

David Dighton

Loughton Private Medical Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 30 October 2018 to ask the service the following key questions; are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Loughton Private Medical Clinic is an independent consulting doctors service which provides a private general medical consultation service, cardiac diagnostic centre, slimming clinic and male impotence clinic. They also carry out medical research.

One person provided feedback about the service by way of comment card. This praised the care and treatment provided by the clinical and non-clinical staff at the service.

Our key findings were:

- Individual care records did not contain all the necessary information needed to deliver safe care and treatment.
- It was not always clear whether patients had consented to share information with their NHS GP.

Summary of findings

- Controlled drugs were not stored or managed in accordance with legislation. The standard procedures and policies reflecting the dispensing and management of medicines did not reflect current guidelines.
- Patients accessing the slimming clinic were not being assessed and monitored appropriately.
- The provider was committed to cardiology research which they had been undertaking over the past 45 years.
- Identification was not checked to ensure that patients accessing the slimming clinic and associated medicines were aged 18 or over.
- The service did not advise patients of the risks of unlicensed medicines.
- The service did not review its antibiotic prescribing nor did it take action to support good antimicrobial stewardship in line with local and national guidance.
- Clinical staff were not always clear as to how to identify and manage patients with severe infections, for example sepsis.
- There was no suitable signage indicating where oxygen was stored.
- There was no safeguarding vulnerable adults or infection control policy. The child safeguarding policy was out of date. It was unclear whether clinical staff had received child safeguarding training to a required level.
- There was no policy on recording or investigating significant events with a view to ensuring lessons were learnt.
- The provider asked patients to complete feedback questionnaires, which were all positive.
- There were not effective systems to ensure that premises and equipment were safe, including in relation to infection control.
- Staff recruitment checks were not consistent and there were no systems to record the immunisation status of staff.
- There were positive relationships with GPs and the pharmacy in the locality.
- There were not effective systems to ensure clinical staff were appropriately indemnified.
- Statutory notifications required by legislation were not submitted to the Care Quality Commission.
- There was no system to receive and act upon patient safety and medicine alerts and updated guidance.
- Effective and sustainable improvements were not made when these were identified by the Care Quality Commission and other stakeholders.
- A trained chaperone was not available should one be requested.

We identified regulations that were not being met and the provider must:

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

The provider should:

- Make available a trained chaperone and thereafter display information in the premises as to the availability of a chaperone.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Loughton Private Medical Clinic

Detailed findings

Background to this inspection

Loughton Private Medical Clinic is an independent consulting doctors service which provides a private general medical consultation service, cardiac diagnostic centre, slimming clinic and male impotence clinic. Full details of the services offered can be accessed on the provider's website loughtonclinic.org.

The registered provider of all regulated activities at this location is Dr David Dighton, who is a doctor (in this report referred to as 'the provider'). The provider is regulated to provide diagnostic and screening procedures, treatment of disease, disorder or injury and services in slimming clinics. He is supported by a clinical physiologist. He works alongside and oversees another doctor who holds a regular slimming clinic at the service.

Patients can have unlimited private consultations with the doctor under the service's HealthPlan scheme. The HealthPlan scheme is only available to patients at Loughton Private Medical Clinic. Patients pay an annual subscription which includes unlimited consultations, private prescriptions, telephone advice and an annual health check. The HealthPlan is available for children and adults.

The service is open from 9.30am until 5pm on a Monday, Tuesday Thursday and Friday. It is open until lunchtime on a Wednesday.

The service was inspected in 2009, 2011, 2012 and 2013 under the previous inspection methodology. This measured compliance against different regulations, prior to the amendments to the Health and Social Care Act 2008 in 2014. There has been variable compliance by this provider.

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector, GP specialist adviser and a member of the CQC medicines optimisation team.

Prior to the inspection, we spoke with other stakeholders, including the General Medical Council (GMC), Independent Doctors Federation, the NHS and Clinical Commissioning Group. We reviewed any notifications or enquiries we had received from or about the service and requested that the provider send us information prior to our inspection, for example in relation to staff that are employed and any significant events that had been raised. Details about the warning and conditions imposed by the GMC can be accessed on the GMC website.

