

Dr Maria Jadwiga Spencer

16 Beech Drive

Inspection report

16 Beech Drive
London
N2 9NY
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Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Overall summary

This service is rated as Inadequate overall.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at 16 Beech Drive on 26 June 2019. 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.

16 Beech Drive provides private medical services to patients in the North London area. The service offers medical consultations to patients from a doctor trained in general medicine with a speciality in cardiology.

The doctor 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.

We received feedback from patients who had completed the CQC patient comments cards. We received 11 cards and all the comments were positive about the doctor and the service received. Patients described the service as very good or excellent and the doctor as caring. Patients felt they were treated with dignity and respect, listened to and given the right treatment.

Our key findings were:

- The systems in place to keep people safe and safeguarded from abuse needed strengthening.
- The identity of patients, including children was not always checked. The parental authority of adults accompanying children was not always verified.
- Risk assessments had not been completed and mitigating actions to reduce risk in the clinic had not been identified.
- Concerns were found in relation to health and safety, fire safety and infection prevention and control.
- Medical records were not always stored securely.
- There was no emergency equipment and only some emergency medicines. There were no risk assessments in place for emergency equipment and medicines not held by the service.
- There was no quality improvement activity including clinical audit carried out by the service.
- The provider was carrying out regulated activities that they were not registered for.
- Interpretation services were not available for patients who did not speak English or Polish.
- As the doctor worked alone there was no capacity for a chaperone if requested by the patient.
- There was no information available for patients who may wish to complain and no complaints process in place.
- Governance systems were not well established within the service.

- The provider was flexible in their approach to providing appointments and time for patients. There were no time constraints to the length of appointments.
- The provider made use of an external company to seek the views of patients and fellow healthcare professionals who had contact with the service. All feedback was positive about the service.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Please see the specific details on action required at the end of this report.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

16 Beech Drive

Detailed findings

Background to this inspection

16 Beech Drive provides private medical services to patients from its location of 16 Beech Drive, London, N2 9NY. The clinic consists of a consultation room in a private house. Patients are primarily, although not exclusively, from the Polish and Eastern European community and can access the clinic from anywhere in the country.

The provider is registered with CQC to provide the following activity:

- Treatment of Disease, Disorder, Injury (TDDI).

The service is run by a female doctor who does not employ any staff. They provide private consultations with the aim to diagnose patients and refer to specialists if necessary.

There are no set clinic times. The service is not advertised and there is no website. Patients refer themselves usually on word of mouth recommendations from other patients. Approximately 30 to 50 patients are seen each month.

How we inspected this service

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Before inspecting, we reviewed information we hold about the service.

During the inspection we:

- Interviewed the doctor running the service.
- Reviewed CQC patient comment cards completed by patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment used by the service.

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 rated safe as Inadequate because:

- The provider did not have effective systems in place to keep patients safe from harm.
- Risk assessments had not been completed particularly in relation to health and safety, fire safety and infection, prevention and control.

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- The provider did not conduct safety risk assessments. There were no documented safety policies in the clinic.
- The systems to safeguard children and vulnerable adults from abuse were lacking. The doctor had received up-to-date safeguarding training appropriate to their role. They knew how to identify concerns. However, there were no formal policies in place and there were no local authority contact numbers available to report any safeguarding concerns. Following the inspection the doctor provided evidence of local authority contact details.
- A Disclosure and Barring Service (DBS) check had been undertaken for the doctor. (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).
- The identity of patients attending the service was not checked. We were informed that the identity of children and those accompanying them to the clinic was not always verified. The service did not have systems in place to assure that an adult accompanying a child had parental authority. If available, the child's immunisation status was checked when they visited the clinic.
- There were no chaperones available as the doctor worked alone.
- There were no formal systems in place to manage infection prevention and control (IPC). There had been no IPC audits completed. At the inspection we identified some infection control concerns. For example,

- There were no handwashing facilities in the consultation room. The household cloakroom was used for handwashing. There was liquid soap available but no hand sanitizer gel or paper towels. There was a cloth towel for drying hands.
- There was a rip at the head end of the consultation couch exposing the foam padding.
- The sharps bin was filled above the recommended level, not correctly labelled and stored with the top open on the floor of the consultation room.

