

The London Endocrine Centre

Inspection report

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

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Overall summary

This service is rated as Choose a rating overall.

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 The London Endocrine Centre as part of our routine inspection program.

The service last had a compliance review 22 August 2012, when it was found to be meeting all of the required standards.

The service provides a private, specialist endocrine service to patients with endocrine diseases, for example hypothyroidism, polycystic ovary syndrome and diabetes. They also provided services for patients with chronic fatigue syndrome and long COVID-19 symptoms.

The lead clinician 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.

Our key findings were:

- Staff training was up to date and all staff had safeguarding training to the appropriate level.
- There was a small team where staff reported good levels of communication.
- Medicines and test results were reviewed and managed appropriately, and in a timely manner. Medicines were prescribed appropriately and consent was gained to share information with patient GPs. Patients were given holistic care in order to treat immediate and ongoing health needs.
- Documentation and patient records were contemporaneous and of a high standard, and were kept securely in accordance with data protection laws.
- Patients reported high levels of satisfaction with their care and treatment, that they had enough time with the doctor during appointments and commented that they felt ‘listened to’.
- The provider evidenced a good understanding of patient needs and offered a variety of ways in which patients could access the service.
- There were adequate policies and systems in place to ensure good governance.

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

- Implement identification checks for new patients.
- Implement a prescription record and monitoring system for paper prescriptions.

Overall summary

- Commence formal significant event and complaint logs.
- Display information to patients about how to make a complaint, requesting a chaperone, and interpretation services available.
- Continue second cycles of audits and maintain ongoing quality improvement processes.
- Formalise regular team meetings and take minutes for audit trail purposes.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector with a GP specialist advisor, who both attended the location on the day of inspection.

Background to The London Endocrine Centre

The London Endocrine Centre is an independent healthcare provider located at 68 Harley Street, London W1G 7HE. It occupies consulting rooms on the first floor of a period building, managed by another healthcare provider. The provider also has another location in central London. The location at Harley Street was the only site inspected and the other site was not visited as part of the inspection.

The provider was established by Dr Paul Jenkins in 2003. It offers consultation, medical and surgical treatment to adult patients with endocrine disease (hormonal imbalance) and chronic fatigue syndrome. It has recently started offering consultation for patients with long lasting symptoms of Covid-19.

The provider is comprised of a principal consultant endocrinologist and a consultant endocrinologist who works with The London Endocrine Centre on a self employed basis; both referring to an endocrine surgeon where required. Both doctors are supported by a small administrative team. The principal doctor provides 40 consultations a week to a population of approximately 500 patients.

Patients are able to book initial appointments over the phone and there is access to emails for comments and queries, which are checked on a daily basis.

Location usual consultation appointment times:

Monday to Thursday 9am to 1pm.

How we inspected this service

Evidence was gathered through a review of policy documents and records kept by the provider; staff interviews were conducted; patient satisfaction surveys and reviews were examined. The inspection was on-site and lasted one day, with reviews of submitted documentary evidence that took place following the site visit.

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:

Staff training was up to date and all staff had safeguarding training to the appropriate level. Infection prevention and control measures were in place, the premises were compliant with these and staff were trained appropriately. There was a small team where communication of any changes was immediate, and generally made face to face or via email. Medicines and test results were reviewed and managed appropriately, and in a timely manner. The practice had a good safety record and had evidence of clinical audit to monitor care.

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 appropriate safety policies, which were communicated to staff. 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 had recruited one member of staff in the past 12 months via a recruitment agency. Disclosure and Barring Service (DBS) checking had been carried out according to policy.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control. Infection prevention and control and general property cleaning and maintenance was carried out by the building owners. We saw evidence of fire and health and safety risk assessments including legionella testing.
- 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 provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff, tailored to their role.
- 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 or staff, the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. These were managed by the building owners.

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.

Are services safe?

- 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The practice had use of the emergency medicines kept on site by the property owners. The emergency medicines held were appropriate and there were adequate stocks available. They were appropriately stored and monitored.
- The practice stocked minimal blank prescriptions. These were locked and only accessible by the principal doctor.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- There was no formal method of identifying patients prior to consultation or prescription of medicines.

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.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was no formal system for recording and acting on significant events; the practice told us that any events were dealt with immediately and discussed within team meetings. This was considered adequate for the type of service; the practice described two potential significant events in the previous year that were resolved immediately and appropriately, however had not recorded these in a formal manner. During interviews, we found that staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were no formal systems for reviewing and investigating when things went wrong. Records of meeting minutes showed that 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.

