

Maltz Medical Centre Limited

Lumen Physicians Ltd

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 15 March 2019 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this service was 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.

Lumen Physicians Ltd is primarily a private cardiac diagnosis and treatment clinic for adults. They provide cardiac assessments as well as ongoing treatment and care for patients with a variety of cardiac needs and conditions. The assessments tended to be for insurance purposes and this represented 80% of the services appointments. They have a variety of diagnostic and testing equipment and so are able to undertake clinical investigations within the clinic.

Dr Maltz 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. The registered manager is supported by three administrative staff. Consultations take place five days a week from a room at 27 Harley Street which is rented from another health care provider. The service also has an arrangement with the provider to access to emergency medicines and equipment. Dr Maltz consults an average of 10 patients a day at the clinic.

Summary of findings

This service is registered with CQC under the Health and Social Care Act 2008 for the regulated activities of Treatment of disease, disorder or injury and Diagnostic and screening procedures.

We received 13 completed CQC comment cards which were all very positive about the level of service and the care provided. We spoke with two patients who were very happy with how easy it was to arrange the appointments but could not comment on the level of service as it was their first clinic attendance. They both thought that the GP made them feel at ease and explained what they were doing and why.

Our key findings were:

- Systems and processes were in place to keep people safe. The service lead was the lead member of staff for safeguarding and had undertaken adult child safeguarding training to level three the administration staff had completed this training to level two. Whilst the provider did not directly provide clinical services for patients under 18 there is an expectation that staff working in a health care setting are trained in child safeguarding in line with the intercollegiate guidance.
- The provider was aware of current evidence based guidance and they had the skills, knowledge and experience to carry out his role.
- The provider was aware of their responsibility to respect people's diversity and human rights.
- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- There was a complaints procedure in place and information on how to complain was readily available.
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The service had systems in place to collect and analyse feedback from patients.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Lumen Physicians Ltd

Detailed findings

Background to this inspection

Lumen Physicians Ltd is located at 27 Harley St, Marylebone, London, W1G 9QP. It is primarily a private cardiac diagnosis and treatment clinic for adults. They provide one-off assessments as well as ongoing treatment and care for patients with a variety of cardiac needs and conditions. The assessments tended to be for insurance purposes and this represented 80% of the services appointments. They have a variety of diagnostic and testing equipment and so are able to undertake clinical investigations within the clinic.

The service is open Monday to Friday between 8am and 6pm.

Lumen Physicians Ltd was inspected on the 15 March 2019. The inspection team comprised a lead CQC inspector and a GP Specialist Advisor.

We carried out this comprehensive 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.

As part of the preparation for the inspection we also reviewed information provided to us by the provider.

During the inspection we utilised a number of methods to support our judgement of the services provided. For example, we asked people using the service to record their views on comment cards, interviewed staff, observed staff interaction with patients and reviewed documents relating to the service.

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?

Our findings

Safety systems and processes

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

- The provider had conducted safety risk assessments. There were appropriate safety policies in place, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff including locums; they outlined clearly who to go to for further guidance.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked 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 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. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- There was a health and safety policy available and there was a system in place to liaise with the building management to conduct and review health and safety premises risk assessments, control of substances hazardous to health (COSHH) and legionella risk assessment and management (Legionella) is a term for a particular bacterium which can contaminate water systems in buildings).

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- The building management ensured there was an up to date fire risk assessment and were involved in the regular fire drills carried out on the premises. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- 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.
- When reporting on medical emergencies, the guidance for emergency equipment is in the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

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.

Are services safe?

- The service had a system in place to retain medical records in line with the 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.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks.
- All prescriptions were issued on a private basis by the provider. Blank prescription pads were stored in a locked cupboard.
- 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 the service had deviated from national prescribing guidelines there was a clear rationale for this recorded which protected patient safety.
- Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety

The service had a good safety record.

