

DPCLINIC

Inspection report

70 Harley Street
London
W1G 7HF
Tel: 02070995383

Date of inspection visit: 18 July 2022 - 16 August 2022
Date of publication: 10/10/2022

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 Good 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 inspection at DPCLINIC on 25 July 2022 as part of our inspection programme. We gave two weeks notice of the inspection. This inspection was the first rated inspection following registration with the Care Quality Commission

The service has a 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.

We spoke to four patients who provided feedback about the service. In addition, we reviewed patient feedback collected by the service via an online platform. Patients reported that staff were supportive and open about discussing treatment options. Patients could always speak to a clinician when needed and the service was prompt in responding to queries.

Our key findings were:

- The provider understood the learning needs of staff and provided protected time and training to meet them. Administration staff had additional training such as in autism and learning disability to support their role.
- The service used information about care and treatment to make improvements. Staff completed audits such as record keeping and infection control audits and used the results effectively.
- Patients could access care and treatment in a timely way.
- Staff treated patients with compassion and kindness and understood the individual needs of patients. They actively involved patients in decisions and planning their care.
- Patients felt that the service was personalised and that their opinions about their care and treatment were listened to.
- The record keeping system allowed staff to flag risks so that staff could see key information quickly.
- The service had systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role.
- Clear governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The service had arrangements in place to refer patients to other services when needed.

However:

Overall summary

- We found three of six staff records did not include an employment history or explanations of gaps in employment as part of checks to ascertain a person's suitability for any given role.

Jemima Burnage

Interim Deputy Chief Inspector of Hospitals (mental health)

Our inspection team

Our inspection team was led by a CQC inspector. The team included a CQC inspector and an inspection manager.

Background to DPCLINIC

DP Clinic is led by a consultant psychiatrist who is also the registered manager. The service operates five days a week from 70 Harley Street, London, W1G 7HF. The premises consist of a shared reception and a consultation room on the first floor. The service offers online consultations where appropriate. The service is registered to provide the following regulated activity: treatment of disease, disorder or injury. The service focuses on general adult psychiatry, psychosexual medicine and gender dysphoria.

How we inspected this service

During the inspection of this service, the inspection team:

- visited the service and looked at the quality of the environment
- reviewed 10 care and treatment records of patients
- spoke with four patients who were using the service by telephone
- spoke with four staff members including the lead clinician, practice manager and two administration staff
- reviewed six staff records
- looked at a range of policies, procedures and other documents relating to the running of 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 formed the framework for the areas we looked at during the inspection.

Areas for improvement

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

- The provider should ensure that employment records include full employment history and explanations for any gaps in employment.

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 had systems to safeguard children and vulnerable adults from abuse. The service safeguarding lead was the registered manager who had level three safeguarding training. The service did not see people under the age of 18 years. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Administrative staff were trained up to safeguarding adults and children level two.
- 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. For example, administration staff escalated any information of concern obtained during telephone calls to the practice manager and safeguarding lead.
- The registered manager was supported by a practice manager, a team of four administrators and five clinicians with practising privileges. The provider carried out checks on prospective new staff at the time of recruitment. The service undertook Disclosure and Barring Service (DBS) checks on staff 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. However, we found three of six staff records did not include a full employment history including written explanations of gaps in employment. Employers have a duty of care to both patients and staff to ensure that all reasonable checks are undertaken to ascertain a person's suitability for any given role. The registered manager told us that he had worked with staff recruited in previous organisations and was aware of their employment history. Following the inspection, the practice manager informed us that they had found the relevant documentation. However, this was not recorded.
- There was an effective system to manage infection prevention and control. The service last completed an infection control audit in June 2022. The audit identified the need to introduce a cleaning schedule for the office, which was acted on.
- Staff followed infection control guidelines, including handwashing guidance and wore appropriate personal protective equipment. Staff we spoke with knew the COVID-19 procedures for the service. There were arrangements in place for staff to undertake COVID-19 tests when required.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The provider made arrangements to have equipment calibrated as required.
- The service carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them. The provider's office was based on the first floor. Arrangements were in place to ensure that the service could support people with mobility needs by booking a room with another provider in the building on the ground floor or offered a home visit where appropriate.

