Dr Daniel Consulting Rooms

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?	Requires Improvement

Overall summary

This service is rated as Good overall.

(Previous inspection **11 October 2021** – Requires improvement)

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? – Requires improvement

We carried out an announced comprehensive inspection at Dr Daniel Consulting Rooms to follow up on previous breaches of regulations. During this inspection we inspected five key questions, safe, effective, caring, responsive and well led.

CQC inspected the service in October 2021. We rated the service as requires improvement overall due to concerns with risks identified by building management not being monitored and staff not receiving training essential to their roles. The service was given requirement notices.

We checked these areas as part of this comprehensive inspection and found some improvements had been made whilst some concerns had not been addressed. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right.

Dr Daniel Consulting Rooms, also known as Foresight Medical Centre, is an independent GP practice located in the London Borough of Westminster.

The provider Dr Alix Daniel is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The service had succeeded in making a range of improvements. For example, by undertaking appropriate safeguarding training and implementing information security and an infection control policy.
- The provider had started to implement systems and processes in response to the findings of our last inspection. However, the governance arrangements in place were not effective, especially in relation to identifying, managing and mitigating risks. The provider had not checked that priority actions from the fire safety risk assessment were completed or ensured oversight of other risks relating to the building management.
- Records were written and managed in a way to keep people safe. Patient notes were easily accessible in an emergency and it was possible for the provider to share information with other services when there was an urgent need.

Overall summary

- There was limited evidence of overall quality improvement activity. However, individual patients were monitored to review the effectiveness and appropriateness of the care provided.

The areas where the provider **must** make improvements as they are in breach of regulations are:

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

Please see the specific details on action required at the end of this report).

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

- Take action to ensure that a child safeguarding policy is available for staff to refer to in conjunction with the adult safeguarding policy.
- Take action to be assured that IPC measures are effective by documenting cleaning schedules and undertaking audit activity.
- Continue to develop quality improvement systems that monitor the positive impact on quality of care and patient outcomes.
- Review the process for sourcing patient feedback on the quality of clinical care received, to improve and develop the service.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

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**.** The team included a GP specialist adviser.

Background to Dr Daniel Consulting Rooms

Dr Daniel Consulting Rooms, also known as Foresight Medical Centre, is located at 99 Harley Street, London W1G 6AQ. The building entrance lobby is accessed via two steps from the pavement. Wheelchair access is via a ramp (patients are advised of this and a member of staff is available to assist patients). The service is easily accessible by public transport and is a short walk from Regents Park Station.

The female GP principal is also the service manager and does not currently employ any staff. The practice is open from 9am to 12noon Monday to Friday.

The practice offers consultations and treatment for adults 18 years and older. Services provided include management of long-term conditions; gynaecological assessment; ECG (Electrocardiogram); blood and other laboratory tests. Patients can be referred to other services for diagnostic imaging and specialist care. The provider is registered with the Care Quality Commission (CQC) for the regulated activities of Diagnostic & Screening Procedures, and Treatment of Disease Disorder or Injury.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

We carried out this inspection on 28 November 2022. The inspection was led by a CQC inspector who was accompanied by a GP specialist advisor. Before visiting, we looked at a range of information that we hold about the service. We reviewed the last inspection report from October 2021 and information submitted by the service. During our visit we interviewed the GP principal who was also the service manager and observed practice and reviewed documents.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Good

Are services safe?

We rated safe as Good because:

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

Safety systems and processes

At our last inspection in October 2021, the provider had not managed the systems to keep people safe and safeguarded from abuse effectively. At this inspection, we found arrangements had improved. The provider had an adult safeguarding policy in place and had completed adult and child safeguarding training appropriate to their role. The provider did not have a child safeguarding policy as they told us they did not see children. We advised the provider they should consider extending their safeguarding policy to reflect the needs of children. No other staff were currently employed at the location. We noted that the GP took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

The provider did not always have sufficient oversight of the risks associated with the areas of the building they occupied. For example, risks relating to the fire safety of the building.

The building management carried out formal safety risk assessments in relation to fire and health and safety, however the provider could not demonstrate they effectively monitored and reviewed this activity. The provider had not checked that priority actions from the fire safety risk assessment were completed. We could not be assured that outstanding actions had been implemented. This issue was raised at the last inspection and was a repeat concern.

