Clinica London Limited

Inspection report

140 Harley Street
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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	Requires Improvement
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?	Requires Improvement

Overall summary

This service is rated as **Requires improvement** overall. (Previous inspection May 2013 under a previous inspection methodology. Found to be compliant.

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? – Requires improvement

We carried out an announced comprehensive inspection at Clinica London as part of our inspection programme.

Clinica London is an independent healthcare service specialising in pediatric and adult ophthalmology and dermatology services.

Our key findings were:

- The service was providing generally safe care. However, we found concerns around some safety processes, specifically risk assessment and management, emergency medicines and equipment and the safe prescribing of medicines.
- The service was providing effective care. The effectiveness and appropriateness of the care provided was reviewed. There was limited evidence of quality improvement activity.
- The service was providing caring services.
- Staff treated patients with compassion, kindness, dignity and respect.
- 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 generally well-led. Leaders had the capacity and skills to deliver high-quality, sustainable care. However, we found some systems and processes, specifically around safety management, were not consistently applied and managed.

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:

- Review quality improvement activity, including clinical and medicines audits to ensure it is carried out regularly and consistently.
- Review prescribing protocols to ensure a consistent approach which aligns with national guidelines.
- Consider measures for continuous improvement and innovation.

Overall summary

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

Our inspection team

Our inspection team was led by a CQC lead inspector and included a specialist adviser.

Background to Clinica London Limited

Clinica London Limited is an independent ophthalmology and dermatology service based on Harley Street in central London. The service is housed in a shared building and occupies rooms on the first and second floors.

Services are provided by a lead consultant and a number of consultant dermatologists, ophthalmologists, orthoptists and nurses. The consultants carry out one session a week at the service. All are employed substantively within the NHS and work at the service under their practicing privileges. The service treats both adults and children.

The service is open Monday to Friday 8.30am to 7pm and Saturdays 10am to 4pm by request.

The provider is registered with the CQC to provide the following registered activities: Treatment of disease, disorder or injury, Surgical Procedures and Diagnostic and Screening Procedures.

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.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

The service was providing generally safe care. However, we found concerns around some safety processes, specifically risk assessment and management, emergency medicines and equipment and the safe prescribing of medicines.

Safety systems and processes

The service's systems to keep people safe and safeguarded from abuse were not clear and consistent.

- We did not see evidence of regular, comprehensive risk assessments. At the time of this inspection risk assessments such as health and safety and fire risk assessments had not been carried out, although we did see evidence of electrical safety and fire alarm testing and equipment calibration. We were told these risk assessments were the responsibility of the landlord.
- Following the inspection we received copies of fire and health and safety risk assessments carried out subsequently, in October 2022. These risk assessments highlighted nine areas in the fire risk assessment and 13 in the health and safety risk assessment, all of moderate or low risk, which required remedial action within the next three or six months. The provider told us the actions identified in the fire risk assessment were largely the responsibility of the landlord and they were following up on this. Regarding the health and safety risk assessment, the provider told us they would review this along with senior staff. We have told the provider they must address the issues and/or satisfy themselves that the landlord effectively addressed the concerns highlighted by the risk assessments.
- 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 policies in place to safeguard children and vulnerable adults from abuse. However, At the time of the inspection the service did not have effective systems in place to provide assurance that an adult accompanying a child had parental authority. Accompanying adults were asked to provide identification but they were not required to establish their relationship with the child. We told the provider they should review this. Following the inspection the provider sent us evidence they had reviewed their processes and put a new, suitable protocol in place to ensure adults accompanying children had parental responsibility.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out some staff checks at the time of recruitment and on an ongoing basis where appropriate. The service's policy was for Disclosure and Barring Service (DBS) checks to be 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). We found one member of staff in a non-clinical role, had recently commenced employment without a DBS check. The provider had applied for the DBS check and had requested confirmation from a third party that this person was who they said they were, however they had not carried out a risk assessment to ensure it was safe for this employee to commence employment in that role without a DBS check. We have told the provider they should review this to ensure they followed their processes consistently.
- 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.
- Systems for managing infection prevention and control were not comprehensive. We saw evidence of regular hand hygiene and water temperature checks, however full infection control audits were not being carried out. Following the inspection we received evidence of a Legionella audit and a deep clean of the premises carried out after the inspection. We have told the provider they must ensure these are carried out regularly.
- 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.

Requires Improvement

Are services safe?

- 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.
- There was an effective induction system for agency staff tailored to their role.
- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- The service held most of the necessary medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The provider had a defibrillator and oxygen on site. However, we found the service did not have epinephrine injectors (a medical device for injecting a measured dose or doses of medicine to treat serious allergic reactions). They also did not have Glyceryl Trinitrate (GTN) tablets or spray (a medicine to treat chest pain). They had not carried out a risk assessment to decide which medicines they did or did not need to hold. We also found whilst the service had a defibrillator which was in good working order and was regularly checked, the pads were not being checked and were out of date by six months. Following the inspection the service provided evidence the missing medicines and new pads had been purchased. They also sent us a comprehensive risk assessment of emergency medicines which they had carried out following the inspection.

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. Records were stored in a system which also managed appointment booking and billing. 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.
- 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 systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- We reviewed a sample of patient notes and found one patient who had been prescribed Roaccutane (a medication primarily used to treat severe acne) had received a repeat prescription without appropriate monitoring. The service had not ensured the patient's blood test result had been received prior to issuing the repeat prescription. The provider told us only one of their consultants prescribed Roaccutane and they had been on long term leave. We asked the provider to carry out an audit of all patients prescribed this medicine within the previous two years to ensure these patients were monitored in line with national guidelines.