Risks to patients

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

- When the service was closed, staff explained that patients could contact a local mental health hospital that offered a 24 hours emergency contact service. Patients we spoke with were able to give examples of when where they made contact with the hospital outside office hours and felt supported during a crisis. Staff gave patients an emergency contact number at the first appointment and included it in care plans.
- Clinicians had appropriate indemnity arrangements and public liability insurance in place to cover any potential liabilities that may have occurred.

Are services safe?

- We reviewed the care records of 10 patients at the time of our visit. Staff had completed risk assessments for all 10 patients. Risk assessments included a risk history and assessment of risks associated with patients' mental and physical health. Patients we spoke to also had a crisis plan that they discussed with clinicians in appointments.

Information to deliver safe care and treatment

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

- The service used electronic records. 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 a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading. This was included in the service's business continuity plan.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. Referral timelines were monitored by the practice manager to ensure all referrals had been completed as planned.
- The service had a practising privileges agreement that outlined the expectations of clinicians and their responsibilities.

Safe and appropriate use of medicines

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

- The service had arrangements for managing prescriptions. The service did not keep medicines on site. The service kept prescription stationery securely and monitored its use. Scanned copies of all prescriptions were uploaded to each patient's file in a timely way. Staff did not issue prescriptions without patients being seen. The service had access to a controlled drugs accountable officer (CDAO) at the independent hospital that also provided pharmacy support.
- Clinicians received regular supervision from the lead clinician in relation to prescribing. The lead clinician received regular supervision from a consultant psychiatrist from an independent hospital.
- Clinicians prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance, in terms of prescribing, there was a clear rationale for this that protected patient safety.
- Records showed that staff discussed the side effects of medicines with patients before and after prescribing them. Staff recorded conversations with patients about medicines and side effects in consultation summaries.
- There were effective protocols for verifying the identity of patients. For example, photo identification was provided prior to an appointment.
- Staff received updates on medicine safety alerts.

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 did not have any serious incidents in the past 12 months. The provider could clearly describe what actions they would take should one occur. The service had a policy in place that instructed staff in respect of the actions to take should an event occur.
- 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 when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate 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 identifying notifiable safety incidents.

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Clinicians asked GPs to organise physical health checks for patients such as blood tests and electrocardiograms, where this was appropriate. Correspondence with GPs and the results of tests and uploaded to the record system in a timely way and easily accessible.
- Clinicians had enough information to make or confirm a diagnosis.
- Patients were provided with information on the costs of the services and provided with time to make decisions about their care and treatment.
- We saw no evidence of discrimination when making care and treatment decisions. Patients with protected characteristics outlined in the Equality Act 2010 were treated fairly.
- The service used technology and/or equipment to improve treatment and to support patients' independence. Where appropriate, staff offered video appointments.
- Staff developed clinic letters and care plans were person centred and contained patient voice.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Staff completed audits such as record keeping and infection control audits. Clinical 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. For example, the record keeping audit found that one record showed a copy of a cardiology screening result that had been reviewed in clinic with a clinician, but a copy of the results had not been added to the patient file. Staff were informed about the audit outcome and updated the records with the cardiology screening.
- The lead clinician reviewed the outcomes of patients the service had referred for repetitive transcranial magnetic stimulation (rTMS), for disorders such as depression and anxiety. Staff reviewed scores before and after treatment and found that there had been an improvement. The lead clinician used the outcome of this audit to continue to offer rTMS as a treatment option in the service.

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 medical professionals were registered with the General Medical Council and others with the Health and Care Professions Council. Staff 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. Administration staff had additional training such as in autism and learning disability to support their role.

Are services effective?

- The provider made sure that staff had the range of skills needed to provide high quality care. We reviewed annual appraisals that staff had received. Staff appraisals included conversations about career development and how it could be supported.

Coordinating patient care and information sharing

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 services when appropriate. For example, GPs and other clinicians, therapists and hospitals.
- 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. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance. When patients had reservations about sharing information with the GP, staff explained the importance of information sharing and agreed the text of the GP letter with the patient.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, when a patient needed urgent admission to a hospital and could no longer be managed in the service.
- 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.
- Staff kept a record of each appointment. They recorded ongoing progress toward patient goals, the treatment plan and if there were any changes, what medicines the patient was being prescribed and the patient's views about their goals and care.