- The service had reviewed policies associated with the service's premises and had a plan to implement their own formal safety risk assessments to be carried out at regular intervals to reduce risks to patients and staff.
- At our last inspection in October 2021 we found that policies were generic and not unique to the service. At this inspection, the provider had employed a consultancy and had started to review their safety policies in August 2022.
- At our last inspection, there were no clear arrangements to carry out staff checks at the time of recruitment and on an ongoing basis. There was no proof of identity for the two non-clinical members of staff of a record of their CV or applications. There was no process for checking non-clinical staff immunity. The service did not have any other staff members employed at the time of our inspection. We undertook a retrospective check of recent previous employees and saw that appropriate checks had been undertaken at the time of employment.
- At the last inspection, there was an ineffective system in place to manage infection prevention and control (IPC). Following the inspection, the provider sent us evidence of their completed IPC training.
- The rooms used by the service looked visibly clean. However, the provider had not undertaken an audit of IPC measures and there were no cleaning schedules. This matter had been raised at our previous inspection.
- At the last inspection, the infection prevention and control (IPC) policy was not unique to the service. At this inspection, we found the provider had reviewed the IPC policy and that it was fit for purpose. The provider was the Infection Control Lead at the service.
- At our last inspection, we saw a legionella risk assessment had been carried out by the building management via an external company in February 2020. The current risk of legionella in the water system was deemed to be medium. We could not see that that the provider was assuring themselves with the building management that recommendations were being followed. At this inspection, this was a repeat concern. Although the provider was able to obtain a copy of the latest legionella risk assessment carried out by building managers, the provider had not checked that the assessor's recommendations had been completed.
- There were systems for safely managing healthcare waste.

Risks to patients

Good

Are services safe?

There were systems to assess, monitor and manage clinical risks to patient safety, but the provider had not consistently assured themselves that a range of health and safety risks, managed by the by the building management team, had been consistently acted on.

The building managers had carried out risk assessments to monitor and manage risks to patient safety. Following the inspection, the practice sent us a health and safety risk assessment dated 17 May 2022 which showed that the overall risk of harm was deemed to be medium. The provider had not assured themselves that priority actions identified had been followed up by a responsible person.

- At the last inspection, there were no risk assessments specific to the actual rooms where regulated activities were taking place. At this inspection this was a repeat concern.
- The provider was not able to demonstrate that actions had been undertaken to mitigate fire risk.
- The provider told us that the landlord was responsible for installing, maintaining and testing the fire alarm system. and was not able to be assured that these systems were effective.
- We saw a record of portable appliance testing (PAT) carried out by a competent person in September 2022.
- There was a record of equipment calibration.
- The provider 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety. The provider told us that patients were given a mobile number to call the provider if needed.
- There were appropriate indemnity arrangements in place
- There was a fire safety policy and a visible fire procedure in the areas of the premises used by patients. Fire extinguishers were checked annually.
- The provider told us that the landlord was responsible for carrying out annual fire evacuation drills and we were given evidence that that a drill had occurred within the last 12 months.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. We saw that a recently expired medicine was quickly replaced following the inspection. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

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 to relevant staff in an accessible way. We looked at five records on the service's electronic patient record system which were of an acceptable standard and conformed to GMC guidelines.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We saw the service had a comprehensive information security policy.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

Good

Are services safe?

- The systems and arrangements for managing medicines, controlled drugs, emergency medicines and equipment minimised risks. The provider had removed the vaccine fridge as she told us she had stopped doing vaccinations.
- The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The provider had taken steps to review their prescribing policy to improve compliance with good practice and guidance.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

- The service had a good safety record. The service had a plan to implement its own programme of health and safety risk assessments to help the provider to understand risks and have an accurate and current picture of safety improvements required.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and this was managed by the provider. They understood their duty to raise concerns and report incidents and near misses. However, at our last inspection, the practice did not have a formal policy to describe this system. At this inspection, we asked to see a copy of the significant events policy, but the provider did not have this available. This was a repeat concern.
- There were systems in place for reviewing and investigating when things went wrong. We were told there had been no significant events in the last 12 months.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. There were arrangements in place to receive and comply with patient safety alerts, for example, those issued through the Medicines and Healthcare Products Regulatory Authority (MHRA). The provider kept a record of safety alerts received with a record of action required. We asked the provider to tell us how she was informed of alerts. We saw evidence of email alerts received by the provider from the Independent Doctors Federation (IDF) and the Department of Health and saw evidence that these had been read and acted on.

Good

Are services effective?

We rated effective as Good because:

We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice.

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

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Monitoring care and treatment

We saw some evidence of limited quality improvement activity.

- The service used information about care and treatment to make improvements.
- At our last inspection in October 2021, there was a lack of continuous audit activity to demonstrate positive clinical improvements to patients. At this inspection the provider used information to monitor whether medical assessment and prescribing is carried out in line with evidence-based guidance and standards. For example, the provider had undertaken some limited quality improvement activity and shared evidence of one audit in relation to antibiotic usage over 18 months. As a result of the audit, the provider changed the use of antibiotics to reflect national guidance on reducing broad spectrum antibiotics (from six percent of prescriptions being antibiotics compared to eight point five percent the previous year, we did not see audits prior to this one or after this one.

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Effective staffing

- The provider had completed mandatory training essential to their role.
- The provider was registered with the General Medical Council (GMC) and was up to date with revalidation.
- The provider, whose role included reviews of patients with long term conditions, had received specific training and could demonstrate how they stayed up to date.

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.

Good

Are services effective?

- Before providing treatment, the doctor 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.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP during registration.

- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were arrangements for following up on people who had been referred to other services. At the last inspection, we asked to see a policy to ensure information is shared with others, but we were told the provider did not have one. At this inspection, there was still no information sharing policy.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff 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.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff 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.