Requires Improvement

Are services safe?

- Following the inspection we received the results of the audit from the provider. This showed three patients had been prescribed Roaccutane within the preceding two years. The audit showed one patient (the same patient referred to above) had been given a further three months' prescription based on their previous blood test results being "normal". This was not in line with British Association of Dermatologists (BAD) guidelines which stated blood tests should be carried out every three months. The risk to the patient of continuing the medication was reviewed and considered to be low due to the low dosage given to the patient in this instance, however we have told the provider they should review their practice in this regard and ensure this medicine was prescribed in line with guidance. The provider also reviewed their policy around contraceptive advice to ensure patients were appropriately tested for pregnancy prior to Roaccutane being initiated and were advised around the need for contraception use whilst taking this medicine.
- The service carried out some medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing, although these were not regular or coordinated.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They did (Neither did they) prescribe schedule 4 or 5 controlled drugs.
- Following the inspection the provider strengthened its procedures for ensuring the identity of children and accompanying adults.

Track record on safety and incidents

The service had a good safety record.

- There was evidence of some 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. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. We reviewed a record of an incident involving a patient receiving an accidental overdose. We saw the service had acted appropriately to ensure the patient's safety. The incident was reviewed and the necessary policy changes were made.
- 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 including sessional and agency staff.

Good

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.
- 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 involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Examples of clinical audit we saw were limited and did not appear to be part of a programme of regular quality improvement activity. We were told audits were carried out as part of consultants' individual appraisals, rather than a coordinated quality improvement programme. Examples we saw had a positive impact on quality of care and outcomes for patients. For example an audit had been carried out of the effectiveness of a procedure carried out to treat eye swelling caused by a gland dysfunction. The provider had reviewed the 117 patients they had seen over the previous year. The conclusion was the treatment was effective for the specific condition.
- A further example of clinical audit was anti-microbial prescribing; ensuring prescriptions were completed correctly and allergies were noted.
- We saw examples of non-clinical audits including consent, hand hygiene, medicines management (storage) and water temperature.

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 (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council 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.

Good

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. We saw examples of correspondence between the service and patients' GPs.
- 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.
- At registration patients were asked to provide their GPs details. 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.
- 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. Patients were provided with written instructions to follow following their procedure. For example patients were given written instruction including diagrams about how to administer eyedrops.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. Patients were provided with information about possible side effects and contact details for the provider both within and outside of opening hours.
- 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. We saw examples of consent forms which were tailored to the specific treatment/procedure.

The service monitored the process for seeking consent appropriately.

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback 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, although these patients attended with their own interpreter. Patients were also told about multi-lingual staff who might be able to support them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- 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.

Good

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 appointments lasted at least 30 minutes and patients were supported to see their choice of consultant.
- 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. However the service, which was located on the first and second floors of the building, did not have a lift. The provider told us they were not able to install a lift due to the limitations of their lease.

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. The service had a process in place for ensuring all blood test results were received, although we did see one instance where a blood test had been requested but the patient was not followed up on to ensure they had undertaken the test.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- 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. The provider worked with other providers in the local vicinity and could refer patients to a more appropriate service where required.

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. The service had a complaints policy in place and complaint forms for patients to complete. At the time of this inspection the service had not had any formal complaints in the preceding two years.
- The service's complaints policy was to inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

Requires Improvement

Are services well-led?

We rated well-led as Requires improvement because:

We found some systems and processes, specifically around safety management, were not consistently applied and managed.

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. For example the provider considered broadening its range of procedures, increasing its number of consultants and improving their online presence
- The service developed its vision, values and strategy jointly with staff.
- 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. Staff we spoke with told us they felt comfortable raising concerns and were confident they would be responded to effectively. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They 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.
- The service actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Requires Improvement

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 knew where to access these policies and had read them.
- 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

Processes for managing risks, issues and performance were not always clear and effective.

- Process to identify, understand, monitor and address current and future risks including risks to patient safety were not consistent. For example around the arrangements around risk assessment, infection control, background checking for staff and clinical audit was not regular or coordinated. There were also deficiencies around the management of emergency medicines and equipment and the safe prescribing of medicines.
- 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 business continuity 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.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.

Requires Improvement

Are services well-led?

- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- The service was involved in continuous improvement and innovative techniques, ideas, products and devices. For example, the service had purchased a machine, approved in the United States for the treatment of dry eyes. This had been introduced for their patients in May 2022. They also purchased a system which improved ophthalmic imaging. This included several training sessions for staff and was an ongoing innovation as they could purchase new add-ons to the model as desired.
- The service offered a combined dermatology and ophthalmology service for both children and adults. They were also one of a few sites in London to offer DVLA visual field testing.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

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
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by failing to: • Ensure adults accompanying a child had parental authority. • Ensure staff recruited were suitable and safe for their role. Specifically, the provider did not follow its systems and processes to ensure safe staff recruitment and had not carried out a corresponding risk assessment. • Ensure the service was adequately, in respect of emergency medicines, able to respond in the case of a medical emergency. Specifically, the provider did not have epinephrine injectors (a medical device for injecting medicine to treat serious allergic reactions). They also did not have Glyceryl Trinitrate (GTN) tablets or spray (a medicine to treat chest pain). Defibrillator pads were out of date. • Ensure appropriate infection prevention and control measures were in place.