

Dannis Wing Kuen Tang

West End Medical Centre

Inspection report

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Overall summary

We carried out an announced comprehensive follow up inspection on 22 November 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

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.

CQC previously inspected the service on 18 May 2018 and asked the provider to make improvements regarding the safe care and treatment of patients (specifically in relation to infection prevention and control protocols; and emergency medicines provision). At that time, we also asked the provider to make improvements regarding good governance arrangements (in relation to managing safeguarding risks and risks associated with the premises and emergency equipment).

We checked these areas as part of our 22 November 2018 comprehensive inspection and found they had been resolved.

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.

The provider, Dr Dannis Wing Kuen Tang, provides private GP services from West End Medical Centre to both adults and children. The provider is registered with the Care Quality Commission (CQC) to carry on at the practice location the regulated activities of Treatment of Disease Disorder or Injury and Diagnostic & Screening Procedures.

We received 31 completed Care Quality Commission comment cards all of which were positive about the staff at the practice and the services received. We did not speak with patients directly at the inspection.

Our key findings were:

Summary of findings

- The service had acted since our last inspection to ensure safe care and treatment was provided in relation to safeguarding patients, staff pre-employment checks, infection prevention and control protocols; and in relation to the availability of emergency medicines and equipment.
- The service had acted since our last inspection to ensure good governance in relation to identifying and acting on risks associated with fire safety, lapsed staff training and out of date or missing protocols.
- The service reviewed the effectiveness and appropriateness of the care it provided. It had also acted to ensure that care and treatment was now being delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.

- Patient feedback for the services offered was consistently positive.
- The service had acted since our last inspection such that management and governance arrangements assured the delivery of high-quality and person-centred care.

There were areas where the provider could make improvements and should:

- Review protocols to ensure that periodic water temperature monitoring is undertaken in accordance with the service's recent Legionella risk assessment.
- Review fire safety protocols to ensure that fire instructions are appropriately displayed throughout the premises.

Professor Steve Field

CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

West End Medical Centre

Detailed findings

Background to this inspection

The provider, Dr Dannis Wing Kuen Tang, provides services from a single location, West End Medical Centre, as a sole private General Practitioner (GP) serving the Chinese community. The service is open between 1pm and 6pm, seven days a week, except Bank holidays. There is no out of hours service but patients can contact the provider's mobile phone in an emergency.

The practice offers booked appointments and people can also attend without an appointment. The service is available to adults and children and is located at Suite 5, Egmont House, 116 Shaftesbury Avenue, London, W1D 5EW. The service is located on the second floor and is not accessible by lift. When patients contact the service, they are advised of its location.

The practice provides general medical care treatment and advice intended to complement services available to its patients on the NHS. If a chronic or serious non-urgent disease is identified the patient is referred to their NHS GP for further management and subsequent hospital referral. For those with private health insurance, referrals can be made to a private specialist clinician or a private hospital. Patients requiring urgent hospital attention are referred to local NHS Hospital Trusts. Patients who request services which are generally covered by NHS healthcare programmes such as vaccinations, cervical smears and ante natal care are advised to go to their NHS GP.

In addition to medical consultations the practice provides services for obtaining pathology samples, such as blood and urine tests, for patients who may be in need of investigation, which are collected by a contracted laboratory.

The practice also dispenses a range of commonly used medicines.

The inspection on 20 November 2018 was led by a CQC inspector and included a GP special advisor and a practice manager special advisor.

Before the inspection we reviewed pre-inspection information submitted by the provider, requested by CQC.

During our visit we spoke with the lead GP and practice receptionist (who comprise the practice team), reviewed personal care or treatment records of patients and also reviewed staff records.

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

- Staff demonstrated they understood their safeguarding responsibilities and action had been taken since our last inspection to ensure all staff had received training on safeguarding children and vulnerable adults relevant to their role.
- Action had been taken since our last inspection in May 2018 to ensure the service had adequate arrangements to respond to emergencies.
- Action had been taken since our last inspection in May 2018 to ensure appropriate staff pre-employment checks were in place.
- Action had been taken since our last inspection in May 2018 to introduce effective infection prevention and control protocols (including a recent infection prevention and control audit). Tests also confirmed that the Legionella bacterium was not present in the service's hot water system.
- Action had been taken to undertake risk assessments in relation to fire safety, premises and health and safety.

