

Dr Adrian Whiteson OBE

Inspection report

Suite 2 Welbeck Mansions
35a Welbeck Street
London
W1G 8EZ
Tel: 020 7935 3351
No website

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (This service was previously inspected in March 2011, February 2013 and February 2018).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Dr Adrian Whiteson OBE on 10 April 2019 as part of our inspection programme.

Dr Adrian Whiteson OBE is an independent clinic in central London, which provides a person-centred healthcare service. This is a single-handed private doctor service to adults only, which mostly provides annual health checks, follow-ups, diagnosis and referrals to other consultants. The service is renting space in shared premises.

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 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.

Two patients we spoke with on the telephone were positive about the care and treatment offered by the service. Patients said they were satisfied with the standard of care received and thought the doctor was approachable, committed and caring. As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the 22 comment cards we received were positive about the care received.

Our key findings were:

- The provider had specialised in offering the individualised annual health checks, which accounted for 90% of their workload.
- Assessments of the patients' potential conditions were thorough and followed national guidance.
- The principal doctor was not responsible for managing patients with long-term conditions and they were referred to their NHS GP or other private consultants with their consent.
- Consent procedures were in place and these were in line with legal requirements.
- There was an infection prevention and control policy and procedures were in place to reduce the risk and spread of infection.
- Systems were in place to protect personal information about patients.
- Safety systems and processes were in place to keep patients safe.
- Appointments were available on a pre-bookable basis. The service provided only face to face consultations.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The service had gathered feedback from the patients.
- Information about services and how to complain was available.

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

- Implement a monitoring system to assure regular oversight of water temperature checks carried out by the building's management.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Dr Adrian Whiteson OBE

Dr Adrian Whiteson OBE is an independent clinic in central London, which provides a person-centred healthcare service. The service is run by a single-handed private doctor and employs two part time secretaries. The service did not treat children at the time of our inspection. The service is renting space in shared premises.

Services are provided from: Suite 2 Welbeck Mansions, 35a Welbeck Street, London, W1G 8EZ.

The service did not have any website and is not advertising or seeking to register new patients. Most of the new patients are referred by the existing customers.

The clinic is open between 8.45am and 5.45pm Monday to Friday. The service is flexible to accommodate consultations between 7am to 8.45am and 5.45pm to 7pm Monday to Friday if required for working patients who cannot attend during normal opening hours.

The service is registered with the Care Quality Commission to provide the regulated activities of

diagnostic and screening procedures and treatment of disease, disorder or injury. This service is registered with CQC under the Health and Social Care Act 2008 in respect of the services it provides.

How we inspected this service

Pre-inspection information was gathered and reviewed before the inspection. We spoke with the doctor and a secretary. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service. We reviewed patient feedback received 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?

We rated safe as Good because:

Safety systems and processes

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

- The service conducted safety risk assessments. Safety policies were regularly reviewed and were accessible. They outlined clearly who to go to for further guidance. The service had systems to safeguard vulnerable adults and children from abuse. The service did not treat children (under 18 years old) at the time of our inspection.
- The doctor understood their responsibilities to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service had employed two part time secretaries. There was a recruitment policy in place to carry out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. We found that the records of Disclosure and Barring Service (DBS) checks, qualifications and registration with the appropriate professional body were available on the day of inspection. (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. The doctor was trained to safeguarding children level three. 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. The service was renting space in shared premises and the provider was responsible for cleaning the premises. We observed that appropriate standards of cleanliness and hygiene were followed. The provider had carried out an infection control audit.
- 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.
- The service had a business continuity plan in place.

- There was a call system in place to raise an alarm with the secretaries and the consulting rooms were in close proximity to one another. Therefore, if an emergency arose, a call for help could be heard.
- There were effective protocols for verifying the identity of patients. Patients were able to register with the service by providing a date of birth, address and documentary evidence of their identity. At each consultation, patients confirmed their identity face to face. They were able to pay by bank transfer, debit or credit card and cash.
- Specimens were managed safely and transported to a laboratory by courier.

Risks to patients

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

- The doctor understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The doctor 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.
- 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. Patient records were stored securely in a locked room in the locked cabinets. Consultation notes were held in paper format and the doctor had access to the patients' previous records held by the service.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had 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.

Are services safe?

- 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 reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks.
- The service carried out regular medicines reviews to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The doctor prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The private prescriptions were hand written on the letterhead which included a company name and other necessary information. These paper prescriptions were prescribed and signed by the doctor. There was a record of what was prescribed in the patient consultation notes.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service was renting space in shared premises. 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.
- The fire risk assessment had been carried out on 14 December 2018. The service had carried out a fire drill on 28 January 2019 and fire extinguishers were serviced in November 2018. Smoke alarm checks had been carried out on 28 March 2019.

- A legionella risk assessment had been carried out on 2 February 2018 and regular safety checks had been undertaken by the building management who was responsible for managing the premises. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, on the day of the inspection, the service was unable to provide evidence of regular water temperature checks because the contractor was not able to find water temperature checks records due to a recent relocation and relevant staff leaving the job. The service later informed us the contractor had sent a water sample for an external analysis on 15 April 2019 and were waiting for the results. The contractor had carried out water temperature checks and readings were within the recommended range. The service informed us that they received water supply directly from the mains and had all relevant control measures in place.

