

90 Sloane Street Limited

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Inspection report

90 Sloane Street

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Overall summary

We carried out an announced comprehensive inspection on 24 July 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

90 Sloane Street Limited is an independent health service based in Chelsea, where examples of services carried out are cardiology, oncology, dermatology, physiotherapy and gynaecology.

Our key findings were:

- Systems were in place to keep patients safe and safeguarded from abuse.
- There were systems in place for clinical staff to be kept up to date with evidence based guidelines and practices.
- Ten percent of cardiology procedures such as ECGs and stress Echoes' were independently audited.
- Medicines were managed and monitored a way that kept patients safe.
- There was a comprehensive programme of quality improvement including clinical audits.
- There were systems to update external bodies such as GPs and consultants of care and treatment being provided.
- All members of staff were up-to-date with training relevant to their role.
- There were comprehensive risk assessments to mitigate current and future risks.
- Policies and procedures to govern activity were in place and reviewed annually.

Summary of findings

- Emergency equipment and procedures kept patients and staff safe.
- Systems were in place to protect personal information of patients.
- There was no system for checking parental responsibility for adults attending with a child.

There was one area where the provider could make improvements and should:

- Review the system for establishing parental responsibility of adults attending the service with children, such as checking identity.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- Systems and practices kept patients safe and safeguarded from abuse.
- The service had systems for reporting, recording and learning from significant events.
- There were adequate arrangements to respond to emergencies and major incidents.
- Medicines were managed in a way that kept patients safe.
- The service had a range of risk assessments to minimise risks to patients and staff members.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations. We found an area where improvements should be made relating to safe provision of treatment. This was because the provider did not have systems to ensure that adults attending with children had parental responsibility.

- Patients' needs were assessed and delivered in line with best practice guidance.
- There was a comprehensive programme of quality improvement.
- Systems were in place to ensure appropriate record keeping and documentation.
- The service was aware of the most current evidence based guidance.
- The service had arrangements in place to share information appropriately about care and treatment given with all necessary external bodies such as GPs and consultants.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- The service provided opportunities to enable patients to be involved in decisions about their care.
- Staff understood their responsibility in terms of patients' privacy, dignity and respect.
- Chaperone posters were displayed around the service.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The premises were suitable for the services provided.
- Waiting times, delays and cancellations were minimal.
- Information about how to make a complaint was readily available.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- The service had a clear vision and strategy to deliver high quality care and promote preventative medicine and good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- Comprehensive risk assessments including risk assessments for future developments had been carried out.
- The service proactively sought feedback from patients.

90 Sloane Street Limited

Detailed findings

Background to this inspection

90 Sloane Street Limited also operates under the provider 90 Sloane Street Limited. The provider is registered with the Care Quality Commission to carry out the regulated activities of treatment of disease, disorder or injury and diagnostic and screening procedures.

Dr Michael Sandberg 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.

The service consists of five GPs, a cardiac physiologist, two physiotherapists, a practice manager, an ultrasound manager, an audits manager, four secretaries and two receptionists. The service also has some consultant specialists who they work alongside.

The service is open Monday to Friday from 8:30am to 5:30pm except for Fridays when it opens at 8am. Appointments last half an hour and appointment times are from 8:30am to 5:30pm and there are 8am appointments available on a Friday. The service worked with two local independent health GP services to provide out of hours care to their patients. Services provided include cardiology, oncology, gynaecology, physiotherapy and dermatology.

Patient records are all computer based. The service refers patients when necessary to other private and NHS providers as well as back to the patient's GP.

Prior to the inspection we reviewed information requested from the provider about the services they were providing. The inspection was undertaken on 24 July 2018 and the inspection team was led by a CQC inspector who was supported by a GP specialist advisor. During the inspection, we spoke GPs, the cardiac physiologist, the practice manager and reception staff members. We viewed a sample of key policies and procedures, viewed a sample of patient records, made observations of the environment and infection and prevention control measures and reviewed completed CQC patient comment cards.