Safety systems and processes

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

- When we inspected in May 2018, a vulnerable adults safeguarding policy was not in place and staff had not received formal training in this area. The practice receptionist displayed a limited knowledge of safeguarding and had not received up to date formal training in child safeguarding.
- At this inspection we noted staff had received up-to-date safeguarding training appropriate to their role. The service had systems to safeguard children and vulnerable adults from abuse. For example, policies were in place and were accessible to staff. They outlined clearly who to go to for further guidance. Staff understood their responsibilities regarding safeguarding and knew how to identify and report concerns.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

- When we inspected in May 2018, although fire extinguishers had been serviced, regular fire alarm tests and fire evacuation drills were not being undertaken and a fire safety risk assessment had not taken place. At this inspection, records showed regular fire alarm tests and fire drills were now taking place and we were sent confirming evidence shortly thereafter confirming the GP had undertaken fire safety training. A recent fire risk assessment had also taken place and the service had acted on its findings (for example by introducing weekly smoke detector checks). Although the fire risk assessment also highlighted fire instructions were not in place, the service advised that this would shortly be actioned.
- When we inspected in May 2018, the service did not have a chaperone policy in place and did not display information in the waiting room or consultation room advising patients that a chaperone was available if required. Chaperoning was undertaken by the receptionist but we noted their Disclosure and Barring Service (DBS) check related to their previous employment.

A DBS check assessed 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. At this inspection a chaperone policy had been introduced and we saw notices advising patients that a chaperone was available if required. The service had also recently undertaken a DBS check for its receptionist.

- When we inspected in May 2018, the service was not undertaking regular infection prevention and control (IPC) audits to identify and mitigate infection control risks. Subsequently, infection risks associated with fabric chairs in the waiting room and fabric privacy curtains in the consultation room had not been identified or acted upon. Also, the service had not undertaken risk assessment of a bacterium called Legionella which can contaminate water systems in buildings.
- At this inspection we noted an effective system to manage infection prevention and control.

For example, the service had undertaken a recent IPC audit and acted to mitigate infection risks. For example, fabric

Are services safe?

chairs had been replaced and a daily cleaning schedule introduced for the service. Records also showed fabric curtains were now cleaned every four weeks (or sooner if necessary).

On the day of our inspection, the service had undertaken a recent *Legionella* water sample analysis but had not undertaken an overall risk assessment. Shortly after our inspection we received confirmation an assessment and further water sample test had been undertaken which confirmed that the *Legionella* bacterium was not present in the service's hot water system. The service told us they would immediately commence periodic water temperature monitoring to ensure that temperatures were not conducive to allowing *Legionella* bacterium to proliferate.

- We noted systems in place for safely managing healthcare waste.
- The provider had acted since our last inspection to ensure that clinical equipment was safely maintained according to manufacturers' instructions.

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.
- The provider had professional indemnity insurance that covered the scope of their practice.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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.

- When we inspected in May 2018, the practice did not have a defibrillator available on the premises and we noted this decision had not been risk assessed. Also, emergency oxygen and some emergency medicines were not available (the latter of which in the absence of a risk assessment). We could not be assured the service was fully equipped to deal with medical emergencies.
- At this inspection, systems and arrangements for managing emergency medicines and equipment minimised risks. For example, emergency oxygen, a defibrillator and a full range of medicines were available on the premises. Where specific UK Resuscitation Council recommended medicines were not available, the service had undertaken a risk assessment of its decision.
- The practice had taken action since our last inspection to introduce a written protocol to ensure the continuity of services in the event of a major incident such as power failure or building damage.
- 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 is a different approach taken from national guidance there is a clear rationale for this that protects patient safety
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. When we inspected in May 2018, although there was a health and safety policy and risk management policy available, the service was not

Are services safe?

carrying out health and safety risk assessments. At this inspection we noted the service had recently conducted a health and safety risk assessment (covering for example security, fire safety and general safety) and had taken action regarding identified risks (for example regarding installing fire emergency instructions). It also had appropriate safety policies which were regularly reviewed and communicated to staff.