Lessons learned and improvements made

- There was an incident reporting policy for staff to follow and there were procedures in place for the reporting of incidents and significant events. However, we could not assess its effectiveness as no incidents had been reported.
- The doctor demonstrated an understanding of which incidents were notifiable under 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).
- The doctor had signed up to receive patient and medicine safety alerts. They provided examples of alerts they had received but there were no examples of alerts being acted on as none had been relevant.

Are services effective?

We rated effective as Good because:

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 needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- The provider had specialised in offering individualised annual health checks, which accounted for 90% of their workload. On average they offered 15 to 20 annual health checks per week mostly to the patients working in the corporate sector.
- The provider offered services to patients who were aged 18 years and over.
- The service ensured that all patients were seen face to face for their consultation. The service offered a 90 minute consultation for an annual health check and 30 to 60 minute consultations for follow up and all other health conditions.
- We reviewed examples of medical records which demonstrated that patients' needs were fully assessed and they received care and treatment supported by clear clinical pathways and protocols.
- The service used a comprehensive assessment process including a full life history account and necessary examinations such as blood tests or scans to ensure greater accuracy in the diagnosis process. The assessments were tailored according to information on each patient and included their clinical needs and their mental and physical wellbeing. All patients completed a medical questionnaire at their first visit.
- The outcomes of each assessment were clearly recorded and presented with explanations to make their meaning clear, which included a discussion on the treatment options.

Monitoring care and treatment

The service was involved in quality improvement activity.

We saw the service had an effective system to assess and monitor the quality and appropriateness of the care provided.

- The doctor was not responsible for managing patients with long-term conditions and they were referred to their NHS GP or other private consultants with their consent.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. Patients were required to attend a periodic check with the service, without which the doctor would not prescribe further medicines.
- The doctor advised patients what to do if their condition got worse and where to seek further help and support. The service had a contract with an out of hours provider to provide an out of hours service after 5.45pm and at weekends when the service was closed.

We found the service was following up on pathology results and had an effective monitoring system in place to ensure that all abnormal results were managed in a timely manner and saved in the patients' records. Patients we spoke with on the telephone informed us that the service was very pro-active to follow up and discuss the blood test results.

The provider had carried out some quality improvement activity.

- There were no prescribing audits to monitor the individual prescribing decisions to monitor the quality of the prescriptions issued, but individual patients on prescribed medicines were monitored to identify the appropriateness of their medicines. Overall clinical outcomes for patients were monitored.
- The provider had received an annual audit report from the laboratory on pathology results.
- The provider had carried out an audit of 20 random patients to check follow up actions were taken when clinical abnormalities had been identified in pathology results. This audit had found 100% satisfactory results.

Patient feedback was sought via questionnaires and surveys on the support and care provided. This was highly positive about the quality of service patients received.

Effective staffing

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

- The service was run by a doctor, supported by two part time secretaries to deal with telephone and email queries and book appointments. There had been no new staff employed for the last 11 years.

Are services effective?

- The doctor was registered with the General Medical Council (GMC) the medical professionals' regulatory body with a licence to practice.
- The doctor was registered with the Independent Doctors Federation (IDF) the independent medical practitioner organisation in Great Britain. (IDF is recognised as the nationwide voice of independent doctors in all matters relating to private medicine, their education and revalidation).
- The doctor had a current responsible officer. (All doctors working in the United Kingdom are required to have a responsible officer in place and required to follow a process of appraisal and revalidation to ensure their fitness to practice). The doctor was following the required appraisal and revalidation processes.
- The doctor had attended role-specific training and demonstrated proof of their ongoing professional development. For example, by attending courses provided by the Royal College of Physicians.
- The learning needs of both secretaries were identified through a system of appraisals and continuous communication with them. All staff had received an appraisal within the last 12 months. Both secretaries had received up to date training relevant to their role.

Coordinating patient care and information sharing

The doctor worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care.
- Before providing treatment, the doctor 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.
- When a patient contacted the service, they were asked if the details of their consultation could be shared with their NHS GP. If the patient did not agree to the service sharing information with their GP, then in case of an

emergency the provider discussed this again with the patient to seek their consent. We saw an example of consultation notes having been shared with the GP with the appropriate patient consent.

- Patient information was shared appropriately, 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 doctor 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. They encouraged and supported patients to be involved in monitoring and managing their health.
- They discussed changes to care or treatment with patients as necessary.
- Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- 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.

- The doctor understood the requirements of legislation and guidance when considering consent and decision making. If a patient's mental capacity to consent to care or treatment was unclear we were told the doctor would assess the patient's capacity and record the outcome of the assessment.
- The service had a consent policy in place and the doctor had received training on consent.
- The service monitored the process for seeking consent appropriately.
- We were told that any treatment including fees was fully explained to the patient prior to the procedure and that people then made informed decisions about their care.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- 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.
- Feedback from patients was positive about the way staff treat people. Patients said they felt the provider offered excellent service and the staff was helpful, caring and treated them with dignity and respect. They said the doctor responded compassionately when they needed help and provided support when required.
- All of the 22 patient Care Quality Commission comment cards we received were positive about the service.