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 found the service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

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

- Policies including safeguarding policies were regularly reviewed and were accessible to all staff members, where necessary policies included the contact details of external bodies such as social services.
- The service had access to appropriate documentation for staff working at the practice, this included references and Disclosure and Barring Service (DBS) checks. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- All staff members had received up-to-date training appropriate to their roles including safeguarding training.
- Posters were displayed around the service advising that chaperones were available if required and staff members were trained to carry out the role and had been DBS checked.
- There was an effective system to manage infection and prevention control (IPC). An IPC audit had been completed and all identified actions had been rectified. A legionella risk assessment had been carried out and the service was awaiting the results of the most recent water sample. There was a system to enable communication between members of the service and cleaning members of staff.

Risks to patients

There were effective systems to monitor and manage risks to patient safety.

- The service had adequate arrangements to deal with emergencies, there was a defibrillator and oxygen cylinder on the ground floor and fourth floor of the building and emergency medicines in all consulting rooms.

- All staff members received regular basic life support training.
- All electrical equipment had undergone portable appliance testing to ensure that it was safe and in good working order and clinical equipment had undergone calibration to ensure its clinical efficiency.
- When there were changes to services this was disseminated to all relevant staff members.
- All clinical staff had their own professional indemnity cover.

Information to deliver safe care and treatment

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

- Individual care records were recorded and managed in a way that kept patients safe.
- Referral letters and documentation to other services contained all the necessary information.

Safe and appropriate use of medicines

Medicines were used in a safe way by the service.

- The service kept stocks of medicines such as antibiotics and painkillers, which it dispensed to patients. There was an effective system for monitoring and managing these medicines, which kept patients safe.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The service had reviewed its antibiotic prescribing.
- There was an effective system for managing, monitoring and prescribing controlled drugs, which including the safe on-site storage of controlled drug prescriptions.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. Risks identified included adding reinforcement panels to walls to secure the weight of fire extinguishers.

Are services safe?

- There was a system for peer review.

Lessons learned and improvements made

The service had systems to learn and make improvements when things went wrong.

- The provider was aware of the Duty of Candour and had a policy to support them in adhering to this.

- There was a significant events policy and reporting and recording forms. There had been 10 significant events recorded in the last 12 months, we saw that as a result of these significant events action was taken and lessons were learned and shared with all relevant staff members.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The service had systems to keep up-to-date with current evidence based practice. We saw that the GPs assessed needs and delivered care and treatment in line with current legislation and standards and guidance supported by clinical pathways and protocols.

- Specialists delivered talks/learning and education sessions at the service on a regular basis, examples of topics included early breast cancer and lung cancer systematic therapy.
- Patients' needs were fully assessed. This included their clinical needs and their physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Clinicians reminded patients of the remit of the service and where to seek further help and support.

Monitoring care and treatment

- The service had a comprehensive programme of quality improvement activities and used this to routinely review the effectiveness and appropriateness of the care provided. For example, 10% of all ECGs, ambulatory monitoring, stress echoes' and abnormal findings were routinely audited. Results consistently showed correct diagnosis. The service also reviewed all the ultrasounds that were completed with their indication and diagnosis and shared the learning with relevant staff members.

Effective staffing

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

- The service understood the learning needs of staff and provided protected time and training to meet them.
- All the doctors had completed revalidation and took part in an annual appraisal process.

Coordinating patient care and information sharing

The service worked together with other health professionals to deliver effective care and treatment.

- We saw evidence that showed that all appropriate organisations including GPs and consultants were kept informed and consulted where necessary on treatments given to patients.
- Patients received coordinated and person-centred health assessments.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Consent to care and treatment

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

- The service understood the requirements of legislation and guidance when considering consent and decision making but there was no system to ensure that adults attending with children had parental responsibility.
- Consent to care and treatment was appropriately obtained and documented in the patient record.

Are services caring?

Our findings

We found this service was providing caring service in accordance with the relevant regulations.

