

The Wellman Medical Centre LLP

Wellman Clinic

Inspection report

32 Weymouth Street
London
W1G 7BU
Tel: 02076372018
Website: www.wellmanclinic.org

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Overall summary

We carried out an announced comprehensive inspection on 10 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 not 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.

Prior to our inspection patients completed CQC comment cards telling us about their experiences of using the service. Thirty-three people provided wholly positive feedback about the service.

Our key findings were:

- The service had systems to manage risk so that safety incidents were less likely to happen; however, these systems were not always effective, including providing appropriate emergency equipment, managing medicines safely, receiving and acting on safety alerts about medicines and equipment, and addressing infection prevention and control risks.
- The service reviewed the effectiveness and appropriateness of the care it provided and it ensured that care and treatment was delivered according to evidence-based guidelines; however, the service did not have a quality improvement programme in place.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.
- Patient feedback for the services offered was consistently positive.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

Summary of findings

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

- Ensure care and treatment is provided in a safe way to patients.

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

We identified areas where the service could improve and should:

- Review training requirements for staff including the provision of information governance training and formal training for chaperones.

- Review medical indemnity arrangements for clinicians and clinicians' assistants.
- Review the provision of services and facilities for service users requiring additional access such as wheelchair users.
- Consider business continuity arrangements in response to a major incident.
- Review and improve the service's quality improvement activity, developing a quality improvement programme.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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 not providing safe care in accordance with the relevant regulations. You can see further details of the action we have told the provider to take in the Requirement Notices section at the end of the report.

- The service's systems, processes and practices to minimise risks to patient safety were not effective, as there was no automatic external defibrillator (AED) for use in an emergency, medicines were not safely stored and managed and infection prevention and control measures were not effective.
- There was a system for reporting and recording significant events and sharing lessons to make sure action would be taken to improve safety.
- There were systems in place so that when things went wrong, patients could be informed as soon as practicable, receive reasonable support, truthful information, and a written apology, including any actions to improve processes to prevent the same thing happening again.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- The service did not have business continuity plans in place to respond to non-clinical emergencies and major incidents.
- Before consultations and at the appointment booking stage, staff checked patient identity by asking to confirm their name, date of birth and address provided at registration.

Are services effective?

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

- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.
- Patients' care and treatment activities were reviewed to ensure compliance with best practice guidelines.

Are services caring?

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

- 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.
- Information for patients about the services available was accessible.
- We saw systems, processes and practices allowing for patients to be treated with kindness and respect, and that maintained patient and information confidentiality.
- Feedback we and the service received from patients about the service was wholly positive.

Are services responsive to people's needs?

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

Summary of findings

- The service had good facilities and was well equipped to treat patients and meet their needs, except for providing facilities for those with additional access requirements.
 - Information about how to complain and provide feedback was available and there were systems in place to respond appropriately and in a timely way to patient complaints and feedback.
 - Treatment costs were clearly laid out and explained in detail before treatment commenced.
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Are services well-led?

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

- The service had a clear vision to deliver high quality care for patients.
 - There was a clear leadership structure and staff felt supported.
 - The service had policies and procedures to govern activity and held governance meetings.
 - An overarching governance framework supported the delivery of high quality care. This included arrangements to monitor and improve quality and identify risk; however, these arrangements were not always effective.
 - Staff had received inductions, performance reviews and up to date training, however staff had not been trained in information governance.
 - The provider was aware of and had systems in place to meet the requirements of the duty of candour.
 - There was a culture of openness and honesty.
 - The service had recently introduced systems for being aware of notifiable safety incidents and sharing the information with staff and to ensure appropriate action was taken.
 - The service had systems and processes in place to collect and analyse feedback from staff and patients.
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Wellman Clinic

Detailed findings

Background to this inspection

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 inspection was led by a CQC inspector with a GP specialist adviser and a practice manager specialist adviser.

