

# Dr Ito 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?                         |  | 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 May 2018 – unrated).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Dr Ito Clinic as part of our inspection programme. This was the service's first inspection where they were given a rating.

Dr Ito Clinic is an independent provider of medical services specialising in pain management. The provider is an individual provider who is in day to day management of the service. Therefore there is no requirement for a registered manager to be in place.

During the inspection we did not speak directly with any patients, however we did receive feedback from patients about the service through our website. Feedback was received from 16 patients and was wholly positive.

## Our key findings were:

- The service was providing safe care. There were clear systems for managing risks.
- The service was providing effective care. The effectiveness and appropriateness of the care provided was reviewed. There was evidence of quality improvement activity.
- The service was providing caring services.
- Staff treated patients with compassion, kindness, dignity and respect. Feedback from people who used the service was positive.
- The service was providing responsive care in accordance with the relevant regulations. People were supported to access the service when they wanted to. There were systems and processes in place to manage feedback.
- 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

Whilst we did not find any breaches of the regulations, the areas where the provider **should** make improvements are:

- Review the provision of sepsis training for all staff.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

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

## Our inspection team

This inspection was carried out by a CQC lead inspector with support from a specialist adviser.

## Background to Dr Ito Clinic

Takashi Ito (Dr Ito Clinic) is an independent provider of medical services in Westminster and treats adults over eighteen years of age. The service is located on Harley Street in central London. It shares the building with other healthcare services. The rooms used by the service consist of a reception and waiting area, an office, the doctor's consulting room which includes a treatment room and a storeroom/office used by the healthcare assistants.

The service is led by a doctor who has specialised in pain management. They are supported by two healthcare assistants and a general manager. The majority of their patients are of Japanese origin.

The provider offers face to face consultations, examinations and treatment for the management of pain including diagnostic ultrasound scans for joints and muscles, minor surgical procedures including joint injections, epidural injections, ligament injections, nerve blocks, puncture and drainage. Procedures are carried out on-site with imaging carried out by a separate service.

The principal doctor is on the specialist register in the GMC (General Medical Council) for anaesthetics. Services are available to people on a pre-booked appointment basis Monday to Friday between 11am and 6pm.

Takashi Ito is registered with the Care Quality Commission to provide the regulated activities diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury.

### How we inspected this service

In preparation for this inspection we asked the provider to supply us with information, reviewed information we hold about the service on our systems and asked for feedback from people who use the service.

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

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

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

# Are services safe?

**We rated safe as Good because:**

## **Safety systems and processes**

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

- The provider conducted safety risk assessments annually. The practice manager maintained a monthly audit log which they used to ensure all safety checks were carried out. These included fire, health and safety and infection control risk assessments. The most recent fire and infection control risk assessments had been carried out in February 2022 and health and safety in March 2022. Electrical safety checks and equipment calibration were carried out recently, most recently in March 2022 and November 2021 respectively.
- The service 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 on an ongoing basis.
- The service had systems to safeguard children and vulnerable adults from abuse. They demonstrated understanding of safeguarding and a knowledge of the types and signs of abuse. They had a policy in place and staff described the steps they would take if they were concerned about a patient.
- The service's safeguarding policy set out the steps to be taken in response to any concerns about safeguarding. It included contact details for reporting any incidents.
- In line with their policy the provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken for 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).
- Other staff checks carried out included identity, proof of address, references and employment history as well as permission to work in the UK.
- The provider recruited healthcare assistants (HCA) mainly from Japan who had been granted visas for up to two years. Both the HCAs were qualified nurses in Japan and were recruited directly by the provider.
- 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. Other mandatory training undertaken included resuscitation and basic life support, infection control, health and safety and fire safety.
- There was an effective system to manage infection prevention and control. General cleaning was arranged by the landlord. There was a contract in place for the removal of medical waste which was stored securely until collection.
- All staff were trained on how to manage the risk of Legionella and regular water temperature 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.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## **Risks to patients**

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The service only saw one patient at a time and appointments lasted a minimum of one hour. Staffing requirements were planned for on that basis. The two HCAs managed the clinical and administrative tasks between them and covered each other for planned and unplanned leave.

# Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The provider had discussed sepsis with staff and advised them about how to identify and manage sepsis. However this was done informally and there was no record of formal sepsis training. We have told the provider they should organise sepsis training for all staff.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The service followed Resuscitation Council guidelines to decide which emergency medicines to hold. We noted the service did not hold Benzylpenicillin (an antibiotic used to treat a number of bacterial infections) or Diclofenac injections (a medicine that reduces swelling and pain). However, they did hold Diclofenac in tablet form. Additionally, the provider held a number of other antibiotics which could be administered to a patient presenting with symptoms of a bacterial infection. They had carried out a risk assessment which gave consideration to the risks of not holding Benzylpenicillin. The provider ordered Benzylpenicillin and Diclofenac injections on the day of the inspection and provided evidence soon after that these had been added to their emergency medicines.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place through a medical defence union.