Risks to patients

There were not systems to assess, monitor and manage risks to patient safety.

- There was no one employed by the service and no locum staff were used. When the doctor was unavailable to see patients there was an answerphone recording on the telephone that advised patients to leave a message. There was no indication for patients on how long the doctor was away for and when to expect a return telephone call. There was no information on who to contact for medical help if the doctor was not available. We were informed that the doctor verbally informed their regular patients if they were going to be away on holiday.
- The doctor 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. However, we found that the service did not have a defibrillator, oxygen or a pulse oximeter available. There were some emergency medicines but not ones that may be needed by the service. For example, dexamethasone, diclofenac and furosemide were held but others such as aspirin and glyceryl trinitrate were not. There were no formal risk assessments in place for the lack of emergency equipment and to determine which emergency medicines should not be stocked.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

Information needed to deliver safe care and treatment to patients was not always well managed.

- We found that medical records were not always stored securely. The most recent medical records used were in a locked cabinet in the consultation room. However, we

Are services safe?

were informed that older medical records were kept unsecured in the private area of the house and in the loft. These could be accessed by family members of the household or destroyed in the event of a fire.

- The medical records we saw were loose leaf paper records held together with paperclips. There was the potential for different patients records to get mixed together.
- The service did not have a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Individual care records were written in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available.
- All records were hand written and letters were used for sharing information with other providers to enable them to deliver safe care and treatment.
- From the records we reviewed, we saw the doctor 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 some systems for appropriate and safe handling of medicines although they needed strengthening.

- The systems and arrangements for managing medicines minimized risks. There were no vaccines or controlled drugs held by the service. Prescriptions were issued on headed notepaper.
- From the notes we reviewed, we saw that the doctor prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety. However, the service did not carry out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing and supported good antimicrobial stewardship.
- There were no protocols in place for routinely verifying the identity of patients including children.

Track record on safety and incidents

The service did not have a good safety record.

- There were no risk assessments in relation to safety issues. The provider had not carried out any appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. We identified some health and safety concerns. For example, there were loose rugs on wooden floors in the hallway leading to the consultation room that posed a trip hazard.
- There was no arrangement plan in place for major incidents such as power failure or building damage.
- There had been no fire risk assessment and there was no evacuation plan in place in the event of a fire. We were informed there was a fire extinguisher in the garage adjacent to the house.
- The provider did not ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The blood pressure and ECG machine in the consulting room had not been calibrated and there was no portable appliance testing for the electrical equipment used.
- There was a contract in place for the collection of healthcare waste.

Lessons learned and improvements made

- There was no system for recording and acting on significant events. The doctor was unclear what would constitute a significant event and felt that none had ever occurred at the service.
- There were no systems for reviewing and investigating when things went wrong or for taking actions to improve safety in the service.
- The provider was aware of the requirements of the Duty of Candour. They did not have examples where they had needed to comply with this.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The doctor was responsible for ensuring appropriate actions were taken in response to safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Requires improvement because:

- There was no quality improvement activity including clinical audits.

Effective needs assessment, care and treatment

The provider had systems to keep 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 provider informed us of how they assessed patients' immediate and ongoing needs. They used relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients undergoing investigations were able to receive timely follow up. The provider advised us that blood tests were sent to a private laboratory and results were usually returned within 24 hours.
- The doctor 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 not actively involved in quality improvement activity.

- There was no evidence of quality improvement including clinical audits that had been completed. There had been no prescribing audits completed.
- We were shown evidence that a hospital consultant had peer reviewed four consultations in 2016. However, there had been no quality improvement activity since then.

Effective staffing

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

- The doctor was the only member of staff. They were registered with the General Medical Council (GMC) and were up to date with revalidation. Revalidation is the process by which doctors demonstrate their fitness to practice.

- The doctor had received training for anaphylaxis, basic life support and safeguarding vulnerable adults and children. They attended other British Medical Association (BMA) training events that were of interest to them and beneficial to the service.