The Wellman Medical Centre LLP provides private medical services from Wellman Clinic, located at 32 Weymouth Street, London, W1G 7BU. Services are predominantly aimed at men's health and wellbeing; including health screening for cancer and mental health conditions, hormone replacement therapy and the treatment of sexual health conditions. The service is registered with the CQC to provide the regulated activities of Diagnostic and screening procedures, Treatment of disease disorder and injury and surgical procedures.

The service is in a converted residential property with stepped access to a ground floor reception and waiting area, two ground floor consultation and treatment rooms, storage areas and staff kitchen. A side entrance allows for step free access; however, the premises and facilities have not been adapted or assessed for suitability for those with limited mobility or wheelchair users. Stairs access the first-floor consultation room and administrative office.

Services are available to any fee-paying patient on a pay per use basis.

Services are available by appointment only between 9am and 6pm Monday to Friday.

The service is led by the medical director who is also one of two doctors in the clinical team. The clinical team also

includes two assistants known as healthcare assistants. The clinical team is supported by a practice administrator, accounts administrator, finance manager and a private personal assistant. Those staff who are required to register with a professional body were registered with a licence to practice.

The service has a registered manager, the medical director, who is registered with the Care Quality Commission (CQC) 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.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. During our visit we:

- Spoke with a range of clinical and non-clinical staff including the medical director, healthcare assistants and administrative staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment used by the service.
- Reviewed CQC comment cards completed by 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?

Detailed findings

- 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 not providing safe care in accordance with the relevant regulations as the systems to manage infection prevention and control arrangements were not effective, the service did not manage medicines safely and the service was not well equipped to respond to medical emergencies.

Safety systems and processes

The practice had systems and processes to keep patients safe and safeguarded from abuse.

- The service had safety policies which were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service had processes in place to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect, including notifying relevant agencies.
- The service checked that all clinical staff received up-to-date adult and child safeguarding training appropriate to their role. The service did not provide services for those under 18 years of age.
- The service had arrangements in place to provide chaperones where required or requested. Staff who acted as chaperones had informal training, working under the direction of the clinician, and had received a DBS check (DBS checks are carried out to ensure the person is not barred from working with children or vulnerable adults).
- Clinicians had medical indemnity arrangements in place covering their scope of work; however, it was not clear if these arrangements extended to the clinicians' assistants. The service also had employers and public liability insurance arrangements in place.
- The service had systems in place to manage infection prevention and control; however, these were not always effective. We saw evidence of a recent risk assessment and the service demonstrated some of the issues raised had been actioned; however, the service had not updated their action plan to record actions taken to address concerns or mitigate risks where action was not able to be taken due to constraints of the premises and actions required by the building's owners. For example,

the risk assessment had identified that impermeable flooring should extend above the skirting boards in clinical areas, that sheets and blankets should not be used on the examination/treatment couch and that pillows should be protected with a wipeable cover. The service was using paper couch roll over sheets and blankets on couches and had regular laundry services in place but had not assessed the risk of not removing sheets and blankets from couches.

- There were systems for safely managing healthcare waste.
- The provider had ensured that the premises were safe for their intended use and had an up to date fire risk assessment and the provider was working with the building owners to put in place required actions in line with recommended timescales.
- The service had ensured equipment was safe and maintained according to manufacturers' instructions.
- The service did not have a business continuity plan in place to respond to and mitigate the effects of major incidents such as power outage, flood or fire.

Risks to patients

Systems to assess, monitor and manage risks to patient safety were not always effective.

- There were arrangements for planning and monitoring the number and mix of staff needed, including managing staff absences.
- The service was not fully equipped to deal with medical emergencies as there was no automatic external defibrillator (AED) present and the service did not have a documented risk assessment considering the medical emergencies they may encounter with the carrying on of the regulated activity and the risk to patients of not having an AED.
- Staff were suitably trained in emergency procedures and there were emergency medicines available in each clinical room. Emergency Oxygen was available in the premises. Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies including the patient's NHS GP where necessary, to enable them to deliver safe care and treatment.
- Referral letters included all the necessary information.
- Patients provided personal details at the time of registration including their name, address and date of birth and staff told us this information was verified through document checks. Before consultations and at the appointment booking stage, staff checked patient identity by asking to confirm their name, date of birth and/or address provided at registration.