## Information to deliver safe care and treatment

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

- We reviewed a sample of care records and found they 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 service did not use paper records. They used cloud storage for all records and ensured they used secure, reliable servers. All records were stored for a minimum of eight years.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. Medicines which were kept in the fridge were checked regularly and fridge temperatures were checked twice a day. The service kept prescription stationery securely and monitored its use. Controlled drug prescription pads were stored in a locked cupboard. An inventory of prescription pads was maintained which included a record of the prescription number issued to each patient. Non-controlled drug prescriptions were printed on demand. There were no blank templates held.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

## Track record on safety and incidents

# Are services safe?

## **The service had a good safety record.**

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## **Lessons learned and improvements made**

### **The service learned and made improvements when things went wrong.**

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. At the time of this inspection the service had not experienced any significant events. Staff told us they held daily meetings at the start of the day where they discussed patients due in that day, what procedure they were undergoing and any associated risks.
- There were adequate systems for reviewing and investigating if things should go wrong.
- 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 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.

# 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. The provider also followed international guidance specifically in relation to nerve block procedures (injections of medicines that block pain from specific nerves), which were more common in other countries.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. For example, regular prescribing audits were carried out and the provider compared patient outcomes against international standards to ensure treatment and procedures were effective and followed best practice.
- We saw examples of completed audits around epidural injections and pain management carried out in 2021 and 2022 and reflective exercises carried out by the provider.

## **Effective staffing**

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals 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.

# Are services effective?

- 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. Patients were required to complete a medical questionnaire prior to their appointment.
- Patients were informed their information may be shared with relevant healthcare professionals as part of their treatment, including their GP. All patients were asked for consent to share this information, such as details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. This was stated in the medical questionnaire.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- 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. Where MRI and/or CT scans or x-rays were required, patients were referred to an external service. All relevant information was shared with the service and there were clear and effective arrangements for following up on these patients.
- The service monitored the process for seeking consent appropriately.

## Supporting patients to live healthier lives

### **Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice so they could self-care. All patients were provided with a personalised plan for rehabilitation, for example exercise, following their procedure.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. All patients were provided with a consent form on which the provider detailed the treatment methods, risks and benefits, and the side effects of any medicines prescribed. This was signed by the patient to confirm they understood.
- 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?

**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. All patients were given a feedback form at end of their final consultation with a stamped, addressed envelope to return it. This process was managed by an external company who collated and analysed the results. We saw feedback received between June 2021 and May 2022. This was positive about both the standard of care and treatment received as well as their overall experience.
- 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.**

- The service's patients mostly used Japanese as a first language. All the service's staff spoke Japanese. Patient information documents and the service's website were in English as well as Japanese to help patients be involved in decisions about their care.
- Patients told us through online feedback, that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- Where patients had a learning difficulty, patients could be referred to a specialist Japanese doctor if the provider was concerned about their understanding and capacity.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect. They ensured doors were locked during consultations and a screen was available in the consultation room.
- The door to the treatment room, which was inside the consultation room was kept closed during procedures.
- Appointments were scheduled so as to avoid having more than one patient on site at a time. This was done in order to ensure patients' privacy.

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. For example in response to patients' preferences, appointments were scheduled for one hour and were spaced out to protect patients' privacy.
- The provider hired healthcare assistants (HCA) from Japan who had current understanding of treatments and procedures available in Japan and patients' expectations. This helped the provider ensure the service they offered met the needs of this community.
- Where patients had to be referred to another service where Japanese was not used, the provider gave patients information about their treatment/procedure translated into Japanese.
- 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. For example they had a portable ramp to support patients with a physical disability to access the premises.

## **Timely access to the service**

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service's opening hours were 9am to 6 pm, Monday to Friday. Appointments were available between 11am and 6pm.
- Same day appointments were usually available with the last appointment of the day held for emergencies. Appointments were usually available within two days.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

## **Listening and learning from concerns and complaints**

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

- Information about how to make a complaint or raise concerns was available. This was available in leaflets given to patients. Staff treated patients who made complaints compassionately.
- The service had received one complaint within the previous 12 months. This concerned a patient not understanding some information provided by the service about a scan they had been referred for. The provider responded appropriately by apologising to the patient and updating their information.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

# Are services responsive to people's needs?

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.

# Are services well-led?

## 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 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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

## Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example where a patient complained about being provided with information they could not understand, the provider acted promptly to clarify the issue and apologised to the patient. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Healthcare assistants (HCA) had a review within a month of starting at the service. This was followed by an appraisal within their first year where their achievements and challenges were discussed.
- Staff were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. HCAs were recruited by the provider directly from Japan. When they arrived in the UK the provider helped them find accommodation and any other support they required to settle into life in the UK. These members of staff usually wanted the opportunity to improve their English. To support this, team meetings were held in English.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

# Are services well-led?

## 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
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Staff were required to read all policies on starting employment and when they were updated. These were also available in Japanese.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- 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.**

# Are services well-led?

- The service encouraged and heard views and concerns from the public, patients and staff and external partners and acted on them to shape services and culture.
- There were systems to support improvement and innovation work. For example, the service had installed an innovative “air barrier” system to protect against cross infection during the pandemic. They also followed cutting-edge treatments from abroad, for example Japan and the United States where the procedures they specialised in were more commonly used.
- Staff could describe to us the systems in place to give feedback. Patients were provided with feedback forms following their appointment. We saw evidence of feedback opportunities for staff, for example appraisals and daily meetings, and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.

## 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 encouraged staff to take time out to review individual and team objectives, processes and performance.