Coordinating patient care and information sharing

The provider worked 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.
- 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 were informed that patients were 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 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. We were informed that when patients agreed to share their information letters were sent to their registered GP in line with GMC guidance.
- 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.

Supporting patients to live healthier lives

The service was consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, the doctor gave people advice so they could self-care.

Are services effective?

(for example, treatment is effective)

- 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, they were redirected to the appropriate service for their needs.
- The doctor understood the requirements of legislation and guidance when considering consent and decision making.
- There were no consent forms used. Verbal consent was sought and documented in the patients notes.
- Patients were supported to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Consent to care and treatment

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

Are services caring?

Our findings

We rated caring as Good because:

Kindness, respect and compassion

The provider treated patients with kindness, respect and compassion.

- Feedback from patients, on the CQC comments card, was positive about the way they were treated. The doctor was described as kind and helpful and patients commented that they were treated with respect.
- The doctor understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The provider had used an external company to undertake a patient satisfaction survey. There were 32 questionnaires completed by patients and the results showed that they all described the service as either very good or excellent.

Involvement in decisions about care and treatment

The provider helped patients to be involved in decisions about care and treatment.

- There were no interpretation services available for patients who did not have English as a first language. The doctor spoke fluently in English and Polish. If required patients could bring their own interpreter.
- Patients told us through comment cards, that they felt listened to and supported by the doctor and healthcare needs were responded to with the right treatment.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The service recognised the importance of people's dignity and respect.
- The consultation area was a room in a private house. It had a door that closed when a patient was being seen to avoid interruptions and maintain privacy.
- We were informed that appointments were planned to avoid patients waiting at the service to be seen as often as possible. There was a separate waiting area for patients if needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Requires improvement because:

- There was no information available for patients who may wish to make a complaint and no process in place for if a complaint was made.
- There was no information to direct patients to other services if the doctor was not available.

Responding to and meeting people's needs

The provider 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 developed the service in response to those needs. We were informed that patients self-referred usually on word of mouth recommendations from other patients.
- Patients contacted the service by telephone and the doctor advised they would not see patients who they did not have the capacity or knowledge to treat.
- We were informed that patients rang the service at any time and the doctor would sometimes give simple telephone advice. However, there was no evidence that this advice was recorded in the patients notes.
- The consultation room was on the ground floor of a private residence with wheelchair access available.

Timely access to the service

Patients were not always able to access care and treatment from the service within an appropriate timescale for their needs.

- There were no set clinic times. The service was not advertised and there was no website.
- The telephone for the service had an answerphone recording advising patients to leave a message if the doctor was unavailable. However, there was no indication of how long it would take to return calls and there was no information directing patients to other services if an urgent problem.
- After speaking with the doctor on the telephone patients had timely access to initial assessment, test results, diagnosis and treatment. Most patients were offered a same day or next day appointment.
- There were no time constraints to the length of appointments. The doctor allowed as much time as was required for patients.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service had an informal approach to complaints and concerns.

- There was no complaints process in place that would be followed if a complaint was made.
- We were informed that no complaints had been received and if they were they would be dealt with verbally.
- There was no information available for patients who may wish to make a complaint or who to contact if they were not happy with the response to a complaint. Following the inspection the doctor provided evidence of a complaint form for patients to use.

Are services well-led?

Inadequate 

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

Our findings

We rated well-led as Inadequate because:

- The systems and processes needed to support good governance were lacking.
- There was not effective systems for monitoring the service provision and delivering quality improvements.
- Risks to the service and patients were not always assessed and mitigating actions were not put in place.

Leadership capacity and capability;

The service did not always demonstrate it had the capacity and skills to deliver high-quality, sustainable care.

- We identified issues with the general administration and running of the service. In particular, areas such as identifying and mitigating risks to the service and patients were not fully assessed.
- The provider was registered with CQC for the regulated activity treatment of disease, disorder or injury. However, for parts of their service, such as taking blood tests, they should also have been registered for the regulated activity diagnostics and screening procedures.
- The service consisted of a single-handed doctor who did not employ any staff members.
- The provider was knowledgeable about their patients' needs and provided flexible services to meet those needs.

