

Dr Ann Yvonne Coxon

Dr Ann Coxon

Inspection report

101 Harley Street
London
W1G 6AH
Tel: 020 7486 2534
No website

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Ratings

Overall rating for this service

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. (Previous inspection November 2017- not rated)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive at Dr Ann Coxon on 30 May 2019, as part of our inspection programme.

The provider, Dr Ann Coxon, is registered with the CQC as an individual providing general medical services to private patients from consulting rooms at 101 Harley Street, London W1G 6AH. The provider is registered to provide the regulated activities of treatment of disease, disorder or injury and diagnostic and screening procedures. All patients are seen privately and referrals are made to private specialist consultants where required.

Summary of findings

Our key findings were:

- Care was provided in a way that kept patients safe and protected them from avoidable harm.
- There were comprehensive systems to keep people safe, which took account of current best practice guidance.
- The provider had carried out an infection control audit as recommended at our previous inspection.
- Staff had received appropriate training according to their role.
- The service had processes in place to securely share relevant information with others such as the patient's NHS GP and other private healthcare providers.
- Patient records were effectively and comprehensively maintained.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect. Patients were involved in decisions about their care.
- The provider organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief
Inspector of Primary Medical Services and Integrated Care

Dr Ann Coxon

Detailed findings

Background to this inspection

The provider, Dr Ann Coxon, is registered with the CQC as an individual providing general medical services to private patients, from consulting rooms at 101 Harley Street, London W1G 6AH.

The current rooms occupied by the provider consist of the administration office and two consulting rooms (one room is rented to another service provider). The practice is based on the top floor of the building. The main reception desk and patient waiting room are on the ground floor and are shared with other services based in the building. The reception service is provided by the building's management service.

The service is provided by Dr Coxon, a doctor of internal medicine and neurology who is a member of the Independent Doctors Federation. The service is available to adults and children over one year old.

Approximately 50 patients are seen by the provider each week. This is mainly patients on return visits (approximately 40 per week) and new patients (approximately 10 per week). Appointments are generally of one-hour duration for new patients and 30 minutes for return visits.

All patients are seen privately and onward referrals are made to private specialist consultants where required. If a patient is registered with an NHS GP, a summary treatment report is sent to the GP if requested by the patient.

Administrative support is provided by a personal assistant (PA) who is also responsible for accounts and reception duties.

Appointments are available between 8.30am and 6.00pm Monday to Friday with evening and Saturday appointments available by arrangement.

Patients are able to contact the doctor by telephone (including text messaging) or email, at any time. Outside of core hours a shared arrangement with a colleague (a doctor of general medicine also based in Harley Street) is in place to ensure 24-hour telephone contact is available to patients.

How we inspected this service

During the inspection we:

- Spoke with the provider and staff member.
- Reviewed a sample of the personal care or treatment records of patients.
- Looked at information the provider used to deliver care and treatment plans.

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

We rated safe as Good because:

- The provider had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There were effective arrangements in place for the management of medicines.
- There was a system in place for reporting and recording incidents including significant events. Lessons were shared to make sure action was taken to improve safety in the service.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, and an apology. People were told about any actions to improve processes to prevent the same thing happening again.

Safety systems and processes

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

- The provider conducted safety risk assessments. They had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. No new members of staff had been employed since our previous inspection in November 2017. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The consulting rooms the provider used were rented and the landlord was

responsible for health and safety related to the premises including Legionella management. We saw evidence that the provider had sought and gained assurance from the landlord that appropriate measures were in place for Legionella management. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The provider also sought assurances that all health and safety areas the landlord was responsible for were managed appropriately, such as fire safety.
- At our inspection in November 2017 we recommended the provider should complete an infection control audit. We saw evidence that this had been completed in 2018. No concerns had been identified from this audit.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the needs of people using the service and those who may be accompanying them.

Risks to patients

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

- The provider was the only clinician who carried out the regulated activities, with one member of staff responsible for administration duties. Agency staff were not used. When needed, another doctor, with similar clinical skills, based nearby would provide cover for annual leave.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- The provider had emergency equipment and medicines available, in line with Resuscitation Council UK guidelines and the guidance on emergency medicines in the British National Formulary (BNF).
- There were appropriate indemnity arrangements in place to cover all potential liabilities

Are services safe?

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- 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.
- The provider made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The provider 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. The provider sought assurances from the landlord that the areas they were responsible for, were appropriately managed. For example; fire safety and gas safety, we saw that fire extinguishers had been regularly checked. Communal areas in the building were free from obstruction and we did not identify any health and safety concerns.
- The service monitored and reviewed activity. This helped to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. The provider reported that there had been no significant events since our previous inspection in November 2017.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed needs and delivered care in line with current evidence-based guidance.
- Clinicians understood the requirements of legislation and guidance when considering consent including parental consent.