Kindness, respect and compassion

- We observed the consulting room to be spacious and clean and the consulting room door was kept closed during patient consultations to ensure confidentiality.
- The patient waiting area was away from the front desk to ensure patient confidentiality and prevent conversations being overheard and there was a separate area where private conversations could take place.

Involvement in decisions about care and treatment

- We viewed a sample of patient records which indicated that treatment options were discussed with patients and they were given the opportunity to input into the decisions about their care.

- We received 33 completed Care Quality Commission comment cards all of which were all extremely complimentary about the standard of care received. There was a common theme of friendly, timely and attentive care with thorough information provided.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff we spoke with recognised the importance of patients' dignity and respect.
- The service complied with the Data Protection Act 1998 and staff had received training in information governance.
- A chaperone poster was displayed around the service including in the patient waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive services in accordance with the relevant regulations.

Responding to and meeting people's needs

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

- The premises were suitable for the service provided.
- Patients could access information about the service through a variety of sources including a website and leaflets.
- Health assessments and treatments were personalised to reflect individual patients' needs.

Timely access to the service

The service was open Monday to Friday from 8:30am to 5:30pm except for Fridays when it opened at 8am. Appointments lasted half an hour and appointment times were from 8:30am to 5:30pm and there were 8am appointments available on a Friday. The service was accessed by telephone or email.

The service worked with two local practices to provide out of hours care to their patients. Services provided include cardiology, radiology, gynaecology, physiotherapy and dermatology.

- Patients had timely access to initial assessments and ongoing treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The appointment system was easy to use.

Listening and learning from concerns and complaints

- There was a lead member of staff for managing complaints.
- The service had a complaints policy with a complaints leaflet and information which was readily available for patients. Information was also available on the service website.
- The service had received had received 18 verbal complaints and 8 formal complaints in the last 12 months, we found that these were dealt with effectively in a timely manner where learning and outcomes were shared with relevant staff members. Examples of complaints included a prescription being faxed to the wrong chemist, a clinic running late and no toilet paper in the toilet.

Are services well-led?

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

Our findings

We found that this service was providing well-led services in accordance with the relevant regulation.

Leadership capacity and capability;

On the day of inspection, we saw that leaders had the capacity and skills to deliver high quality and sustainable care. They ensured staff had access to a suite of processes and procedures that governed activity.

Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

The provider had a clear documented vision and strategy to deliver easily accessible, high quality and sustainable care, whilst promoting preventative measures and good outcomes for patients.

- All staff we spoke with understood the services values and their role in delivering them.

Culture

There was a positive and professional working culture at the service. Staff told us that they would be comfortable to raise any concerns and make suggestions on how to improve the service. The provider was aware of their responsibility in relation to the duty of candour and had a protocol to ensure compliance with this.

Governance arrangements

- There was a clear staffing structure and all members of staff knew and understood their roles and responsibilities including in respect of safeguarding.
- Clinical staff and members of the management team all had areas they led on and all staff had access to a list outlining who led on which area.
- Structures, processes and systems to support good governance and management were effective.
- Policies and procedures to govern activity were established and regularly updated and accessible to all staff members.

Managing risks, issues and performance

- There were comprehensive risk assessments including fire safety, infection and prevention control and health and safety.
- Processes to manage current and future risk were thought through and documented.
- Ten percent of all Echocardiograms, ambulatory monitoring and stress echoes were routinely audited as were abnormal findings.

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 by relevant staff members.
- The service gathered performance information which was reported and monitored and changes were made where necessary.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- 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.

Engagement with patients, the public, staff and external partners

The service carried out an annual patient satisfaction survey, which asked questions about the quality of the service received, outcomes of consultations and follow ups; the outcomes of which were complimentary to the service.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service.
- The service was involved in designing an ongoing genome project which aimed to improve the outlook of preventing cancer.

Are services well-led?

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

- Regular consultant led learning sessions were held at the service.