

London Neurology Clinic

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?

Requires Improvement 

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? – Requires improvement

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 London Neurology Clinic as part of our inspection programme. This inspection in February 2023 was the service's first inspection since registration with the Care Quality Commission.

London Neurology Clinic is an independent healthcare service for adult patients with complex neurological disorders.

Our key findings were:

- The service was providing safe care. However we found they were not suitably equipped to manage and respond effectively to a medical emergency.
- The service was providing effective care. The effectiveness and appropriateness of the care provided was reviewed. There was some evidence of quality improvement activity, however this was not regular or consistent.
- The service was providing caring services. Staff treated patients with compassion, kindness, dignity and respect. Feedback from people who used the service was positive. However processes to gather patient feedback were not developed.
- The service was providing responsive care in accordance with the relevant regulations. People were supported to access the service when they wanted to.
- The service was providing well-led care. Leaders have the capacity and skills to deliver high-quality, sustainable care. They demonstrated a vision to deliver high quality care and promote good outcomes for patients.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.

(Please see the specific details on action required at the end of this report).

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

- We told the provider they should implement a process by which a trained chaperone can be made available to patients.
- Implement systems and processes for regular quality improvement activity including prescribing and clinical audits.
- Implement systems and processes to support routine patient feedback opportunity.

Overall summary

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

Our inspection team

Our inspection team consisted of a CQC inspector and a specialist adviser.

Background to London Neurology Clinic

London Neurology clinic is an independent private health care practice specialising in the care and treatment of adult patients with complex neurological disorders. The service provides multi-disciplinary diagnostics and treatment services for a wide range of neurological conditions, including migraine, epilepsy, multiple sclerosis, Parkinson's disease, dementia, back pain and stroke.

The service is located in central London and is easily accessible by car and public transport. The service uses rented rooms in a large building which is shared with other healthcare services. The building is accessible to patients with limited mobility. It has a ramp to the main entrance and a lift. More information about the service can be found on their website; www.londonneurologyclinic.co.uk.

The service's opening times are Mondays to Fridays, 9am to 6pm.

The provider is an individual consultant neurologist. Clinical services are also provided by two other consultants who have practicing privileges and work under contract with the provider. There is also a service manager in place who oversees the day to day operations and deals with the business management and accounts.

How we inspected this service

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

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

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

Are services safe?

We rated safe as Requires improvement because:

Safety systems and processes

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

- The provider conducted environmental and safety risk assessments. Fire risk assessments were carried out every 6 months, most recently in August 2022. Fire equipment checks had most recently been carried out in February 2023. Health and safety risk assessments were carried out every 6 months, most recently in August 2022 and infection control risk assessments in August 2022. We saw evidence of monthly Legionella testing.
- The provider had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service only saw patients aged over 18 years.
- The service had policies and processes in place for multi-agency integrated approach to supporting patients and protecting them from neglect and abuse. The provider clearly articulated the process.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. It was the service's policy to carry out Disclosure and Barring Service (DBS) checks on all staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. At the time of this inspection the service did not have a trained chaperone in place. The provider told us if patients required a chaperone they were advised to attend with a friend or family member. We told the provider they should implement a process by which a trained chaperone can be made available to patients. Following the inspection we received confirmation that a trained chaperone was now in place.
- There was an effective system to manage infection prevention and control. We saw regular infection control and Legionella checks were carried out.
- 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.

Risks to patients

Systems to assess, monitor and manage risks to patients were not sufficient to ensure patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- The service did not employ agency staff.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff had undergone basic life support training within the last year. Staff 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 for the doctors which covered the full scope of their work.
- The provider did not have suitable medicines and equipment to deal with medical emergencies. The landlord of the building made 2 defibrillators and a first aid kit available for use by anyone in the building. The provider told us whilst they could use the defibrillators, they did not check the defibrillators themselves to ensure they were in good working condition or obtain such assurances from the landlord. The provider did not hold any emergency medicines or oxygen.

Are services safe?

