Alix Daniel

Dr Daniel Consulting Rooms

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 14 February 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led? At the inspection we found the provider was not meeting the regulations for providing safe, effective and well-led care. The full comprehensive report on the February 2018 inspection can be found by selecting the 'all reports' link for Dr Daniel Consulting Rooms on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 22 January 2019 to confirm that the practice had taken action to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 14 February 2018. This report covers our findings in relation to those requirements.

At this inspection we found the provider had not made all the necessary improvements.

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 not 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 not 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

CQC inspected the service on 14 February 2018 and asked the provider to make improvements regarding safe care and treatment, and good governance. We checked these areas as part of this comprehensive inspection and found some issues had been resolved whilst others remained outstanding.

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

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

Summary of findings

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.

Eleven people provided feedback about the service. All feedback we received was positive about the service.

Our key findings were:

- Some systems and processes were in place to keep patients safe. However, we identified shortfalls in relation to the management of infection control.
- Clinical audit activity had been initiated.
- Staff had received annual appraisals. However, the service was unable to provide documentary evidence to demonstrate that all staff had received formal training relevant to their role.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Information about services and how to complain was available.
- There was a lack of good governance around establishing key policies, staff training and seeking feedback from people using the service.

We identified regulations that were not being met and the provider must**:**

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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

There were areas where the provider could make improvements and should:

- Review the safeguarding and chaperone policies to ensure they have sufficient and up to date information.
- Review the system in place to ensure the accuracy of fridge temperatures and establish local protocols for maintaining the cold chain.
- Review the monitoring system to ensure that regular safety checks have been undertaken by the building's management.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Dr Daniel Consulting Rooms

Detailed findings

Background to this inspection

Dr Daniel Consulting Rooms, also known as Foresight Medical Centre, is located at 99 Harley Street, London W1G 6AQ. There are approximately 6,000 registered patients. The practice team consists of a female GP (full-time) and two part-time secretaries. The practice is open from 8.30am to 5pm 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; and vaccinations. 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.

We carried out this inspection on 22 January 2019. 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 practice. We reviewed the last inspection report from February 2018, the provider's action plan following the breaches of regulations identified at the last inspection, and information submitted by the service in response to our provider information request. During our visit we interviewed staff (the GP and a secretary), spoke with people using the service, 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.

Are services safe?

Our findings

We found that this service was not providing safe care in accordance with the relevant regulations.

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. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

At our previous inspection on 14 February 2018 we found the provider was not meeting the regulations for providing safe services.

- There were some systems in place to keep patients safe. However, we identified shortfalls in relation to safeguarding, chaperoning and infection control.

At this inspection on 22 January 2019 we found the provider had not made all the necessary improvements and we found new concerns about the systems in place to keep patients safe:

- Non-clinical staff had not completed safeguarding training and although the GP had recently completed safeguarding children training it was not at the appropriate level for their role.
- All staff had not completed infection control training and there were no audits to manage infection prevention and control within the practice.
- The GP had not updated their basic life support training.
- There was a lack of governance around the systems and policies to monitor safety within the practice. Specifically, business continuity, local cold chain protocols, significant events, safeguarding, and health and safety.

Safety systems and processes

The service had some systems to keep people safe and safeguarded from abuse. Although improvements were required in relation to safeguarding and infection prevention and control.

- At the inspection in February 2018 we found staff had not completed safeguarding children training to the appropriate level for their role and there were no safeguarding policies for staff to refer to. At this inspection we found some improvement had been made. The GP had recently undertaken training in safeguarding children to level one, however this was not at the appropriate level for their role as set out in Intercollegiate Guidelines for clinical staff. The practice had created a safeguarding policy, however the policy did not detail how safeguarding concerns should be managed within the practice or who to go to for further guidance externally. We also noted non-clinical staff had not completed safeguarding training to the appropriate level for their role. (It is a requirement set out in the Intercollegiate Guidelines for non-clinical staff to be trained in safeguarding children to level one). However, we noted that the GP took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- At our inspection in February 2018 we found that there was no system to manage infection prevention and control (IPC). Specifically, there was no policy in place, staff had not received training in IPC, and audits were not carried out to monitor and improve IPC standards. At this inspection we found some improvement had been made. A waste management policy had been implemented and a wipeable mat had been positioned on the floor in the treatment room for the ease of cleaning any spillages. However, staff training and audits to monitor and improve IPC had not been completed. The building's management had undertaken a legionella risk assessment of the premises in August 2018 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Following our inspection, we were notified by the practice that an infection prevention and control audit had been scheduled for March 2019.
- A chaperone service was not offered and patients were informed of this at registration. The practice had not updated their chaperone policy, which stated that any patient or health care professional may request and be provided with a chaperone.
- 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).
- We were told staff received safety information from the service as part of their induction.