Safe and appropriate use of medicines

The service's systems for appropriate and safe handling of medicines were not always reliable.

- There were effective systems for managing and storing emergency medicines and equipment, including Oxygen.
- The service produced private prescriptions, with copies of prescriptions kept with patient notes.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance; however, there was no stock control system in place to monitor and keep secure stocks of medicines such as antibiotics, local anaesthetic and vitamins issued to patients or used in the course of their treatment. We found that these medicines were secure and in date and the service put in place a stock control system at the time of inspection.

- Patients' were monitored following procedures to ensure patient safety and the effectiveness of treatment.

Track record on safety

- The service had systems for monitoring and reviewing safety activity to help understand risks and make safety improvements.
- The service had a range of risk assessments in relation to safety issues including control of substances hazardous to health, health and safety, and the service were working with an external contractor to identify and mitigate any risks associated with legionella contamination in water systems.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses and felt leaders and managers supported them when they did so.
- There were adequate systems to review and investigate if things went wrong, to learn and share lessons, identify themes and act to improve clinical safety where necessary. There were no significant events or adverse incidents recorded in the last 12 months; however, we saw examples from the provider for previous events which demonstrated thorough investigation, good record keeping and sharing of information.
- The service had recently introduced formal systems for receiving and acting on patient, device or medicines safety alerts, however the effectiveness of the system could not be assessed.

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; however, there were some areas where they should make improvements in relation to quality improvement arrangements and staff training.

Effective needs assessment, care and treatment

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

- Patients' clinical needs were fully assessed.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The service did not have a programme of quality improvement activity in place but did have systems in place to routinely review the effectiveness and appropriateness of the care provided through records checks. We saw evidence that the service had carried out two audits in the last 12 months; however, the audits were single cycle and as such did not demonstrate quality improvement. For example, a clinical care records audit identified consent was recorded in 92% of cases. The service also conducted an audit which demonstrated compliance with prescribing guidelines for a hormone treatment; however, a follow up audit was not conducted to ensure continuing compliance or identify any areas for improvement. The service told us that they planned to carry out further audit cycles in the future.

Effective staffing

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

- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were

maintained. Staff were encouraged and given opportunities to develop. However, the service had not assessed the need for staff to have information governance training.

- The service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation where necessary.

Coordinating care and treatment

The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient.

- There were clear protocols for onward referral of patients to specialists and other services based on current guidelines, including the patients' NHS GP if the patient had one.
- Where patients' consent was provided, all necessary information needed to deliver their ongoing care was appropriately shared in a timely way and patients received copies of referral letters. Where consent was not provided, clinicians assessed the need to share information in the patient's best interests.

Helping patients to live healthier lives

Staff were consistent in helping patients to live healthier lives.

- Staff encouraged and supported patients to be involved in monitoring and managing their health and wellbeing, including mental health.
- The service identified patients who may need extra support and directed them to relevant services. The service also provided information and support through its website, including sexual and mental health topics relevant to service users.

Consent to care and treatment

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

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

Are services effective?

(for example, treatment is effective)

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking and recording consent through patient records checks.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Patients were given timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The service made arrangements to ensure patient privacy and confidentiality by operating a one-way system when patients entered the building, attended their appointment and left the building.
- All thirty-three of the patient Care Quality Commission comment cards we received were positive about the service experienced, with many patients expressing how the service had improved their quality of life. This is in line with the feedback received by the service directly.

Involvement in decisions about care and treatment

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

- Interpreter services were available for patients who did not have English as a first language.
- Patients were provided with extra time to understand their care and treatment and were provided with suitable information to aid decision making.
- The service's website provided patients with information about the range of services and treatments available including costs.