As part of this inspection, we asked for comment cards to be completed by patients who attended the service. We spoke with the provider and other staff, inspected the location and reviewed documents and patient's treatment records where our methodology supported this.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Safety systems and processes

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

- The provider had a policy for safeguarding children from abuse; however, contact details were out of date. Whilst staff could not immediately tell us who they would contact to refer safeguarding concerns, they informed us they would ask colleagues in other organisations or search on the internet to find out. Whilst the provider had received 'advanced' safeguarding training for children, they were unclear whether this met the requirements of safeguarding training for doctors.
- There was no safeguarding vulnerable adults' policy or evidence of safeguarding vulnerable adults' training for the doctors.
- The provider did not check the identification of patients nor undertake any other documentary checks on registration so they could not be sure that adults attending with minor children had parental responsibility and/or the authority to give consent on their behalf.
- The provider did not always carry out staff checks at the time of recruitment and on an ongoing basis, although 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). There was no evidence that the provider had checked the GMC registration status, job history or references of a doctor that worked at the service. After the inspection, the provider advised us that they had checked the GMC registration status of this doctor and in any event, they were no longer employed at the service.
- There was not an effective system to manage infection prevention and control. Whilst we found the service clean, we did identify a domestic towel being used in one of the treatment rooms, a sharps bin that was over three quarters full and out of date hand detergent being used. This should have been identified and actioned as a result of an infection control audit; however, this was not the case as no infection control audit had been undertaken. There was no infection control policy.

- Whilst the provider informed us that water was provided by mains water, there was no documented legionella risk assessment.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. When the lead doctor was away, patients were referred to other appropriate services in the locality.
- Clinicians had training in basic life support; however, clinical staff were not always clear as to how to identify and manage patients with severe infections, for example sepsis. The provider sent us assurances after the inspection that they had reviewed guidance.
- When reporting on medical emergencies, the guidance for emergency equipment is in the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF). The service had not completed a written risk assessment to ascertain which emergency medicines it should stock.
- There was no suitable signage indicating where oxygen was stored.
- There were not appropriate indemnity arrangements in place to cover all potential liabilities. The certificate of medical indemnity for one doctor had expired and another doctor was unclear as to their level of their indemnity cover. After the inspection we were advised that one of these doctors was no longer employed by the service.

Information to deliver safe care and treatment

Staff did not have the information they needed to deliver safe care and treatment to patients.

- Individual care records were poorly written and managed in a way that did not keep patients safe. Care records did not demonstrate that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Patients that accessed the slimming clinic service had written records that did not cover details about medical history or concurrent medicines. Some visits were not recorded on the care record but it was clear they had visited the service as a prescription had been issued. At the time of the

Are services safe?

inspection, there were two doctors providing consultations within the slimming clinic and so complete records were required to ensure safe continuity of care.

- Records did not consistently evidence whether the patient had consented to share information with their NHS GP.

Safe and appropriate use of medicines

The service did not have reliable systems for appropriate and safe handling of medicines.

- The medicines this service prescribes and supplies for weight loss are unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines because unlicensed medicines may not have been assessed for safety, quality and efficacy. Whilst patients were given a leaflet to explain about the side effects of the medicines supplied, they were not informed that these medicines were unlicensed, as recommended by the GMC.

Medicines used for weight management are not recommended to be used for more than three months at a time without a treatment break in line with the manufacturer's instructions. In one case we saw that a continuous supply had been made for nine months.

The medicines that were being prescribed for weight loss are no longer recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians for the treatment of obesity. The British National Formulary states that 'Drug treatment should never be used as the sole element of treatment (for obesity) and should be used as part of an overall weight management plan'.

- Controlled drugs were not stored in accordance with legislation as these could be accessed independently by another member of staff. Requirements state that controlled drugs must be under the supervision and control of the doctor at all times.

The service did not carry out regular audits of controlled drugs or other medicines to ensure prescribing was in line with best practice guidelines. Further, the process for checking stocks of controlled drugs was inadequate and records were not accurate. There was no accurate audit trail reconciling controlled drug purchased by the provider and those supplied to patients.

The provider did not know how to safely dispose of controlled drugs and there were no records to show what had happened to broken tablets that were unable to be used.