Vision and strategy

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

- There was a clear vision and set of values.
- The service had submitted a statement of purpose to CQC that outlined the services they provided as an independent private healthcare provider.

Culture

The service aimed for a culture of high-quality sustainable care.

- The service focused on the needs of patients.
- The provider advised that they had not had any incidents or complaints but were aware of the requirements of duty of candour should things go

wrong. However, we found the complaints process was not clearly advertised to ensure patients who wished to raise a concern knew how to do so and could get their concerns addressed.

- The provider worked alone and attended training courses to further their knowledge and for professional development. They met the requirements of professional revalidation and appraisal.

Governance arrangements

The roles and systems of accountability to support good governance and management were lacking.

- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective.
- The provider had not established proper policies, procedures and activities to ensure safety and to assure themselves that they were operating as intended.
- The provider had sole responsibility for the service provided.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- There were no processes to identify, understand, monitor and address current and future risks including risks to patient safety. For example, risk assessments relating to infection control, fire safety and health and safety were lacking. Mitigating actions to reduce risk had not been formally identified.
- The service did not have processes to manage current and future performance. There were no audits of their consultations, prescribing and referral decisions.
- The provider had not completed any clinical audits or quality improvement activity to demonstrate a positive impact on quality of care and outcomes for patients.
- The provider did have an oversight of safety alerts and demonstrated an awareness of recent safety alerts received.

Appropriate and accurate information

The service did not always have appropriate and accurate information.

- There was no quality and operational information used to ensure and improve performance.

Are services well-led?

Inadequate 

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

- The arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems were not in place. We found that medical records were not always stored securely. The most recent medical records used were in a locked cabinet in the consultation room. However, we were informed that older medical records were kept unsecured in the private area of the house and in the loft. These could be accessed by family members of the household.
- We were informed the service submitted notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

The service involved patients and external partners to support high-quality sustainable services.

- The provider made use of an external company to seek the views of patients and fellow healthcare professionals who had contact with the service. This was completed annually as part of the GP revalidation process. The 2019 survey showed that 32 patients and six healthcare professionals had been contacted for feedback.
- We were informed that there had been no complaints received by the practice.

Continuous improvement and innovation

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

- There were no systems to support improvement and innovation work.

Enforcement actions

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
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>There was no process for identifying, recording or acting on significant events.</p> <ul style="list-style-type: none">• There was no emergency equipment that included an Automated External Defibrillator (AED) and oxygen available to deal with a medical emergency. There was also no pulse oximeter available. There was no risk assessment in place to determine what emergency equipment was not required by the service and any mitigating actions to take to minimise the risk to patients.• An appropriate risk assessment had not been carried out to identify a list of emergency medicines that were not suitable for the service to stock.• Medical equipment, for example, the blood pressure monitor and the electrocardiograph machine had not been calibrated. There were no records in place to show the maintenance of the equipment.• Risk assessments had not been completed in relation to health and safety and fire safety.• The systems to manage and monitor the prevention and control of infection, as referred to in The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance, needed strengthening.• There was no chaperone policy and no capacity to have a chaperone available should a patient request a chaperone.• There were no policies or procedures in place in relation to safeguarding. The service did not have systems in place to assure that an adult accompanying a child had parental responsibility.

Enforcement actions

- Medical records were not always stored securely. There was no system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that you cease trading.

The enforcement action we took:

A warning notice was issued. The provider was advised they are required to become compliant with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 within one month.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

- There was no evidence of quality improvement including clinical audits that had been completed. There had also been no prescribing audits completed.
- The telephone for the service had an answerphone message advising patients to leave a message if the doctor was unavailable. However, there was no indication of how long it would take to return calls and no information directing patients to other services if an urgent problem. We were informed that patients rang at any time and sometimes simple telephone advice was given, there was no evidence that this advice was recorded in the patients notes.

The enforcement action we took:

A warning notice was issued. The provider was advised they are required to become compliant with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 within one month.