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. For example, clients received an invitation to give feedback in the patient leaflet about their experience. The provider reviewed feedback to identify areas for improvement.
- Feedback from clients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- We observed the treatment rooms to be clean and private. Conversations being held in the treatment rooms could not be heard by those outside.
- The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

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 facilities and premises were appropriate for the services delivered.
- At this inspection, the website for the service was undergoing maintenance and people were not able to access information about the care and treatment offered.
- Appointment times were scheduled to ensure people's needs and preferences were met.
- The waiting area was large enough to accommodate patients comfortably.
- The service was accessible to people if they used a wheelchair or mobility aid. There were disabled toilet facilities available.

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.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The service had complaint policy and procedures in place. Staff treated patients who made complaints compassionately. The service reviewed complaints to identify areas for improvement. The provider was also the service manager and was responsible for dealing with complaints. The service had received one complaint in the last 12 months. 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.

Requires Improvement

Are services well-led?

We rated well-led as Requires improvement because:

At our last inspection in October 2021, we found leadership and oversight had not been sufficient to ensure that safety was consistently managed. At this inspection, we found that this provider was not providing a well-led service in accordance with the relevant regulations although improvement had been identified.

At this inspection we found there were continued areas of concern which had not been addressed since the last inspection, for example ineffective arrangements for the management of infection prevention and control, failure to follow up on safety risk assessment actions and recommendations as well as an overall lack of clarity around processes for managing risks, issues and governance arrangements.

Leadership capacity and capability;

Leaders had inconsistent capacity and skills to deliver high-quality, sustainable care.

- Leaders had the clinical capacity and skills to deliver the service, however, safety aspects of the provider were not clearly known or prioritised to ensure high quality care was delivered. There was insufficient focus on adequate systems of governance and management of risks. Since the last inspection the leadership focus on management of risks had improved in some areas. There was a programme of risk assessment undertaken by building managers and the provider had followed the building manager's lead to manage most risks safely.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

- Leaders 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 vision to deliver high-quality care and an overall positive patient experience.

- There was a clear vision and set of values. The service had an associated strategy to promote good outcomes for patients although there were no supporting business plans to achieve priorities and monitor progress against delivery of the strategy.

Culture

The service demonstrated a positive culture.

- The service focused on the needs of patients.
- Openness, honesty and transparency were 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.
- There was a strong emphasis on the well-being of staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.

Governance arrangements

Requires Improvement

Are services well-led?

The overall governance arrangements were ineffective. In some areas governance arrangements had improved however, the overarching governance framework had not ensured that systems and processes were in place and operating effectively.

- At this inspection we found the provider had made some improvements. For example services policies had been reviewed and updated and were now service specific.
- Safety assessments for the premises and equipment had been undertaken. However, the service was following the building management's lead regarding management of risk and compliance with safety regulation.
- The provider had responded to some of the concerns identified at the last inspection and had developed a suite of policies and procedures to ensure safety. At the last inspection there was no safeguarding policy or significant events policy. At this inspection, the provider could not show us any significant events policy, but we saw a copy of the safeguarding adults' policy. The service did not see children.
- There were some concerns identified at the last inspection that had not been addressed at this inspection, for example there was no infection prevention and control audit.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- 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. At this inspection, the provider had an information governance policy.

Managing risks, issues and performance

There was a lack of clarity around processes for managing risks, issues and performance. This was a concern identified at the last inspection.

- Although risk assessments relating to the building occupied by the service were arranged and managed by the building's management, the service did not monitor and review this activity and therefore could not be assured that outstanding actions had been implemented. For example, the provider had not checked that priority actions from the fire safety risk assessment were completed.
- The building managers were responsible for carrying out annual fire evacuation drills. At this inspection the provider was not able to confirm fire drill records but was able to show us evidence of the last fire evacuation drill on 08/02/2022. The next fire drill was due in February 2023.
- Although there were risk assessments for the whole building there was no evidence that the provider had carried out risk assessments for the rooms where they saw patients. For example, there were still no cleaning schedules, and the service had not undertaken an infection control audit.
- The service had processes to manage current and future performance. For example, the provider received feedback on their referrals from specialists and performance reports from the laboratory. The provider had oversight of safety alerts, incidents, and complaints.
- There was some limited evidence of action to change services to improve quality of care and outcomes for patients. The provider used information to monitor whether medical assessment and prescribing is carried out in line with evidence-based guidance and standards.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Requires Improvement

Are services well-led?

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients and external partners and acted on them to shape services and culture.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There was a focus on continuous learning and improvement. The provider told us they consistently sought ways to improve the service.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The overarching governance framework had not ensured that all systems and processes were operating effectively. In particular; • The provider did not ensure there were effective arrangements in place for identifying, managing and mitigating risks. In particular, ensuring that the areas of the premises they occupied were safe for use. • The provider was not able to provide evidence that safety risks in respect of infection control had been formally assessed, and the assessments documented. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.