Privacy and dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respected their privacy. The service used a one-way system to maintain separation and uphold privacy between patients.
- Conversations with receptionists could not be overheard by patients in the waiting room.
- Privacy screens, curtains and robes were provided for patients.

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; however, their arrangements in relation to the accessibility of the service required review.

Responding to and meeting people's needs

- The service was organised and delivered to meet patients' needs.
- The facilities and premises were appropriate for the service delivered; the service had ramped access and consulting rooms were available on the ground floor; however, facilities were not suitable for wheelchair users or other patients with additional access requirements and the service had not formally considered the suitability of services or made reasonable adjustments to meet the needs of these patients.

Timely access to care and treatment

Patients could access care and treatment within an acceptable timescale for their needs.

- Patients had timely and planned access to initial assessment, diagnosis, treatment and follow up appointments.

- Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems in place to respond to them appropriately and to improve the quality of care.

- The registered manager was responsible for dealing with complaints and the service had a complaints policy providing guidance to staff on how to handle a complaint.
- There was information available in the premises and on the service's website for patients to provide feedback and make complaints.
- Information was available about organisations patients could contact if they were not satisfied with the way the service dealt with their concerns.

The service had received no complaints in the last 12 months.

We reviewed the systems and processes in place to investigate complaints and feedback, identify trends, discuss outcomes with staff and implement learning to improve the service, and found that they allowed for complaints to be handled appropriately, in a timely manner and with transparency.

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 well led in accordance with the relevant regulations.

Leadership capacity and capability

Leaders had the capacity and skills to deliver quality care.

- Leaders had the experience, capability and integrity to deliver the service strategy and address risks to it. The service was in the process of recruiting a practice manager and another GP.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- Leaders were visible and approachable and worked with staff to prioritise compassionate and inclusive leadership.

Vision and strategy

The service had a vision and strategy to deliver high quality care.

- There was a clear vision and set of values. The service had supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- Services were organised and delivered to meet the needs of service users.

Culture

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

- Staff told us they felt respected, supported and valued. They were proud to work in the service.
- Leaders had systems in place to act on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and

career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.

- There were positive relationships between staff, managers and leaders.

Governance arrangements

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

- The service had clear structures, processes and systems to support good governance and management.
- Service leaders had established policies, procedures and activities to ensure safety; however, these were not operating as intended.

Managing risks, issues and performance

There were clear and processes for managing risks, issues and performance, however these were not always effective in identifying and managing risks to patient safety.

- The service did not have an automatic external defibrillator for use in medical emergencies, and medicines were not managed safely as there was no stock control process in place for non-emergency medicines. Service infection prevention and control systems were not always effective in responding to risk.
- The service had recently introduced formal systems for receiving and acting on patient, device or medicines safety alerts, however the effectiveness of the system could not be assessed.
- The service had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Checks were carried out to ensure the quality of care and outcomes for patients met recognised clinical guidelines.
- The service did not have business continuity plans in place, nor did they train staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Are services well-led?

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

- Information was used to assess, monitor and improve performance and management and staff were held to account.
- The service used information technology systems to monitor and improve the quality of care.
- The service described 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 involved patients and staff to support high-quality services.

- Views and concerns were encouraged, heard and acted on to shape services and culture.

Continuous improvement and innovation

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

- Continuous learning and improvement was encouraged at all levels.
- Staff were encouraged to take time out to review individual objectives, processes and performance as well as conduct training and take part in development opportunities.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: <ul style="list-style-type: none">• The provider did not ensure the proper and safe management of medicines as there was no stock monitoring and control system in place.• The provider did not fully assess the risks to the health and safety of service users receiving care and treatment. The provider had not assessed what equipment may be needed in a medical emergency, or the risks of not having this equipment.• The provider did not assess the risk of, and prevent, detect and control the spread of infections, including those that are health care associated. Infection prevention and control audits had identified issues which were not acted on.