

# Adrian Lower & Associates Ltd

## Inspection report

9 Upper Wimpole Street  
London  
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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

**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

Adrian Lower and Associates Ltd. provides gynaecological consultations, examinations and treatments to private patients and is located at 9 Upper Wimpole Street, London, W1G 6LJ.

The service has a 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.

We carried out an announced comprehensive inspection at Adrian Lower and Associates Ltd on 25 July 2022 as part of our inspection programme.

## **Our key findings were:**

- Leadership arrangements promoted the delivery of high-quality person-centred care and we also saw evidence of how this was supported by new, evidence-based techniques and technologies.
- The provider assessed needs and delivered care in line with current evidence-based guidance and we also saw evidence of safe and innovative use of pioneering approaches to gynaecological treatments.
- There were clearly defined and embedded systems and processes to keep patients safe and safeguarded from abuse.
- The service was tailored to meet patients' needs and delivered in a way to ensure flexibility, choice and continuity of care.
- Although emergency oxygen, defibrillator and a range of emergency medicines were available on site, we noted the absence of three emergency medicines reasonably expected to be held by a gynaecological service. When this was highlighted, immediate steps were taken to stock these medicines.
- There were effective processes in place to identify and address risks; and practice management arrangements supported the delivery of high-quality person-centred care.

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

- Take action to review emergency medicines protocols and ensure that medicines held are appropriate to the service.
- Take action to introduce a written protocol to confirm that, in cases of suspected cancer, patients who are advised to request an urgent referral via their NHS GP have done so.

**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. The team included a GP specialist adviser.

## Background to Adrian Lower & Associates Ltd

### **Background to Adrian Lower and Associates Ltd**

Adrian Lower and Associates Ltd. provides consultations, examinations and treatments in obstetrics and gynaecology from a clinic located at 9 Upper Wimpole Street, London, W1G 6LJ.

The service offers private patients advice on a wide range of gynaecological and obstetric services. These include minor surgical procedures (such as Hysteroscopies) carried out under local anaesthetic, diagnostic ultrasound and contraceptive services (including insertion of Intrauterine Devices). The service also provides antenatal consultations and associated scans; and in addition is considered a leading authority on Asherman's Syndrome - a condition concerning the lining of the uterus and which can affect fertility.

Adrian Lower and Associates Ltd is open Monday – Friday 8:30am - 5:30pm. The clinical team comprises Mr Adrian Lower (consultant gynaecologist) and two associate consultant gynaecologists (one female, one male). The clinical team are supported by a female medical secretary and a female administrator who undertake chaperone duties (having received training for this role).

Adrian Lower and Associates Ltd is registered with the Care Quality Commission to carry out the regulated activities of Treatment of disease, disorder or injury; Maternity and midwifery services; Family planning and Surgical Procedures and Diagnostic and screening procedures.

### **How we inspected this service**

Before our inspection, we gathered and reviewed information from a number of sources including information submitted by the provider.

During our inspection, we spoke with staff, reviewed clinical records 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.

# Are services safe?

## **We rated safe as Good because:**

- Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety.
- There was an open culture in which safety incidents were integral to learning and improvement.
- There were clearly defined and embedded systems and processes to keep people safe and safeguarded from abuse.

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to work with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The lead clinician was also the safeguarding lead and during our inspection we were assured of their knowledgeable of safeguarding and of local safeguarding arrangements. However, records highlighted they had undertaken Safeguarding Children Level 2 training as opposed to the required Level 3 training. We were told this training would be updated as soon as possible. We noted the service did not provide consultations or treatments for children.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The clinical lead demonstrated knowledge of safeguarding appropriate to their role. They knew how to identify and report concerns and were also aware of local safeguarding arrangements. Staff who acted as chaperones were trained for the role and had received a DBS check.
- We looked at systems in place to manage infection prevention and control (IPC) risks. Recent audits had taken place and actions undertaken as necessary. There were also systems for safely managing healthcare waste.
- Systems were in place to ensure facilities were safe. The provider was not undertaking periodic maintenance of its ultrasound machine but we noted this was consistent with the manufacturer's guidance. However, we did not see written confirmation the provider was undertaking the manufacturer recommended daily, weekly, monthly and annual care /maintenance tasks (such as weekly cleaning of the keyboard and monthly cleaning of air filters).
- The provider carried out commissioned appropriate environmental risk assessments, which considered the profile of people using the service. For example, periodic water sample checks and risk assessments took place regarding a bacterium called Legionella which can proliferate in building water systems.

## **Risks to patients**

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- 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.

# Are services safe?

- When there were changes to services or staff the service assessed and monitored the impact on safety.

## 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.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The service kept prescription stationery securely and monitored its use.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They also did not 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.
- There were effective protocols for verifying the identity of patients.

## Safe and appropriate use of medicines

### We looked at systems for appropriate and safe handling of medicines.

- We looked at systems and arrangements for managing emergency medicines and equipment. The provider held emergency oxygen and a defibrillator on the premises. A range of emergency medicines were also available (including Adrenaline) but we noted the absence of three medicines consistent with those reasonably expected to be held by a gynaecological service. When this was highlighted, the provider took immediate action to order the required medicines.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- Regular meetings took place to discuss cases and monitor activity. This helped the service to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service had systems in place to ensure learning and improvement took place when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. The lead clinician supported them when they did so.
- There had not been any significant incidents logged in the previous 12 months but we saw evidence of adequate systems for reviewing and investigating when things went wrong.
- 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.