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The provider carried out audits of the work they undertook, this included auditing their competency to complete cervical screening to ensure samples were taken appropriately. There was clear evidence of action to resolve concerns and improve quality, if needed.

Effective staffing

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

- All staff were appropriately qualified.
- Relevant professionals (medical) 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. The provider referred to, and communicated effectively with, other services when appropriate. For example, when referring patients to a secondary care service for further investigation and treatment.
- 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.
- 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 such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.

Are services effective?

(for example, treatment is effective)

- 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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

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

Are services caring?

Our findings

We rated caring as Good because:

- Information for patients about the services available was easy to understand and accessible.
- Staff were aware of the need to treat patients with kindness and respect. Confidentiality of patient information was maintained. This was supported by patient feedback.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat patient. There were no appointments with patients on the day of inspection. However, we saw thank you cards and letters received from patients.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.

- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Patients usually provided their own interpreters when needed if they did not have English as their first language. If needed the service would organise for interpreters to be present.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

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?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

- Services were arranged around patient need and there was flexibility with appointment times and where patients could be seen.
- There were suitable arrangements in place for managing any concerns and improvements were made when needed.

Responding to and meeting people's needs

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

- The provider improved services where necessary. They reported that they had not received any complaints since the previous inspection but would act on any concerns.
- The provider made reasonable adjustments when patients found it hard to access services. The building was accessible to patients in a wheelchair. A lift and toilet facilities were accessible to patients in a wheelchair and a consultation room was available on the ground floor if required.
- The provider understood the needs of their patients and tailored services in response to those needs. For example, evening and weekend appointments and home visits were available if requested.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The provider demonstrated a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to the service

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

- Patients were able to access care and treatment within an acceptable timescale for their needs with timely access to initial assessment, test results, diagnosis and treatment.
- All patients were given the mobile number of the clinician for immediate access.
- Patients were seen in the evening and on Saturdays if required.
- Home visits were carried out if this was required by the patient.
- Patients could contact the clinician by email or telephone (including text).
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. The provider had not received any complaints since our previous inspection in November 2017.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

- The provider had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- Staff were clear about the vision and their responsibilities in relation to it.
- The provider worked well with their personal assistant and both members of staff said that they had worked together for many years and supported each other..

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.
- 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 their own leadership capacity and skills.

Vision and strategy

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

- There was a clear vision and set of values. 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
- The service monitored progress against delivery of the strategy.

Culture

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

- The provider encouraged a culture of high-quality sustainable care.

- Staff told us they felt respected, supported and valued and that the needs of patients was the main focus of the service. They were proud to work for the provider.
- The provider was aware of the need for openness, honesty and transparency when responding to incidents and complaints.
- Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The member of staff did not have a formally recorded appraisal as they felt this was unnecessary. They had daily discussions with the provider and felt they were able to address development needs and obtain advice and support at any time.
- The relationship between the provider and the staff member was positive and longstanding.

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.
- Staff were clear on their roles and accountabilities
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There were clear and effective processes for managing risks, issues and performance. The provider ensured that they audited their work and shared the results with the doctor who provided cover for them to identify any learning. The provider also ensured they revalidated at the appropriate timescales, this involved reflecting on work they had undertaken.

Are services well-led?

Good 

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider managed all patient safety alerts, incidents, and complaints.
- Due to the nature of the service provided formal clinical audits had not been undertaken. However, the provider informed us that they continuously reviewed their own clinical practice in line with new guidance and guidelines.
- The provider had plans in place for major incidents and disruptions to their service.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and sustainability were addressed by the provider and arrangements considered and implemented to meet the needs of the service.
- Information used to deliver quality care was considered and any identified weaknesses addressed.
- The provider did not use information technology systems to monitor and improve the quality of care as patient records were not kept electronically.
- There were arrangements in place that were in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The provider involved patients, staff and external partners to support high-quality sustainable services.
- Patients and staff were actively encouraged to provide their views and concerns.
- An annual patient survey was undertaken. Patients had not identified any changes required through the survey but the provider informed us patient comments were reviewed and appropriate changes would be made where required.

Continuous improvement and innovation

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

- There were systems and processes for learning and continuous improvement.
- There was a focus on continuous learning and improvement.
- The provider made use of internal and external feedback and used this to make improvements.
- The provider worked with their staff member to review individual and service objectives, processes and performance.