Are services safe?

- Safety risk assessments were conducted by the building's management team and the practice could access these reports on request.
- 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 some systems to assess, monitor and manage risks to patient safety. However, improvements were required in relation to updated basic life support training and business continuity.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- New staff underwent an induction as outlined in the practice's human resource's policy. We were told that the GP supported new staff in their role and a probationary review was carried out after three months.
- The GP had received training in basic life support in February 2015 and this was valid until February 2018. The GP was due to attend refresher training in June 2018 however, staff told us this did not take place. We did not see evidence that training had been rebooked for the GP. The secretary employed in December 2017 had received basic life support training in 2018 and we were told training would be arranged for the newly employed secretary.
- The GP 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. However, there was no formal business continuity plan in place.
- There were appropriate indemnity arrangements in place for the GP.

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.

Safe and appropriate use of medicines

The service had systems for appropriate and safe handling of medicines. Although improvements were needed to ensure the accuracy of fridge temperatures.

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. Although all medicines were stored appropriately and safely, the medicines fridge did not have a second independent thermometer to cross-check the accuracy of the internal fridge temperature and the practice did not have a cold chain policy to govern this activity. Following our inspection we were told the practice followed the Green Book Guidelines, however the practice did not have local cold chain protocols to govern this activity.
- The service kept prescription stationery securely and monitored its use.
- A repeat prescription policy was in place to ensure prescribing was in line with best practice guidelines for safe prescribing.
- 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 is a different approach taken from national guidance there is a clear rationale for this that protects patient safety.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were systems in place for verifying the identity of patients.

Track record on safety

The service had a good safety record. However, improvement was required to ensure effective monitoring.

- There were comprehensive risk assessments in relation to safety issues such as fire, water and general health and safety. These had been arranged by the building's management. However, the practice did not monitor and review this activity as some documents submitted to us by the practice in relation to these assessments

were out of date. For example, the fire risk assessment was dated 16/11/17 and was due for review on 16/11/18, and the health and safety risk assessment was dated 14/08/17 and was due for review on 14/08/18.
- We were told staff received informal fire safety training from the building's management, however there were no records to confirm what this training entailed.

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 GP. Staff understood their duty to raise concerns and report incidents and near misses. However, the practice did not have a formal policy to describe this system.
- 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 service learned and took action to improve safety in the service.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 14 February 2018 we found the provider was not meeting the regulations for providing effective services.

- The provider had not determined what mandatory and additional training staff needed to meet the needs of their patients.
- Clinical audit had not been reviewed in the last three years.

At this inspection on 22 January 2019 we found the provider had made some improvements but there were still areas that had not been addressed.

- Staff training had not been defined and as a result there were gaps in staff training.

Effective needs assessment, care and treatment

The GP kept up to date with current evidence based practice. We saw evidence that they assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The GP 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.
- Arrangements were in place to deal with repeat patients.
- The GP assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- At the inspection in February 2018 we found the practice had not reviewed clinical audits in the last three years. At this inspection we found some improvement had been made. The GP had undertaken an audit to review antibiotic prescribing in August 2018. This was a single cycle audit.

Effective staffing

The provider did not understand the learning needs of staff.

- At our previous inspection on 14 February 2018 we found the provider had not determined what mandatory and additional training staff needed to meet the needs of their patients. At this inspection on 22 January 2019 we found that the provider had not made sufficient improvement in this area. There was no ongoing schedule of mandatory or additional training for staff to undertake and update, and as a result there were gaps in training records. For example, the GP had not undertaken formal training in the mental capacity act, infection control, fire safety, health and safety, equality and diversity, information governance, or updated their basic life support training. Non-clinical staff had not received formal training in safeguarding children or vulnerable adults, fire safety, health and safety, infection control, equality and diversity, or information governance.
- The provider had an informal induction programme for all newly appointed staff.
- The GP was registered with the General Medical Council (GMC) and was due for revalidation in 2021.
- The GP, whose role included immunisation and 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

Staff worked together 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, when liaising with hospital consultants.
- 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 with their registered GP during registration.

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. We were told the practice did not currently carry out procedures where written consent was required from the patient.

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
- 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 not available for patients who did not have English as a first language. We were told that patients were informed of this at registration and some patients brought an interpreter with them.
- Patients told us through comment cards and interviews, 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.
- Staff communicated with patients in a way that they could understand, for example, easy read materials and educational videos were available.

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?

(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. For example, telephone consultations and home visits were available to patients who were unable to attend the practice.
- The practice offered a membership scheme which provided patients with greater access to appointments and services for an annual fee.
- The practice was located on the ground floor of a converted residential property which it shared with other healthcare providers. There was a consulting room, adjoining treatment room, administration office, toilet within the consulting suite, and a storage room. Patients had use of a shared waiting room and toilet facilities on the ground floor.
- The facilities and premises were appropriate for the services delivered.
- The practice was unable to offer unrestricted access for patients with wheelchair mobility needs due to the layout of the building. Patients were informed of this at registration and the practice was able to provide information about alternative accessible services.

