed aspects of patients' healthcare that might be of interest or contribute to learning at clinical meetings.

Are services safe?

- As part of their GMC registration and revalidation process, doctors were required to maintain their professional development and were subject to regular appraisal. Clinical staff also employed in the NHS and learning points from that work were used in service monitoring and development.

Are services effective?

We rated Effective as Good because:

Patients have good outcomes because they receive effective care and treatment that meets their needs. Patients' care and treatment is planned and delivered in line with current evidence-based guidance, standards, best practice and legislation.

Effective needs assessment, care and treatment

The provider had systems to keep up to date with current evidence-based practice. We saw that they assessed needs and delivered care and treatment in line with current legislation, standards and guidance relevant to their service.

- We reviewed eight sets of patients' notes, which gave no cause for concern.
- Staff assessed needs and delivered care in line with relevant and current evidence-based guidance and standards. The provider maintained current knowledge of current guidance, etc., via regular newsletters from the Independent Doctors Federation. The doctors also worked in the NHS and were thus apprised of guidance and standards such as those issued by the National Institute for Health and Care Excellence (NICE).
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The provider had enough information to make or confirm a diagnosis. There were arrangements in place with a nearby laboratory service to carry out analyses of swab tests, etc., if appropriate. We discussed tests monitoring and the provider confirmed a formal process would be set up to check and, if needs be, chase results on a weekly basis.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The provider was actively involved in quality improvement activity.

- The provider used information about care and treatment to make improvements, for example by carrying out clinical audits. We saw the two examples of clinical audits, relating to tongue-tie procedures, grommet fitting and paediatric throat disorder outcomes, and two others, confirming service performance was monitored to drive improvement.
- In addition, the provider's staff kept themselves apprised of developments in clinical practice and methodology to improve the quality of the service. Cases of interest were reviewed and discussed at clinical governance meetings.
- The doctors worked in the NHS and the provider was able to benchmark services with available NHS data.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Patient information was shared appropriately. This included when patients moved to other professional services.
- Before offering treatment, the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All service users were asked for consent to share details of consultations and any medicines prescribed with their registered GP on each occasion they used the service.

Supporting patients to live healthier lives

Are services effective?

- Where appropriate, the provider gave patients advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate referred to their GP or other service providers for additional support.
- Where patients' clinical needs could not be met, they were redirected to the appropriate services.

Consent to care and treatment

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

- The provider understood the requirements of legislation and guidance when considering consent and decision making.
- The provider supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Clinical staff had up to date training in mental health awareness, including in relation to the Mental Capacity Act.

Are services caring?

We rated Caring as Good because:

Patients are supported, treated with dignity and respect and are involved as partners in their care. Feedback from patients is positive about the way they are treated.

Kindness, respect and compassion

The provider treated patients with kindness, respect and compassion.

- The provider understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The provider gave patients timely support and information.
- The provider routinely sought feedback on the quality of clinical care patients received. We saw very positive feedback from service users on a verified review website, which gave the service five stars based on 85 service user reviews. We received positive comments directly from four service users via the CQC website.

Involvement in decisions about care and treatment

The provider helped patients to be involved in decisions about care and treatment.

- Information was available to help patients be involved in decisions about their care.
- The patient feedback we saw confirmed they felt listened to and supported and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- We saw evidence of service users' written consent to treatment was obtained where appropriate, including confirmation being recorded of their parental / guardianship responsibilities.

Are services responsive to people's needs?

We rated Responsive as Good because:

Patients' needs are met through the way services are organised and delivered. Reasonable adjustments are made, and action taken to remove barriers when people find it hard to access services.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs, taking account of patients' needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, the provider had increased online access during the COVID pandemic for patients who were reluctant to travel or attend face to face consultations.
- The service operated from rented premises, using two consulting rooms, one treatment room and a soundproofed audiology testing suite. The facilities were appropriate for the services delivered, being accessible on the ground floor of the building.
- The service offered private specialist consultations and healthcare, mostly to children, although adult family members might also be treated. Minor healthcare procedures were carried out at the location. The doctors working in the service had practising privileges at two private London hospitals, where more complex procedures might be performed.
- The service operated between 9:00 am to 5:00 pm Monday to Friday, although some appointments may be available outside those normal hours. There was no walk-in service provided. Appointments could be booked online, using a facility on the service website, which would then be confirmed by email.
- Details of fees were set out on the service website. This included information for service users with private medical insurance.

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. Those with urgent needs had their care and treatment prioritised.
- The service provided face-to-face appointments as well as online consultations.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

- The provider had a complaints policy and procedures in place, with complaints being a standing agenda item for service meetings.
- Information about how to make a complaint or raise concerns was available on the practice website. The process included a means of escalating the complaint if the patient was not satisfied with the initial investigation.
- Records showed only one complaint had been submitted in the past 12 months. We reviewed this and saw it had been dealt with speedily, with the complaint receiving a full, honest response. Learning points were discussed at a clinical governance meeting and implemented.

Are services well-led?

We rated Well-led as Good because:

The leadership, governance and culture promote the delivery of high-quality person-centred care. There is an effective process in place to identify, understand, monitor, and address current and future risks.

Leadership capacity and capability;

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

- Staff were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The provider had a realistic strategy and supporting business plans to achieve priorities. There were plans to open a second location in south London over the next year or so.

Culture

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

- The service focused on the needs of patients.
- We saw from governance policies, etc, that openness, honesty and transparency would be demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The service actively promoted equality and diversity.

Governance arrangements

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

- Structures, processes and systems to support good governance were clearly set out, understood and effective. The governance and management of joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The information used to monitor performance and the delivery of quality care was accurate and useful.

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.
- Clinical and other auditing and monitoring had a positive impact on quality of care and outcomes for patients.
- The provider had plans in place to manage major incidents.

Are services well-led?

Appropriate and accurate information

The provider 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.
- The provider submitted data or notifications to external organisations as required.

Engagement with patients and external partners

The provider involved patients to support high-quality sustainable services.

- The provider encouraged and heard views and concerns from patients and acted on them to shape services and culture.
- There were systems to support improvement, such as clinical auditing, performance monitoring and benchmarking with NHS performance data.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There were processes to provide continued learning and improvement.
- The service made use of internal and external reviews of incidents and complaints, for example at hospitals where staff members worked.