- The service did not prescribe, administer or supply medicines to patients in line with current national guidance. In one case, treatment with an anticoagulant for atrial fibrillation and prevention of blood clots was outside of guidance. Whilst adequate justification for this action was sent to inspectors following the inspection, the provider had told us during our inspection that they would always prescribe this medicine within their own set parameters, irrespective of best practice guidance.

The practice did not review its antibiotic prescribing and take action to support good antimicrobial stewardship in line with local and national guidance.

- The standard procedures and policies reflecting the dispensing and management of medicines did not reflect current practice.

Track record on safety

The service did not have a good safety record.

- The service did not monitor and review activity. It did not understand risks and could not provide a clear, accurate and current picture that could lead to safety improvements.
- There were limited or no systems to ensure that facilities and equipment were safe.
- The provider could not produce evidence of portable appliance testing (PAT), fixed wire testing, a health and safety risk assessment, calibration of medical equipment (including scales that were used for patients in the slimming clinic), a business continuity plan or fire risk assessment.

Lessons learned and improvements made

- There was no system for recording, sharing and learning from significant events. The provider was unclear what would amount to a significant event. We found clear examples of occurrences which could reasonably amount to a significant event, but the lack of policy meant that the service had not defined their own terms as to what would amount to a significant event and accordingly, none had been recorded.

Are services safe?

- The service did not have a reliable system to ensure they were aware of external safety events as well as patient and medicine safety alerts. The service did not have an effective mechanism to disseminate alerts to all members of the team.
- We identified incidents which should have been notified to the Care Quality Commission. The provider was unaware of this and so guidance was sent to them after the inspection.

Are services effective?

(for example, treatment is effective)

Our findings

The provider should make a trained chaperone available to patients.

Effective needs assessment, care and treatment

The provider did not have systems to keep clinicians up to date with current evidence based guidance. We saw evidence that clinicians did not assess needs or deliver care and treatment in line with current legislation, standards and guidance. The provider did not document or consistently provide valid reasons for deviating from guidelines.

- Patients' immediate and ongoing needs were not fully assessed.
- Patients did not have their BMI recorded, only their weight, and some did not have their height recorded, so BMI could not be calculated. Blood pressure monitoring was not taking place.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients who subscribed to the provider's HealthPlan. This was whereby patients paid an annual subscription which allowed for unlimited consultations, private prescriptions and telephone advice. This also included an annual health check.
- As part of the cardiac centre, the service had means to detect heart disease including echo-sounding, exercise and respiratory equipment.

Monitoring care and treatment

There was limited evidence of quality improvement activity. We were informed that the provider had carried out an audit into the effectiveness of a medicine used to treat allergies. We looked at this document and found that this was a survey sent to 25 patients to ask then whether they found the treatment useful. There was no evidence of a criteria, analysis against best practice or changes implemented as a result.

The provider was committed to cardiac research and was in the process of having their book for medical students published.

Effective staffing

Staff did not have the skills, knowledge and experience to carry out their roles.

- The lead doctor had not completed the specialist training required to be a GP. It is permissible for private doctors to practice general medicine without being on the GP register, providing they do not refer to themselves as a GP. On the Loughton Clinic website, it is stated that the service provides a private general medical practice. Under the HealthPlan regime, the provider offers a private patient subscription service to approximately 130 patients wishing to see a 'family doctor'. Inspectors identified risks as part of the private general medical practice provision, as detailed in this report.
- Relevant medical professionals were registered with the General Medical Council and were up to date with revalidation.
- One member of staff attended a mandatory training course; however, inspectors identified that not all clinical staff could evidence that they were up to date with safeguarding training.
- Whilst the provider was involved in cardiology research, it was unclear how they stayed up to date with best practice of a general practice nature as they did not subscribe to medical updates. They advised us that they had subscribed to these after the inspection.

Coordinating patient care and information sharing

The coordination of patient care was variable:

- We found evidence that the lead GP was referring patients to secondary psychiatric services when a need was identified.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP; however, this consent was not consistently noted on the patient record. The provider informed us that they would use their own judgement to decide whether to notify the patients GP of any prescriptions or attendances. There was no practice policy which detailed when the patient's GP would be provided with details.
- Patient records were not sufficiently detailed to enable effective information sharing.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

Staff were not always proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Patients were not given appropriate advice about withdrawing slimming medicines when a healthy weight was achieved. We found an example whereby a patient's BMI had reduced to below the treatment threshold, but there was no evidence of a plan to stop or withdraw the medicines.
- In respect of the cardiac centre, where risk factors were identified, these were highlighted to patients and prompt referrals were made.