- The clinic had arrangements in place to respond to emergencies and major incidents in line with the Resuscitation Council (UK) guidelines and the British National Formulary (BNF).
- There was a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. Emergency medicines were easily available to staff in a secure area of the premises. All the medicines were in date, appropriate and stored securely. The building management also held emergency medications and equipment, and it was their responsibility to check all the emergency equipment on site.

- All staff had received annual basic life support training.
- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

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. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. However, we found that there had been no incidents or significant events reported in the last 12 months.
- The provider was aware of and complied with the requirements of the Duty of Candour. All staff had been trained in 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

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 an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed/did not assess needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- 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.
- 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 information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The service had undertaken two completed cycle audits including a cholesterol audit and a urinary tract infection (UTI) audit to ensure that they were prescribing antibiotics in line with NICE guidelines.
- The service completes 360° Patient and Colleague feedback every 5 years and the last survey in March 2018 showed that 97% of patients who responded had confidence in the services provided, and 94% of colleagues had faith in the services overall ability. This survey was used to support the lead GPs appraisal.

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.

- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) 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.
- Staff had access to appropriate training to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching, mentoring and clinical supervision. All staff had received an appraisal within the last 12 months.
- The GP kept up to date with various courses and had completed Cardiology Continuing Professional Development (CPD) in the last year.

Coordinating patient care and information sharing

Staff worked together, and 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. For example, there were several services in the managed building that the provider could refer patients to directly, such as radiologists, podiatrist and physiotherapists.
- 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. 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 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. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

Are services effective?

(for example, treatment is effective)

- 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 clear and effective arrangements for following up on people who have been referred to other services.

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.
- The provider understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The patient leaflet given to all patients explained all services and prices before commencing a consultation.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- All of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described the excellent and courteous service and being made to feel at ease, as well as the GP being efficient and informative whilst still being caring.
- 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.

- Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, 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.

- A patients' guide leaflet was available in the reception area, which described the service's contact details and appointment times, how to complain and how to give positive feedback, and the service's responsibilities to keep patients' information private and confidential.
- 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 saw that, in the patients' guide leaflet, there was reference to the service's responsibilities under the Data Protection Act 1998.
- All staff had received General Data Protection Regulation (GDPR) training (the General Data Protection Regulation 2016/679 is a regulation in EU law on data protection and privacy for all individuals within the European Union and the European Economic Area).
- Reception staff told us that patient information and records were held securely and were not visible to other patients in the reception area.
- We saw that doors were closed during consultations and conversations taking place in the consultation room could not be overheard.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 provider understood the needs of their patients and improved services in response to those needs. The service used their 360 survey to ensure that services reflected their patient's needs.
- The facilities and premises were appropriate for the services delivered.
- The service had an out of hour's pager which patients could use to contact the doctor if they experienced any issues associated with their appointment or treatment.

Timely access to the service

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

- The service is open Monday to Friday from 8am until 6pm.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

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

- We saw a poster in the reception area and information in the patients' guide leaflet which detailed how patients could make a complaint. Staff treated patients who made complaints compassionately.
- 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.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and also from analysis of trends. It acted as a result to improve the quality of care. The service had not received any complaints.

Are services well-led?

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

Our findings

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- The provider was visible and approachable.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

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 provider was proud of the service they provided and focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow

when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The service encouraged a culture of openness and honesty.

- Staff told us they were able to 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 in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

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. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities. There was a clear staffing structure which comprised the provider a practice manager and two administrators.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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. For example, health and safety risk assessment had been completed including fire and portable appliance testing (PAT).

Are services well-led?

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

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The service completed 360° Patient and Colleague feedback in March 2018 and used this information to gauge their performance and improve services.
- 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.

- 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.
- The service used performance information which was reported and monitored and management and staff were held to account.
- 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.

Engagement with patients, the public, staff and external partners

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

- The public's, patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The clinic had a system in place to gather feedback from patients in the form of a 360° Patient and Colleague feedback every five years, the last survey from 2018 indicated high levels of satisfaction amongst patients.
- Staff were able to describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- 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.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The provider attended national and international conferences to keep abreast of new developments in the field.