When there were unexpected or unintended safety incidents:

Are services safe?

- Although there had been no unexpected safety events within the last 12 months, the practice had policies to support good management of these and staff were aware of their roles and responsibilities.
- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- 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.

Are services effective?

We rated effective as Good because:

Patients were given holistic care in order to treat immediate and ongoing health needs. Documentation and patient records were contemporaneous and of high standard, and were kept securely in accordance with data protection laws. Medicine was prescribed appropriately and consent was gained to share information with patient GPs.

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)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. For example, routine blood tests were offered to patients at a time prior to their next appointment to allow for appropriate review and treatment.
- Staff assessed and managed patients' pain where appropriate.
- The provider used encrypted electronic systems to store records and results. They had good lines of communication with their labs and systems in place for receiving and reviewing blood results in a timely manner.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The practice had completed Vitamin D testing on a number of patients and found consistently low levels, which has informed practice and improved patient care. As a result of these findings, the practice now routinely tests patients for Vitamin D deficiency and treats accordingly.
- We saw evidence of clinical audits taking place, however these audits were not always repeated for a second-cycle to monitor outcomes and level of improvement achieved.

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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) 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

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

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with other services when appropriate, such as secondary care providers and patients' GPs.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- 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 GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Staff showed awareness of how care and treatment for patients in vulnerable circumstances would be coordinated with other services if necessary, such as the local authority and secondary care.
- 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 the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- 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 because:

Patients reported high levels of satisfaction with their care and treatment. They told us they had enough time with the doctor during appointments and commented that they felt 'listened to'. The service provided comprehensive information to patients via their website and could provide paper copies or translations if required.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received and on their levels of satisfaction through impartial online platforms, and patient questionnaires/surveys.
- Feedback from patients available online and in practice survey records was positive about the way staff treat patients.
- 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. We did not see notices in the reception areas informing patients this service was available. The provider told us that patients often like to arrange their own interpreter for appointments.
- Information leaflets were available online to help patients be involved in decisions about their care.
- Patients said 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.
- For patients with learning disabilities or complex social needs, family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

The provider displayed a good understanding of patient needs and offered a variety of ways in which patients could access the service. Patients received continuity of care and reported high levels of satisfaction with the appointments system and the care they received. Referrals were made in a timely and appropriate manner.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs, for example offering consultations in different locations, and by a variety of means such as in-person, by video or by telephone.
- The facilities and premises were appropriate for the services delivered.

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 initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. The provider made referrals same day and double checked receipt status.

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 not readily available at the premises. We saw information on how to give feedback about the service on their website.
- The service informed patients via letter or email 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 complaints policy and procedures in place. The service complaints process facilitated learning lessons from individual concerns, however no formal complaints had been received or recorded in the previous 12 months.

Are services well-led?

We rated well-led as Good because:

Lines of communication between staff and management were open and staff reported feeling safe and confident to voice any concerns or issues. Staff told us there were regular informal meetings between staff that were not minuted that take place at least weekly; formal, minuted meetings took place approximately twice per year. As the practice has a small team, changes to practice and any issues discussed at meetings were adequately disseminated via email or face to face interactions. There were adequate policies and systems in place to ensure good governance. The practice undertook audits to measure quality of care. The practice actively sought feedback in order to improve services and care to patients.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them, for example: high demand for services has led to taking on another clinician, creating more appointments, and utilising technology to provide more easily accessible appointments.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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. 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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of, and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they 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 where necessary. Staff were considered valued members of the team. They were given protected time for professional development and evaluation of their work.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

- 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.

Governance arrangements

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

- 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 coordinated 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.
- The service submitted data or notifications to external organisations as required.
- 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.

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 had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- 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.
- 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.

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.

Are services well-led?

- 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, for example issues were discussed in meetings in order to continuously provide high-quality services for patients and good working environment for staff.
- There were systems to support improvement and innovation work; the provider could evidence attendance at learning days and conferences, and clinical work was reviewed and audited.
- Staff could describe to us the systems in place to give feedback: directly to the principal doctor or during appraisals.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service could not demonstrate how it made use of internal and external reviews of incidents and complaints as there were no formal complaints received or recorded within the last year. Learning from informal feedback was shared during team meetings and used to make improvements. The provider told us because they were a very small team any minor issues could be discussed and actioned immediately.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.