

Chelsea Consulting Rooms

Inspection report

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Date of inspection visit: 9 November 2022
Date of publication: 27/01/2023

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 to people's needs?		Good	
Are services well-led?		Good	

Overall summary

How we inspected this service

We carried out an announced inspection at Chelsea Consulting Rooms. This was as part of our inspection programme; the service had not previously been inspected.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

The key questions at this inspection were rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

Our key findings were:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

Whilst we found no breaches of regulations, the provider **should**:

- Continue to develop new computerised clinical system

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Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to Chelsea Consulting Rooms

Chelsea Consulting Rooms is located at 2 Lower Sloane Street, London, SW1W 8BJ. It is a single handed practice run by Dr Victoria Owen who is assisted by an administrator.

The practice carries out general practice consultations on a private basis. This includes routine health checks, long term conditions management and the management of menopause. Dr Owen is also involved in genetic screening to find the links between cancer diagnosis and genetics. Patients requiring urgent hospital attention are referred to local NHS hospital trusts.

The practice is open between 8.30am and 5.30pm Monday to Friday with appointments being offered between 9am and 5pm Monday to Friday. There is no out of hours service.

The provider is registered to carry out the following Care Quality Commission (CQC) regulated activities: Treatment of disease, disorder or injury; diagnostic and screening procedures; and maternity and midwifery services.

Before the inspection we reviewed pre-inspection information submitted by the provider, requested by the CQC.

At the inspection visit we were informed that the computerised patient records were unobtainable due to a critical incident involving the online host. The records were blocked in the incident by the host to ensure confidential information was not leaked. The practice were in the process of trying to obtain these records. However they were beginning to transfer the records to a new system. Paper based records were available to view. The practice had reverted back to a paper based records system and all new consultations were being recorded in this way.

During our visit we spoke with the doctor and administrator (who comprise the practice team), reviewed personal care records of patients and also reviewed practice policies and staff records. No patients were available to speak to on the day of inspection.

Are services safe?

We rated safe as Good.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. All electronic equipment had an up to date portable appliance test carried out, and all clinical equipment had recently been calibrated. The practice had carried out a legionella risk assessment and was able to evidence that actions recommended by the report were being regularly carried out, which included water temperature logging. The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were appropriate systems for safely managing healthcare waste.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. The doctors and nursing staff had conducted level three safeguarding training and receptionist level one. All staff interviewed knew how to identify and report concerns.
- All staff were trained in basic life support and first aid. Staff we interviewed were able to adequately explain what they would do in the case of an emergency.
- Staff who acted as chaperones were appropriately trained for the role.
- The building was managed by another healthcare provider where Chelsea Consulting Rooms rent space. It was the responsibility of the host to carry out buildings and health and safety risk assessments along with providing cleaning. Any actions from the risk assessment were then passed to the provider for actioning. We viewed all risk assessments and actions and found that they were up to date and appropriate actions had been taken.
- The practice was visibly clean and hygienic, there was an effective system to manage infection prevention and control, the policy and procedures had been enhanced and updated to reflect the ongoing COVID-19 pandemic.

Risks to patients

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

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services, these were assessed and the impact on safety monitored.
- There were appropriate indemnity arrangements in place.

Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The emergency medicines and equipment were housed centrally within the host building where all providers in the building had access. All staff had received appropriate training and had risk assessed how these were used.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- At the inspection visit we were informed that the computerised patient records were unobtainable due to a critical incident involving the online host. The records were blocked in the incident by the host to ensure confidential information was not leaked. The practice were in the process of trying to obtain these records. However they were beginning to transfer the records to a new system which is widely used by NHS GP practices with a much higher level of support. Paper based records were available to view. The practice had reverted back to a paper based records system and all new consultations were being recorded in this way. This incident had been recorded as a significant event and reported to the Care Quality Commission. The practice contacted patients to inform them of the incident and requested consultations with patients to complete medical histories and prescribing histories where appropriate.
- 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 NHS GPs 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.
- The practice had a strong working relationship with a large network of specialist consultants. They made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service prescribed Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Systems were also in place to prescribe schedule 4 or 5 controlled drugs. The service had not administered any controlled drugs since re opening after the Covid-19 pandemic.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice did not administer medicines. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

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 monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Are services safe?

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The practice had one significant event recorded in the last 12 months. This was in relation to the loss of the computerised patient records. Relevant authorities were informed when the records were lost, and a system was in place to retrieve as much information as possible. This included informing patients and requesting that they contact the practice to inform about regular prescriptions and ongoing issues so that they could be noted in a paper file. The practice was in the process of installing a new system. We were satisfied there was an effective system for recording and acting on significant events. This included a shared learning from an incident bulletin that was available for all staff to read and discuss in meetings. Events were shared and discussed in regular meetings with other providers within the building to aid in shared learning.
- There were systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service.
- 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. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. For example we saw a 2022 alert from the Medicines and Healthcare products Regulatory Agency (MHRA) regarding Benzylpenicillin (used to treat conditions such as wound infections and some respiratory infections). We saw this alert was recorded and acted upon by the practice.