Consent to care and treatment

The service did not have effective systems to ensure that consent to care and treatment was provided in line with legislation and guidance.

New patients, including those at the slimming clinic, were not asked to provide identification. This meant that the provider could not be sure when the patient was able to provide consent, whether the medicines prescribed were appropriate or when further questions needed to be raised.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people
- Staff understood patients' personal, cultural, social and religious needs. Many patients had been returning to the service for a number of years and had built up a good professional relationship with the provider.
- The service displayed an understanding and non-judgmental attitude to all patients.

Involvement in decisions about care and treatment

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

- Systems were in place to support patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- The practice asked patients to complete an in-house questionnaire in October 2018. There were ten

responses. All patients indicated that they had enough time during their consultation. Nine out of 10 patients indicated that they had received an effective explanation about their care and treatment.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Patients were allocated sufficient time for their appointments. There were usually very few patients attending the practice at any given time, so they could be treated with discretion and privacy.
- A trained chaperone was not available. We were advised that there was rarely an intimate examination performed at the service and they had never had a request for a chaperone. As part of their survey, the service asked patients whether they would like a chaperone to be made available. All patients that were surveyed indicated that they would not.
- As part of the questionnaire, the practice asked patients whether they were satisfied with the privacy that they were afforded at the service. All patients indicated that they were.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and on occasions, improved services in response to those needs. Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. This included redesigning the layout of the premises so that there was an accessible toilet adjacent to the waiting area.
- The doctor provided his telephone number to HealthPlan patients to enable them to access immediate advice 24 hours a day.
- Charges for care and treatment were transparent. All patients who responded to the provider's survey said that they were aware of the charges involved in their care and treatment.

Timely access to the service

Patients could 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.
- Referrals and transfers to other services were undertaken in a timely way.
- Patients were often able to attend at the service for an immediate appointment.

Listening and learning from concerns and complaints

The practice had a complaints policy which was available in the waiting area. This policy informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. However, no complaints had been raised.

Are services well-led?

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

Our findings

Leadership capacity and capability

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- As part of our inspection, we reviewed and sought information from other stakeholders. We also reviewed our own inspection records. This information evidenced that there were continued and repeated risks at the service and a lack of effective or urgent action by the provider to make necessary and sustained improvements.
- The provider was given a warning and conditions by the GMC in 2016. This warning related to the prescribing of benzodiazepine based drugs on a long-term basis, a failure to devise a treatment plan for the patients of concern and a failure to inform the NHS GP of the prescribing regime. At this inspection, we identified continued risks in relation to a lack of effective systems to share information with patients' GPs as well as a failure to devise treatment plans in respect of slimming medicines.
- The provider did not consider current guidance and priorities in general practice. Guidance was not received into the practice or cascaded.
- The provider did not have effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. Plans suggested during and after the inspection were vague and contradictory.

Vision and strategy

The provider did not have a clear vision nor a credible strategy to deliver high quality care and promote good outcomes for patients. The provider was reactive to risk rather than committed to implementing an effective vision and strategy. There was minimal evidence of monitoring progress as there were no audits or other benchmarking activities completed.

Culture

The service did not have a culture of high-quality sustainable care.

- The service focused on the requests of patients rather than their clinical needs. The slimming clinic was

focused on prescribing medicines as opposed to monitoring patients and supporting them to manage their own weight. The provider did not take action to support good antimicrobial stewardship.

- There were no significant events recorded, and lessons were not learnt from identified poor performance or risk identified by the Care Quality Commission or other stakeholders. As there were no complaints or significant events raised or recorded, the provider could not evidence openness, honesty and transparency in respect of their clinical practice. There were no operational systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were confident in raising any concerns with the provider. The provider had written a statement about each individual staff members' performance as their appraisal. Although staff were not involved in this process, they told us they were happy in their work and gave examples of when the provider had been particularly supportive of their circumstances.

Governance arrangements

Responsibilities, roles and systems of accountability to support good governance and management were vague and ineffective.