They told us in an emergency they would call the emergency services. We have told the provider they must ensure they have adequate and appropriate medicines and equipment to help manage medical emergencies. They must ensure these items are stored appropriately and checked regularly and that they carry out an appropriate risk assessment to decide which emergency medicines they should hold.

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. We reviewed a sample of patient records which showed information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with 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. The service made referrals including for MRI scans and neurophysiology investigations and to cardiologists, headache specialists and orthopaedic specialists. The provider had developed their own list of trusted specialists and maintained oversight of patients that were referred.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines and controlled drugs minimised risks. For controlled drugs, patients were provided with pink prescription forms. These forms were stored securely and their use was monitored. Photocopies of written and issued controlled drugs prescriptions were made and saved on patients' files.
- The service did not carry out medicines audits however they did carry out regular patient pathway audits which reviewed all aspects of a patient's journey including any medicines prescribed. This was done to ensure the care patients received was suitable, appropriate and in line with best practice guidelines. They also carried out monthly management meetings. The provider told us stand-alone prescribing audits would be difficult to carry out effectively as many of their patients were only seen for the initial consultation and possibly 1 follow up appointment. Therefore opportunities to review the clinical effectiveness of prescribed medicines were limited. We have told the provider they should review this and implement a process of regular prescribing audits.
- The service prescribed gabapentin and tramadol which are schedule 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Patients prescribed these drugs were regularly monitored and there was a protocol in place to ensure safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- The service used an electronic prescription service. Their clinical records system generated a code which was sent to the patient's mobile phone. The patient then showed this code at their pharmacy to receive their medicines. The service also used a delivery service where the doctor made the order online and the service delivered the medicines to patients' homes.
- There were effective protocols for verifying the identity of patients.

Are services safe?

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. These included health and safety, infection control and fire risk assessments.
- 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.

- The service had not had any significant events, however they had a policy and a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service had a process in place to ensure they would learn and share lessons, identify themes and take action to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The provider and consultants working as contractors with the provider received alerts and safety information as part of their roles within the NHS. The provider was also a member of the Independent Doctors federation (IDF). They received safety information and alerts from these sources. They held monthly management meetings where they reviewed and discussed any drug alerts received to ensure all clinicians were aware and responded to appropriately.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines, local and international neurological societies and publications.
- Patients' immediate and ongoing needs were fully assessed. On initial contact with patients the provider explained the patient pathway and the format of the initial assessment. This included taking the patient's full medical history and details of any special assistance required. Following the appointment, patients were sent a comprehensive summary of what was discussed, the treatment and recommendation and any medicines prescribed. This was shared with the patients GP, with consent. Patients were also advised if any follow on appointments were necessary.
- Where appropriate patient's assessments 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.
- The service did not have many repeat patients. Patients tended to have an initial consultation and one follow up appointment. Some patients were required to return for monitoring or repeat scans to monitor progress. There were arrangements in place for the monitoring of these patients.
- Staff assessed and managed patients' pain where appropriate. Patients in acute pain were advised to contact emergency services.

Monitoring care and treatment

The service carried out some quality improvement activity.

- The service had not yet carried out clinical audits. They told us it had proved challenging to carry out effective and useful clinical audits as most of their patients were only seen once or twice. They did carry out patient pathway audits which included a review of the entire patient journey from registration to the final clinical letter and a review of clinical outcomes. Consultation reviews were carried out which included a review of prescribing. The provider had plans in place to start carrying out clinical audits reviewing 5% of patients seen within a specified timeframe. We have told the service they should implement regular quality improvement activity including clinical audits.
- The provider also carried out non-clinical audits, for example annual equality and diversity audits which reviewed the diversity of the patients they had seen, to identify any barriers to patients accessing the service, for example, due to disability or communication needs.

Effective staffing

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

- All staff were appropriately qualified. The provider worked with two other consultants, who were self-employed, on a subcontracted basis. These consultants were also employed within the NHS as well as in independent practice. The provider ensured these consultants were appropriately qualified and trained and carried out full pre-employment checks.