Timely access to the service

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

- Appointments could be booked over the telephone and were managed by the secretaries.
- 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.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously.

- Information about how to make a complaint or raise concerns was available.
- There were procedures in place for handling complaints and concerns.
- Staff told us the practice had not received any complaints in the last 11 years.

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 not providing well-led care in accordance with the relevant regulations.

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. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

At our previous inspection on 14 February 2018 we asked the provider to send us a report of the action they were going to take to meeting the legal requirements of the Health and Social Care Act 2008, its associated regulations, or any other relevant legislation. The provider submitted an action plan to this effect.

At this inspection we found the provider had not completed all the actions they stated they would and did not notify the CQC of their inability to comply with their agreed action plan.

Leadership capacity and capability

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

- The GP was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing the.
- The GP was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

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

- There was a clear vision and set of core values. The service had a realistic strategy, although there were no supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them

Culture

The service had a culture of high-quality sustainable care. However, improvements in staff training were required.

- Staff felt respected and supported.
- The service 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 to ensure compliance with the requirements of the duty of candour.
- Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There was no schedule of training for staff, and as a result staff did not receive training and development relevant to their role.
- All staff received regular annual appraisals in the last year.

Governance arrangements

There were clear responsibilities, roles and systems of accountability, however these were not effective and did not support good governance and management.

- Following our last inspection in February 2018 we asked the provider to send us a report of the action they were going to take to meeting the legal requirements of the Health and Social Care Act 2008, its associated regulations, or any other relevant legislation. The provider submitted an action plan to this effect. At this inspection we found the provider had not completed all the actions they stated they would and did not notify the CQC of their inability to comply with their action plan. For example, an infection prevention and control (IPC) audit had not been completed; staff training had not been defined; not all staff had not received training in IPC, safeguarding or the mental capacity act; feedback from people using the service was not recently evaluated; and there were no policies to manage significant events or incidents. The provider had however, taken action to ensure the GP received safeguarding children training; clinical audit was reviewed and undertaken; and policies for waste management, safeguarding, and health and safety were implemented.
- The governance and management of joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities

Are services well-led?

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

- Whilst there were some policies and procedures in place, other key policies, procedures and activities to ensure safety had not been established. For example, there were no policies to govern incident reporting, business continuity or local cold chain protocols.

Managing risks, issues and performance

There were some processes for managing risks, issues and performance, however these were not effective.

- The processes to identify, understand, monitor and address current and future risks including risks to patient safety were not effective. For example, some staff lacked training in infection control, safeguarding and information governance. Although risk assessments relating to the premises were arranged and managed by the building's management, there was a lack of monitoring by the practice to ensure these assessments were up to date.
- The practice had some processes to manage current and future performance. For example, the GP received feedback on their referrals from specialists and performance reports from the laboratory. The GP had oversight of safety alerts, incidents, and complaints.
- Clinical audit was used to improve the quality of care and outcomes for patients.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant staff meetings.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were 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 did not continually seek patient feedback to support high-quality sustainable services.

- Patients' concerns were not encouraged, heard or acted on to shape services and culture. The practice reviewed patient feedback via the GP's appraisal process, however this was last undertaken in 2015.
- Staff feedback was sought during informal meetings and annual appraisals.

Continuous improvement and innovation

There were some systems and processes for learning, continuous improvement and innovation.

- The GP was proactive in attending educational events to network with local clinicians and keep up to date with best practice.
- The GP had written an article based on their experience of the referral system within the independent sector for a business journal aimed at doctors in private practice.
- The practice website contained a health and wellbeing blog which was regularly updated by the GP.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** We found there was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular: • There were no infection prevention and control audits and all staff had not received training in infection prevention and control. This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 registered person did not have effective governance systems or processes to assess, monitor and drive improvement in the quality and safety of the services provided. In particular: • The provider did not have documented policies for business continuity or significant events/incident reporting. • Feedback from people using the service was not continually evaluated. This was in breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** We found the members of staff employed by the registered provider did not receive such appropriate training as was necessary to enable them to carry out their duties. In particular: • Non-clinical staff had not received formal training that included: safeguarding children, safeguarding vulnerable adults, fire safety, health and safety, infection control, equality and diversity, or information governance. • The GP had not undertaken formal training in the mental capacity act, infection control, fire safety, health and safety, equality and diversity, information governance, or updated their basic life support training. The level of safeguarding children training undertaken by the GP was not at the appropriate level for their role. This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.