

London Interventional Radiology

Inspection report

101 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

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.

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 London Interventional Radiology as part of our inspection programme.

London Intervention Radiology is an independent health service offering private healthcare consultations and treatments relating to general practice and sexual health services as well as treatments relating to varicose veins.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. London Interventional Radiology provides a range of non-surgical cosmetic interventions, for example Botox treatments, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The service manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The provider had clear systems to keep people safe and safeguarded from abuse. This included in respect of infection prevention and control, medicine management and significant events.
- The service assessed needs and delivered care in line with current legislation, standards and evidence-based guidelines. Clinicians and staff had the skills, knowledge and experience to carry out their roles.
- Patients were treated with respect and staff involved patients in decisions about their care and treatment.
- The service organised and delivered services to meet patients' needs.
- The way the service was led and managed promoted the delivery of high-quality, person centered care.

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

- Ensure there is a documented process for managing drug safety alerts.

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 a specialist advisor.

Background to London Interventional Radiology

How we inspected this service

London Intervention Radiology is an independent health service offering private healthcare consultations relating to general practice, sexual health services and treatments such as iron deficiency and varicose veins. The service is available to both adults and children with mostly adult patients visiting the service. They are located on the ground floor of 101 Harley Street, with clinic rooms available both on the ground and basement.

The service consists of a service manager, two doctors and a medical secretary. At the time of the inspection, the service was in the process of recruiting a full-time nurse.

The service offers pre-bookable face-to-face and virtual appointments and is open Mondays to Fridays between 9am-6pm and 9am-4pm on Saturdays.

We gathered and reviewed pre-inspection information before inspecting the service; this included their policies, guidelines and formal patient feedback. On the day of the inspection, we spoke with the service manager and the lead clinician. We also reviewed patient records, observed infection prevention and control and emergency medication measures and looked at recruitment and training files.

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 clear systems to keep people safe and safeguarded from abuse. This included in respect of infection prevention and control, medicine management and significant events.

However, the service should:

- Ensure there is a documented process for managing drug safety alerts.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff and the policies outlined staff members to approach for further guidance. Staff received safety information from the service as part of their induction and refresher training. For example, the service carried out refresher training sessions on an annual basis on topics such as handwashing guidance and sudden patient collapses.
- The service had systems to safeguard children and vulnerable adults from abuse. All staff received appropriate safeguarding training and were able to identify the statutory agencies in place to protect patients from neglect and abuse should the need arise. Staff members we spoke to demonstrated an understanding of what constituted a safeguarding concern and the necessary actions to take if a safeguarding incident were to occur.
- Clinicians were trained to level three in relation to both safeguarding vulnerable adults and children.
- The service had systems in place to assure an adult accompanying a child had parental authority. The service carried out an in-house training session to ensure there was a strong emphasis on the measures in place to safeguard patients under the age of 18.
- 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 where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff who acted as chaperones were trained for the role, familiar with the chaperone policy and aware of the importance of highlighting the presence of chaperones to each patient.
- There was an effective system to manage Infection Prevention and Control (IPC). The service carried out quarterly audits to ensure IPC standards were being met. The service carried out up-to-date legionella risk assessments with the most recent risk assessment taking place in September 2022. They carried out regular water temperature checks to monitor and mitigate the risk of legionella.
- The provider ensured that facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them. This included fire risk assessments as well as health and safety risk assessments.

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.

Are services safe?

- 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 stocked suitable medicines and equipment to deal with medical emergencies, as recommended by national guidance. These were stored appropriately and checked regularly. The service had oxygen cylinders and defibrillators which were in date and in working order.

Information to deliver safe care and treatment

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

- We reviewed 10 patient records and found individual care records were written and managed in a way which kept patients safe. Consultation notes we reviewed were well-documented and we were satisfied the care records showed information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event 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 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 used an electronic system to prescribe medicine.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. In addition, they carried out a review of stock, record keeping and had relevant policies in place.
- 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.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service had processes to monitor and review activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. It had a good safety record with incidents being rare.
- Safety alerts, such as those received from Medicines and Healthcare products Regulatory Authority, were reviewed by the lead clinician who carried out the necessary actions, including disseminating alerts to members of staff and informing patients. However, whilst the service were able to explain the system in place to receive and action drug safety alerts, there was no documented evidence to show the service had carried out a search for patients in response to specific safety alerts. The service did nonetheless have a page on their website which outlined the drug safety alerts

Are services safe?

which they deem to be relevant to their patients. We were also informed after the inspection of an example in which the service reached out to patients regarding a UKSHA alert regarding scarlet fever outbreak in December 2022. The lead clinician contacted the paediatric population in response to this alert to discuss concerns and provide advice to parents of their paediatric patients (discussions were recorded in patient notes).

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The service had a policy on significant events which outlined how to record and investigate serious incidents. There was a clear and concise system for recording and acting on significant events.
- No significant events were recorded in the past 12 months. However, staff members we spoke to understood they had a duty to raise concerns and were able to explain how they would do so. They demonstrated knowledge on how to report significant events that was consistent with their policies.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

We rated effective as Good because:

The service assessed needs and delivered care in line with current legislation, standards and evidence-based guidelines. Clinicians and staff had the skills, knowledge and experience to carry out their roles.