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.

- Risk factors were identified and highlighted and where appropriate patients were offered additional support. The record keeping system allowed staff to flag risks so that staff could see key information quickly Staff knew when and how to escalate concerns to a clinician based on the risk that had been flagged on the record keeping system.
- 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 recorded consent in all the records we reviewed.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. For example, staff recorded mental capacity when the need for an admission to an acute ward in a mental health hospital had been identified.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Feedback was shared in weekly staff meetings and included learning from complaints.
- Feedback from patients was positive about the way staff treated people. Patients felt that the service was personalised and felt that opinions about their care and treatment were listened to.
- Staff treated patients with compassion and kindness and understood the individual needs of patients. They actively involved patients in decisions and planning their care.
- 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.
- Staff recorded patients' preferences for contact and how they preferred to receive reminders for appointments. For example, some patients preferred appointment reminders via text rather than email.

Involvement in decisions about care and treatment

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

- Interpretation services were accessible for patients who did not have English as a first language. Some staff in the service could offer some appointments for assessment purposes with a clinician who could speak a patient's primary language.
- Patients told us that they felt supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The practice manager explained the procedures they had in place to ensure patients' confidentiality. For example, the service used an encrypted secure e-mail.



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 patients' needs and preferences.

- Staff understood the needs of their patients and adapted and improved services in response to those needs. For example, the lead clinician offered home visits depending on patients' needs.
- 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 an initial assessment, test results, diagnosis and treatment. Initial assessments were comprehensive and holistic. Before their appointment, patients were asked to fill out nationally recognised questionnaires, which could help the clinician identify and manage risks. After the assessment, clinicians sent detailed letters to patients and their GPs outlining their diagnosis, ongoing treatment including medicines prescribed, and any other recommended treatment plan. The rationale for treatments was explained.
- Waiting times, delays and cancellations were minimal and managed appropriately. Staff contacted patients as soon as they were referred to the service.
- 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.

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 had a complaint policy and procedures in place. Patients we spoke to knew how to make a complaint. The service learned lessons from individual concerns and complaints.
- 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.

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.

- Leaders were knowledgeable about priorities relating to the quality and future of the service. Leaders were experienced and had the capacity and capability needed to deliver sustainable care.
- Staff spoke positively about the leadership provided by the registered manager and practice manager. Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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 and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

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.
- Staff were positive about the service as a place to work and spoke highly of the culture and leadership. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process
- The service focused on the needs of patients.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. Staff had received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where relevant.

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 joint working arrangements and shared services promoted co-ordinated person-centred care.
- The service had a practising privileges policy and checklist. The information held on record was in line with the provider's current practising privileges policy and included a disclosure and barring service check, an annual appraisal, General Medical Council registration and professional indemnity cover.

Are services well-led?

- Staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. We reviewed a sample of administration team minutes between June and July 2022 and found that teams regularly discussed referrals, annual leave cover, performance, incidents, audits, clinical outcomes, patient engagement and complaints.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The registered manager and practice manager met in clinical governance meetings to discuss audit outcomes, complaints, finances, hospital admissions, and compliments.
- The lead clinician had annual leave cover arrangements in place. Cover was provided by a consultant psychiatrist from a private hospital.

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.
- Staff maintained and had access to the risk register. The risk register included subjects such as an awareness of ligatures, staffing, effects of COVID-19 and environmental risks. Risks were identified, and a plan made to mitigate each risk on the register.
- The service had processes to manage current and future performance. Performance of clinical staff was monitored through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints. Performance outcomes were shared with staff in team meetings.
- 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 information used to monitor performance and the delivery of quality care was accurate and useful.
- The provider had a business continuity plan in place to ensure the safe keeping of patient records in the event of an incident affecting the service delivery.
- 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.
- 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, and staff and to support high-quality sustainable services.

- The service encouraged feedback from patients and staff. Staff could describe to us the systems in place to give feedback. For example, staff met with the practice manager and the lead clinician each month at team meetings to provide feedback.
- Patients who gave feedback to the service felt they had a trusting relationship with clinicians, the service were quick to respond to messages, and staff were caring, professional and supportive.

Are services well-led?

Continuous improvement and innovation

There were 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 of incidents and complaints. Learning was shared and used to make improvements.