# Are services safe?

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a protocol in place to disseminate alerts to all members of the team.

# Are services effective?

## We rated effective as Good because:

- The provider assessed needs and delivered care in line with current evidence-based guidance and we also saw evidence of safe and innovative use of pioneering approaches to gynaecological treatments.
- Clinical audits were carried out and all relevant staff were involved.
- We saw evidence of how opportunities to participate in peer review and benchmarking were proactively pursued.

## 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 current evidence-based guidance and we also saw evidence of safe and innovative use of pioneering approaches to gynaecological treatments.
- For example, the service had recently introduced a “Home Ultra-sound” service which entailed the patient and an assistant using a portable ultrasound unit at their location, with images transmitted to the lead clinician’s location for review and discussion.
- 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. Additionally, we noted the lead clinician was considered a leading authority on Asherman’s Syndrome and had written numerous scholarly articles and books on this subject.
- Patients’ immediate needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

## Monitoring care and treatment

### The service was actively involved in quality improvement activity.

- The service used completed internal and clinical audits to improve quality. For example, the service’s programme of regular internal audit had resulted in allergies being more clearly documented in patient records and in consent forms being revised so that potential risks were more clearly outlined.
- The clinical lead was also part of a peer review group comprised of consultant gynaecologists. The lead clinician spoke positively about how this group shared good practice and supported peer review.
- The clinical lead also attended regular clinical audit meetings at a local hospital where they had practicing privileges; and where they reviewed difficult cases.

## Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Clinicians were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider 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.

## Coordinating patient care and information sharing



# Are services effective?

## **We looked at how staff worked with other organisations, to deliver effective care and treatment.**

- We noted the absence of a written protocol to ensure appropriate follow up in instances where symptoms indicated cancer and where patients had subsequently been advised to request an urgent referral via their NHS GP. When this was highlighted, the provider agreed to introduce a written protocol clearly outlining arrangements for contacting NHS GPs in such situations.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma.

## **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.

# Are services caring?

## **We rated caring as Good because:**

- There was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Feedback from patients was positive about the way staff treated them.

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received.
- 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.**

- Interpreting services were available for patients who did not have English as a first language.
- Patients fed back that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

## **We rated responsive as Good because:**

- The service was planned and delivered in a way that met the needs of its patients. The importance of flexibility, choice and continuity of care was reflected in how care was delivered.
- Patients could access the right care at the right time. Access to appointments and services was managed to take account of people's needs, including those with urgent needs.
- The service had not received any complaints in the previous 12 months but had systems in place to respond appropriately.

## **Responding to and meeting people's needs**

### **The provider organised and delivered services to meet the healthcare needs of its patients and took account of their needs and preferences.**

- The provider understood the preferences and needs of their patients and strove to provide patient centred and flexible services.
- The facilities and premises were generally appropriate for the services delivered although we noted the absence of a lift. The lead clinician explained that where patients had limited mobility, consultations and treatments would take place at alternative local health facilities which offered fully accessible consultation rooms.

## **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, 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.
- Arrangements were in place to allow patients to make contact outside the service's opening times. Patients were advised they could call at any time if they experienced an emergency.

## **Listening and learning from concerns and complaints**

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

- The service had a complaints policy and procedures in place although this was not publicised on its website.
- Information about how to make a complaint was available on the premises.
- The service had not received any complaints in the previous 12 months. We noted that complaints were a standing agenda item at staff meetings.

# Are services well-led?

## **We rated well-led as Good because:**

- The lead clinician strove to deliver motivate staff to succeed. There was a common focus across the service on improving quality of care and patient's experiences.
- There were effective processes in place to identify, understand, monitor and address current and future risks.
- There were systems to support improvement and innovation work including the use of clinical audit, benchmarking and peer review.
- The lead clinician was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

## **Leadership capacity and capability**

### **Leaders had the capacity and skills to deliver high-quality, sustainable care.**

- The lead clinician was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. These challenges included succession planning and governance challenges associated with delivering the service as the sole lead clinician.

## **Vision and strategy**

### **The service had a clear vision to deliver high quality, patient centred care.**

- The lead clinician had the experience, capacity and capability to ensure that this vision was delivered.
- Staff were aware of and understood the vision and values of the service; and their role in delivering patient centred care.
- Weekly staff meetings took place so as to scrutinise delivery and ensure regular staff engagement.

## **Culture**

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Systems were in place to ensure openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff 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.
- There was a strong emphasis on the safety and well-being of all staff.

## **Governance arrangements**

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

Structures, processes and systems to support good governance and management were clearly set out, understood and effective. There was an effective governance framework, which focused on delivering good quality care. For example:

# Are services well-led?

- Staff were clear on their roles and accountabilities.
- The lead clinician had established service specific policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- We saw evidence the service had undertaken prompt action to improve governance arrangements regarding emergency medicines.
- The service used performance information which was reported and monitored and management and staff were held to account.
- 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.

## **Managing risks, issues and performance**

### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had plans in place for major incidents.

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- 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, staff and external partners to support high-quality sustainable services.**

- The service routinely undertook patient surveys and considered survey findings.
- Staff were proud of the organisation as a place to work and spoke highly of the service's listening culture.
- There were systems to support improvement and innovation work including use of peer review, benchmarking and internal audit.
- 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 was a focus on continuous learning and improvement. For example, the service had recently introduced a "home ultrasound scan" pilot.
- The service had systems in place to undertake internal reviews of incidents and to ensure that learning was shared and used to make improvements.