Are services effective?

We rated effective as Good.

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 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.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The service was actively involved in quality improvement activity.
- Audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- We saw evidence of both clinical and non-clinical audits.
- We reviewed an audit of patients prescribed methotrexate (Used for the treatment of conditions such as rheumatoid arthritis) carried out for the period of January 2020 to January 2021. The audit was to ensure that any patients prescribed the medicine was on the correct dosage and appropriate reviews were being undertaken. The practice found one patient prescribed the medicine and that they were being appropriately monitored. Since the audit that patient was no longer prescribed the medicine. The practice had a plan in place to audit any new prescriptions every three months.
- We also reviewed an audit of clinical notes to ensure that all required information was present. It was found that all appropriate information was present.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- GP's were registered with the General Medical Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Are services effective?

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other specialist services and clinicians 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 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 NHS GP. The doctor at the service contacted the patients NHS GP when it was felt appropriate as some patients wished this to remain separate.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their NHS GP, or they were not registered with an NHS GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their NHS 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. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

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 their NHS GP or to an appropriate service or specialist consultant for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good a rating because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care. All feedback is recorded and logged. Feedback is received directly from patients after consultation or through online reviews of the service received. All reviews that we looked through were positive about the service.
- 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 available for patients who did not have English as a first language. Information leaflets were available in easy read formats to help patients be involved in decisions about their care.
- Feedback we reviewed showed patients felt they were 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.
- Patients were given all the information needed at the initial consultation to be able to make an informed decision about their care and formulate a treatment plan with the doctor.

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?

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.
- The provider improved services where possible in response to patient feedback and unmet needs.
- The service had a system in place that alerted staff to any specific safety or clinical needs of any person using the service.
- The facilities and premises were appropriate for the services delivered. The practice was located on the second floor accessible by a lift from the building's main reception area.

Timely access to the service

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

- The practice was open five days a week for face to face consultations between 9am and 5pm. The practice did not open on a bank holiday. Late appointments were available each Wednesday on request. The doctor also carried out home visits for those patients who are elderly or had mobility issues. There was a small uptake for this with only one home visit being requested every two weeks. Patients could contact the practice mobile phone outside of the opening hours where the doctor would respond according to urgency.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. Tests were usually carried out at the time of appointment with results emailed to the patient the next day.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patient feedback demonstrated the appointment system was easy to use.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. The practice had not received a complaint since May 2021. However, we reviewed past complaints and found that they had been managed appropriately.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- The leadership was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. One of the main challenges was recruiting appropriate staff in order to expand the service. As the service did not rely on large advertising campaigns, patient word of mouth was the main source of advertising. The practice stated that this was also a challenge as the number of people using the service since the pandemic has decreased.
- The lead GP was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- There were effective processes to develop leadership capacity and skills.

Vision and strategy

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

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

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Clinicians acted on behaviour and performance inconsistent with the vision and values.
- Staff 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. Staff were supported to meet the requirements of professional revalidation, training and development where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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. This was put to the test through the loss of the computerised patient notes. The practice had not recorded any specific data breaches from individual patient records.

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. A risk log was kept of all current and potential risk which was acted upon and regularly reviewed.
- The provider had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. This took place through peer to peer meetings within the health centre and through professional appraisal.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

Are services well-led?

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews (through doctors peer meetings, and central governance meetings) of incidents and complaints.
- Learning was shared and used to make improvements. Once assessed and outcomes developed, incidents were published and put on display in the practice for all staff learning.
- New areas of working that could benefit patients were looked at and constantly reviewed. This included the doctors work on genetic screening of cancer patients and how this could benefit patients through identifying early signs of cancer in this way. The practice was working in collaboration with the Royal Marsden Hospital to provide genetic cancer screening for cancer predisposition genes to give more personalised advice around risk and future screening requirements. The service identifies whether a person has inherited any cancer genes so that reassurance can be given and if appropriate further screening and treatment plans.
- The practice were looking at innovative ways to help a wider patient population. This included menopause advice and treatment to hard to reach vulnerable groups such as women in prison. The doctor had been in talks with members of parliament about providing services to this group of people and to also raise awareness of the need to treat NHS employees leaving the service due to issues surrounding menopause and how treating this group of people could help prevent the loss of highly trained NHS staff.
- Following a number of years working for the Metropolitan Police as a Forensic Medical Examiner, the lead doctor has begun work with the family court service to ensure thorough safeguarding training is provided to employees and experts which is not currently taking place.