

London Lung Laboratory Limited

London Lung Laboratory Limited

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Inspected but not rated 

Are services well-led?

Good 

Summary of findings

Overall summary

- The service had made the required improvements and was led by a suitably skilled practitioner. They had set up a reliable governance system, during which risks were fully considered as part of a regular meeting. Policies and procedures which guided safe and effective practice were relevant to the service and had control measures to ensure they were up to date.
- The registered manager had undertaken the required safeguarding training and had developed policies to support this area for both vulnerable adults and children.

We rated this service as good because it was safe, caring and responsive and leadership had improved.

Summary of findings

Our judgements about each of the main services

Service

Diagnostic and screening services

Rating

Good



Summary of each main service

- The service was led by a suitably skilled practitioner, who now had a reliable governance system in place. Risks were fully considered as part of the regular governance meeting. Policies and procedures which guided safe and effective practice were relevant to the service and had control measures to ensure they were up to date.
- The registered manager had undertaken the required safeguarding training and had developed policies to support this area for both vulnerable adults and children.

Summary of findings

Contents

Summary of this inspection

Background to London Lung Laboratory Limited

Page

5

Information about London Lung Laboratory Limited

5

Our findings from this inspection

Overview of ratings

6

Our findings by main service

7

Summary of this inspection

Background to London Lung Laboratory Limited

The London Lung Laboratory Limited is a small service operated by one practitioner who is also the registered manager.

The service carries out lung function tests, including; spirometry; flow volume loops; bronchodilator response assessments; measurement of lung volumes and gas transfer. In addition to these tests the provider undertakes allergy skin tests for patients over the age of 13 years. All patients are referred via external clinicians and results are provided back to the referrer for consideration of any treatment needs.

We inspected this service in February 2022 where we found several areas which required improvement. As a result of this we issued a warning notice related to safeguarding training and a lack of safeguarding policy.

The purpose of this follow up inspection was to check if the required actions had been taken by the provider.

How we carried out this inspection

This inspection was announced shortly before our site visit in order to ensure the service was open. We spoke with the registered manager and reviewed the policies and procedural documentation and governance related records developed by the provider.

The inspection was undertaken by a CQC inspection manager and was overseen by Nicola Wise, head of hospital inspection.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Our findings




Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Not inspected	Not inspected	Good	Good
Overall	Good	Inspected but not rated	Not inspected	Not inspected	Good	Good

Diagnostic and screening services

Good 

Safe	Good 
Effective	Inspected but not rated 
Well-led	Good 

Are Diagnostic and screening services safe?

Good 

Safeguarding

The registered manager understood how to protect patients from abuse. They had received training on how to recognise and report abuse and they knew how to act if such a situation arose.

At the previous inspection the registered manager had a good understanding of safeguarding vulnerable individuals, despite their training not being up to date. We were provided with evidence soon after the previous inspection of the completion of safeguarding training for both adults and children at level three. We viewed the original certification during the follow up inspection.

Following the safeguarding training, the registered manager had developed a policy with guidance on the actions to take if a concern about the safety of an individual were suspected. The policy was provided to us soon after the previous inspection and we viewed the hard copy during the follow up inspection. The policy was dated, version controlled and had an identifiable review date. Information therein was detailed and reflected best practice.

Are Diagnostic and screening services effective?

Inspected but not rated 

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

The registered manager now had up to date policies to plan and deliver high quality care according to best practice and national guidance. Policies clearly stated the service; the date written; version control and next review date. Professional or national guidance had been used to inform the content as relevant.

Patient outcomes

The registered manager monitored the standards of diagnostic testing they performed for each patient. They used the findings to make improvements and achieve reports for the referring clinician or medico-legal person.

The registered manager had explored the possibility of measuring and comparing patient outcomes or treatment effectiveness in conjunction with other locations or nationally. It was agreed with the company director (a medical

Diagnostic and screening services

practitioner) that this was not realistic, as techniques, calibrations and other similar matters could not be guaranteed across different providers. Diagnostic tests and any subsequent required treatment or action remained the responsibility of the referring clinician or medico-legal practice. The registered manager did however, ensure through the checking and calibration practices undertaken prior to equipment use, that the tests undertaken provided the most accurate result for consideration by referrers.

Are Diagnostic and screening services well-led?

Good 

Governance

Leaders operated effective governance processes. The registered manager was clear about their role and responsibilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Since the previous inspection a regular governance meeting had been held with between the registered manager and company director. Agendas were set with topic ownership identified, target, status and comments. It was noted risks had been discussed, along with control measures, as well as policies. These meetings had been agreed to continue on a two-monthly basis for efficiency.

Management of risk, issues and performance

The registered manager identified relevant risks and took action to minimise these through the safety checks set out in policies and procedures.

As a small independent service, run by one individual, the registered manager, they were very aware of the risks related to service provision. Policies had been written to identify risks and how these were minimised through the associated checks. They identified how they were managed if they occurred. These were discussed at governance meetings. A separate risk register had not been developed for this reason.