Involvement in decisions about care and treatment

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

- Patients told us 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.

- We saw that treatment plans were personalised and patient specific which indicated patient were involved in decisions about care and treatment.
- The service gave patients clear information to help them make informed choices including details of the scope of services offered and information on fees.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Interpretation services were available for patients who did not have English as a first language.

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.
- The service had a confidentiality policy in place and systems were in place to ensure that all patient information was stored and kept confidential.
- The service waiting area was a separate room from the reception space. This meant that conversations in the reception area, as patients arrived for their appointments or after consultations, could not be overheard.

Are services responsive to people's needs?

We rated responsive as Good because:

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.

- Patients' individual needs and preferences were central to the planning and delivery of tailored services. Services were flexible, provided choice and ensured continuity of care, for example, early morning and late evening appointments were available for patients who were unable to attend the practice during normal working hours.
- The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against anyone.
- They provided services to patients with an ethos of providing individualised care and treatment, considering and respecting the wishes of its patients.
- An electrocardiogram (ECG) service was offered onsite. An electrocardiogram (ECG) is a simple test that can be used to check the heart's rhythm and electrical activity. Sensors attached to the skin are used to detect the electrical signals produced by the heart each time it beats.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. There were two steps going up to the premises main entrance and an additional step into the practice's inner entrance door. They had a ramp that could be used to wheelchair or pushchairs users access the premises.

Timely access to the service

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

- Patients had timely access to the initial assessment, test results, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- The appointment system was easy to use. Appointments were available on a pre-bookable basis. The service was not advertising or seeking to register new patients and most of the appointments were annual health checks and follow-ups or referred by the existing customers.
- Consultations were available between 8.45am to 5.45pm Monday to Friday. The provider was flexible to accommodate consultations between 7am to 8.45am and 5.45pm to 7pm Monday to Friday if required for working patients who could not attend during normal opening hours.
- Patients could access the service in a timely way by making their appointment over the telephone or in person.
- This service was not an emergency service. Patients who had a medical emergency were advised to ask for immediate medical help via 999 or if more appropriate to contact their own GP or NHS 111.
- The patient feedback we received confirmed they had flexibility and choice to arrange appointments in line with other commitments.

Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns.

- The service had a complaints policy and there were procedures in place for handling complaints.
- The doctor was a designated responsible person to handle all complaints.
- Information about how to make a complaint was available in the waiting area. We saw this information included the complainant's right to escalate the complaint to the Independent Doctors Federation (IDF), Independent Healthcare Sector Complaints Adjudication Service (ISCAS) and the Care Quality Commission (CQC) if dissatisfied with the response.
- The provider had never received a formal complaint since the service opened.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability

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

- The doctor was knowledgeable about issues and priorities relating to the quality and future of services.
- The doctor was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The doctor had the experience, capacity and capability to run the service and ensure patients accessing centre received high-quality assessment and care.

Vision and strategy

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

- The service had a clear vision to provide a high-quality person-centred service.
- The service had a mission statement which included to provide professional, caring and supportive medical advice and treatment in a comfortable and supportive environment.
- The doctor monitored progress against delivery of the service.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The service had an open and transparent culture. We were told that if there were unexpected or unintended safety incidents, the service would give affected patients reasonable support, truthful information and a verbal and written apology.
- The provider was aware of and had systems 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).
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and the doctor.

Governance arrangements

There were effective arrangements to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- The service 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.
- The service identified, assessed and managed clinical and environmental risks related to the service provided.
- There were systems in place to monitor the overall performance of the service.
- There was no specific prescribing audit activity, but overall clinical outcomes for patients were monitored.
- 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.
- Patient assessments, treatments and medications were recorded in a paper format. We reviewed two

Are services well-led?

anonymised assessment reports where a diagnosis was made. We found that the assessments included clear information and recommendations. The doctor responsible for monitoring patients' care was able to access notes from all previous consultations.

- Care and treatment records were complete, legible and accurate, and securely kept.
- 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.
- The service was registered with the Information Commissioner's Office.

Engagement with patients, the public, staff and external partners

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

- Comments and feedback were encouraged. These were reviewed and considered by the provider.
- There were many examples of compliments received by the service. For example, we saw several compliments related to the caring and professional nature of the staff and the clear explanations around proposed treatments, risks and outcomes.

- The doctor had collected 360-degree feedback from other clinical colleagues.
- The service had collected patient feedback via questionnaires regarding the support and care provided. This was highly positive about the quality of service patients received.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The doctor was engaged in continuous professional development. They participated in regular joint clinical meetings for peer support and professional development.
- The doctor had attended regular lectures held at the Royal College of General Practitioners and the local hospitals.
- They regularly read international publications regarding the research studies carried out by other clinical fellows.
- The doctor was involved in a research study relevant to vitamin D deficiency with other clinical fellows in Australia.