Are services effective?

- Relevant professionals 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.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Patients were advised where similar treatment was available through the NHS to support patient choice.
- 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, and those for the treatment of long term conditions. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance. These included guidance on protocols to be followed to treat and manage specific conditions.
- 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.

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. Following a consultation, all patients received letters which included recommendations such as around diet, exercise and rehabilitation. They were also provided with links to NHS guidance available online.
- 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. This included redirecting patients to the NHS or trusted specialist independent services.

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.

Are services effective?

- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. All clinical staff had undergone Mental Capacity Act (MCA) training. At the time of this inspection the service manager had not undergone MCA training. We raised this with the provider and received confirmation following the inspection that they had since undertaken the training.
- The service monitored the process for seeking consent appropriately.

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 as well as overall patient satisfaction. However this was not a routine process and not all patients were invited to give feedback. We have told the provider they should implement systems and processes to support routine patient feedback opportunity.
- Feedback which had been received from patients was positive about the way staff treat people.
- 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 could be made available for patients who did not have English as a first language.
- Patients with learning disabilities were seen by a specialist consultant who involved family members and carers as required.
- 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:

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. The provider had recognised many of its patients had mobility challenges. To support these patients they ensured the building had a ramp and lift access available. They also offered home visits where needed.
- Patients were asked about any mobility challenges on registering with the service. The provider was aware that some patients had conditions which caused increased levels of disability as their condition progressed. They ensured they checked this with patients on each appointment booking.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

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. Appointments are available within a week. The service used local labs for testing. They monitored all tests sent out to ensure results were received within a reasonable amount of time.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. In urgent cases patients could be seen out of regular opening times.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. The provider ensured all referrals were monitored and followed up on to ensure patients were seen within a reasonable timeframe.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. There had been one complaint since the service registered with the Care Quality Commission. We saw the provider had investigated and responded to the complaint appropriately.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The lead consultant had extensive experience in the relevant field of medicine and continued to work part time as a consultant neurologist in the NHS as well as their private practice.
- 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. They planned to broaden the range of diagnostic services they offered, combine treatment with rehabilitation, undertake research and test new ways of treating conditions such as headaches.
- The provider aimed to offer an interdisciplinary approach to treating and managing neurological conditions working collaboratively with specialists in other relevant fields to provide a holistic care package to patients. For example working with occupational and speech and language therapists, GPs, pharmacists, psychiatrists and dieticians.
- The service monitored progress against delivery of the strategy.

Culture

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

- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.

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 co-ordinated person-centred care.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Are services well-led?

- 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 had processes in place to submit 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. Clinical letters were shared externally using a secure system. The service was registered with the Information Commissioner's Office.

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.
- The provider had not yet carried out any clinical audits. This was because they had not yet seen a sufficient number of patients to make clinical audits effective in terms of assessing clinical effectiveness. The provider told us their patients tended to be seen only once or twice and only a few were required to return for tests or scans. We have told the provider they should review this and implement a process of regular quality improvement activity including clinical audits.
- The provider had plans in place for major incidents. They had an arrangement with another provider in the local area to share rooms should their building become unusable.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. The provider regularly monitored performance in terms of number of patients and types of treatment being sought and offered. This was done to ascertain if the service was operating at optimum level.
- Performance information was combined with the views of patients. The provider collected some patient feedback proactively which was used to inform planning and decisions on strategy. However this data was not being collected on a regular and consistent basis. We have told the provider they should implement a process for gathering patient feedback routinely.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

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

- The service had begun gathering views from patients but this was not yet a consistent or regular process.
- Staff could describe to us the systems in place to give feedback. This included use of social media and online review sites as well as feedback received directly into the service.

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.
- Leaders and managers reviewed individual and team objectives, processes and performance.

This section is primarily information for the provider

Requirement notices

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
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider failed to provide care and treatment in a safe way for patients in that:</p> <ul style="list-style-type: none">• The provider was not equipped to manage the risks associated with a medical emergency, specifically appropriate resuscitation equipment and drugs. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>