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.

- The provider had systems to keep clinicians up to date with current legislation, standards and evidence-based practice. For example, we saw evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) were used.
- Patients' immediate and ongoing needs were fully assessed as the service aimed to provide a holistic approach to treating patients. Where appropriate this included their clinical needs and their mental and physical wellbeing. The provider was able to signpost patients for additional support if required.
- 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. For example, we saw care plans detailing follow up appointments for patients with ongoing health problems.
- 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. For example, the provider reviewed patient feedback of services to support any changes made to service provision.
- The service made improvements through the use of completed audits. For instance, the lead clinician conducted a two-cycle allergy audit between 2021 and 2022. The aim of the audit was to determine the number of patients who had an allergy status recorded on their notes. A selection of 50 of the most recent patients was taken to determine whether they had their allergy status recorded. Results from the first cycle showed 64% of patients had their allergy status recorded. Steps taken to improve the percentage included amending the consultation template so the allergy status was asked for each consultation and ensuring any locum doctor induction packs emphasised the need for allergy statuses to be recorded. Results from the second audit showed an improvement with 84% of patients having their allergy status recorded. The service is planning a third audit in 2023.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

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 with ongoing training being carried out.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.

Are services effective?

- The provider understood the learning needs of staff and provided protected time and training to address these. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and demonstrated how they stayed up to date.

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 patients' NHS GP and or secondary care where appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- 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.
- Clinicians at the service carried out Well Person health checks for patients. They provided advice and signposted patients to smoking cessation and weight management classes.
- 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 an 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. All staff members had carried out training in relation to the Mental Capacity Act.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Patients were treated with respect and staff involved patients in decisions about their care and treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received in multiple ways. For example, patients were provided with feedback forms after each consultation and were able to fill out comment cards in the waiting room. Feedback received was positive with comments praising the care provided by clinical staff members.
- 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. Patient information leaflets were informative about the service and fees associated with clinical care.

Involvement in decisions about care and treatment

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

- Interpretation services were available, at the cost of the service, for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- 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. For example, the service informed us they would invite patients to a private room to discuss any complaints or concerns.

Are services responsive to people's needs?

We rated responsive as Good because:

The service organised and delivered services to meet patients' needs.

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, patients had requested for consultation letters to be sent via email instead of post. Following this suggestion, patients were able to choose how they wished to be communicated following a consultation.
- The service received feedback from patients of the difficulty of acquiring appointments for HIV testing with the NHS. Therefore, the service offers free HIV testing on World's AIDS day (testing offered throughout the whole week). The service also offers free pre-exposure prophylaxis (PREP) appointments during PRIDE week.
- 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 instance, the service had an accessible toilet, a lift and a wheelchair ramp outside 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.
- 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 as the service had a list of clinics which they would recommend to patients if they could not treat their concern or if they did not have the capacity to do so.

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 and procedure in place which outlined how to log complaints and the necessary actions to take following a complaint.
- 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.
- There had been 1 complaint in the past 12 months in which a patient complained they heard another patient's name being discussed in a shared area. The service formally logged the complaint, apologised to the parties involved and had a team meeting to discuss if any changes should be made. Thereafter, the service implemented a policy to not share a patient's name whilst in shared areas and would only do so if they were in a private space.

Are services well-led?

We rated well-led as Good because:

- Leaders had the skills to deliver high-quality care against their vision and strategy.
- There were clear governance arrangements around the service.
- The service involved staff members and patients in planning their services.

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. For example, they were planning to expand the service by recruiting further healthcare professionals in order to treat more patients.
- Leaders at all levels were visible and approachable. They worked closely with staff, external partners and patients to ensure 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.

- The service aimed to provide person-centred care tailored to each individual patient in a safe environment. There was a clear vision and set of values which all staff members were involved in. They had a realistic strategy and supporting business plans to achieve priorities.
- 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 by providing personalised general practice and sexual health treatments.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents, complaints and patient requests. For instance, patients requested the service to be more environmentally conscious and therefore the service implemented changes such as switching plastic cups to paper cups in the waiting area. 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 and there were positive relationships between all staff members.
- 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. Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff with environmental risk assessments being regularly carried out.

Are services well-led?

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality.

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. There were lead roles for different aspects of the service such as leads for safeguarding, complaint handling and infection prevention and control. Staff we spoke to were able to identify lead roles within the service and who to approach in their absence.
- Leaders had established appropriate policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Regular meetings were held between clinical and non-clinical staff members.
- 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 significant incidents and complaints. Leaders were able to explain their process for managing drug safety alerts but could not show they had a documented process for managing safety alerts.
- 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. For example,
- A business continuity plan was in place and staff were trained 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, staff and external partners and acted on them to shape services and culture. For example, the service received feedback from patients of the difficulty of getting appointments for HIV testing with the NHS. Therefore, the service offered free HIV testing on World's AIDS day (testing offered throughout the whole week). The service also offered free pre-exposure prophylaxis (PREP) appointments during PRIDE week.
- Staff could describe to us the systems in place to provide and respond to feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of 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 with learning being shared with all members of staff to make improvements to current policies and procedures.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work.