- The size of the service meant that staff were clear which member of the team to go to should they have a concern, however, there were no structures, processes or systems to support good governance and management. The safeguarding policy was significantly out of date and there was no infection control policy or audit. There were no systems to ensure the premises were safe and equipment was fit to use.
- There has been a variable track record at this service and inspectors have identified repeated non-compliance and risk since 2009/10. At this time, issues were identified with child protection procedures, risk management, checks of clinical staff, audit, consent procedures for children and health and safety. Risks were identified in all of these areas during our most recent inspection and the provider could not evidence sustained improvements.
- The process to identify, understand, monitor and address current and future risks including risks to patient safety were either ineffective or absent.

Are services well-led?

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

Significant events were not recorded so the services did not learn from past risks. This was evident by the repeated non-compliance over time as well as risks identified by inspectors and other stakeholders.

- Performance of clinical staff in the slimming clinic was not and could not be monitored as the provider themselves was unaware of the guidelines that should be considered when treating these patients.
- The provider did not have plans in place for major incidents such as fire or computer failure.

Appropriate and accurate information

The service did not have appropriate and accurate information.

- Patient records were held in paper files. Patient records from general practice files were vague and did not evidence a rationale for a given diagnosis or treatment decision. Patients records from slimming clinic files did not detail medical history or concurrent medicines. Some visits were not recorded on the care record.
- Records did not consistently evidence whether the patient had consented to share information with their NHS GP. Identification evidence was not routinely taken so the practice could not assure themselves of a patient's age or identity.
- The lead doctor told us that he relied on old guidance when treating asthma patients. At the date of our

inspection, the provider had not signed up to receive updated guidelines not medicine alerts, so they could not evidence that they were relying on accurate and up to date information.

- Statutory Notifications were not completed or returned to the Care Quality Commission.

Engagement with patients, the public, staff and external partners

- Staff and patients were positive about the level of care provided and support they received.
- There were no systems to regularly receive and act on feedback, although this was given informally and regularly by staff.
- Patients were asked to complete feedback questionnaires, which were all positive and did not indicate concerns that required action.
- There were positive relationships with GPs and the pharmacy in the locality. A member of the team was keen to explore the possibility of working with a local practice to make improvements.

Continuous improvement and innovation

The provider was committed to cardiology research which they had been undertaking over the past 45 years. They advised inspectors that they were looking to have this published in the future.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures Services in slimming clinics Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way to patients as:</p> <ul style="list-style-type: none">• Medicines were not stored or managed in accordance with legislation and guidance.• Patients accessing the slimming clinic were not being assessed and monitored appropriately.• Patients were not advised of the risks of unlicensed medicines. <p>Regulation: 12 (2) Health and Social Care Act 2008</p> |
| Regulated activity | Regulation |
| Diagnostic and screening procedures Services in slimming clinics Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems had not been established and operated effectively to assess, monitor and improve the service or mitigate the risks to health, safety and welfare of patients and others as:</p> <ul style="list-style-type: none">• Individual care records did not contain all the necessary information needed to deliver safe care and treatment.• It was not always clear whether patients had consented to share information with their NHS GP.• Identification was not checked to ensure that patients accessing the slimming clinic were aged 18 or over or to confirm that people making decisions for minors had the authority to do so.• There was no safeguarding vulnerable adults or infection control policy. The child safeguarding policy was out of date. The standard procedures and policies reflecting the dispensing and management of medicines did not reflect current practice.• It was unclear whether clinical staff had received child safeguarding training to a required standard. |

Enforcement actions

- There was no policy on recording or investigating significant events with a view to ensuring lessons were learnt.
- There were not effective systems to ensure that premises and equipment were safe, including in relation to infection control.
- Staff checks were not consistent and there were not effective systems to record the immunisation status of staff.
- There were not effective systems to ensure clinical staff were appropriately indemnified.
- Notifications were not submitted to the Care Quality Commission.
- There was no system to receive and act upon safety alerts and updated guidance.
- Effective and sustainable improvements were not made when these were identified by the Care Quality Commission and other stakeholders.
- There was no risk assessment to ascertain what medicines should be stocked in the event of an emergency.
- Action was not taken to support good antimicrobial stewardship in line with local and national guidance.
- There was no suitable signage indicating where oxygen was stored.

Regulation 17 (1) (2) Health and Social Care Act 2008