- 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.

- Although a written protocol was not in place, there was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- Although the service had not logged any significant events in the previous 17 months we reviewed the

documentation of the last two incidents that had occurred in 2014 and 2016 and the way these had been dealt with suggested identification and management of incidents was handled appropriately.

- There was a system for receiving and acting on safety alerts. The provider learned from external clinical events as well as patient and medicine safety alerts and took action as appropriate.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

(for example, treatment is effective)

Our findings

- Action had been taken since our last inspection in May 2018, in that the lead GP had now developed their knowledge and understanding of current evidence based guidance regarding sepsis management.
- Action had been taken since our last inspection in May 2018, in that administrative staff had now received formal training in safeguarding, basic life support, fire safety, infection prevention and control and information governance.
- Action had been taken since our last inspection in that a written consent policy was now in place and we also confirmed consent decisions were recorded in patient notes. The lead GP had also undertaken training on the provisions of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Effective needs assessment, care and treatment

The provider had systems to keep the lead GP up to date with current evidence based practice. We saw evidence they 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.
- The lead GP 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.
- The lead GP assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity and monitored information on care and treatment. This took place through clinical audit and patient feedback. For example, the provider had audited antibiotic prescribing and had reduced this on subsequent re-audit.

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.
- The lead GP was registered with the General Medical Council (GMC) and was 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.
- Action had been taken since our last inspection in May 2018, in that administrative staff had now received formal training in safeguarding, basic life support, fire safety, infection prevention and control and information governance.
- Action had also been taken since our last inspection in that the lead GP had undertaken training on the provisions of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).
- Staff were encouraged and given opportunities to develop.
- The lead GP had taken action since our last inspection in May 2018, in that the lead GP had now undertaken specific training to ensure they stayed up to date regarding long term conditions such as hypertension, cardiovascular disease (CVD) and chronic obstructive pulmonary disease (COPD). Records also showed that they had undertaken Sepsis awareness training.

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 such as local hospitals.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Action had been taken since our last inspection in that a written consent policy was now in place and we also confirmed that consent decisions were recorded in patient notes.

Are services effective?

(for example, treatment is effective)

- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- 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 have been referred to other services

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

Action had been taken since our last inspection in that a written consent policy was now in place and we also confirmed that consent decisions were recorded in patient notes.

- The lead GP also understood the requirements of legislation and guidance when considering consent and decision making.
- They supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Systems were now in place to ensure the process for seeking consent was appropriately monitored.

Are services caring?

Our findings

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- We received 31 completed Care Quality Commission comment cards, all of which were very positive about the staff at the practice and the services received.
- We were told that any treatment including fees was fully explained to the patient prior to any consultation or treatment and that people then made informed decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- 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 were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- 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.
- Staff communicated with people in a way that they could understand.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.

Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

- Patients were able to access services provided by the practice within an appropriate timescale for their needs.
- Access to the practice was not available for people with mobility needs but people were told about this when first contacting the practice and where necessary, were advised to seek medical help from other local, suitable establishments.
- Most patients who attended the practice were of Chinese origin. Staff were from the same ethnic background and were able to communicate with patients in their own Chinese dialect.
- There was a policy and procedure in place for handling complaints and concerns which were in line with recognised guidance.
- Action had been taken since our last inspection in May 2018, in that a “hard of hearing” policy had been introduced to support patients with impaired hearing.

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.
- The facilities and premises were appropriate for the services delivered although we noted access to the practice was difficult for people with impaired mobility.

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.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place but we noted that there had not been any complaints received in the previous 30 months.

Are services well-led?

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

Our findings

- Action had been taken since our last inspection in May 2018 such that arrangements for identifying, recording and managing risks, issues and implementing mitigating actions now operated effectively in relation to safeguarding protocols, infection prevention and control, the management of emergency medicines and equipment; and health and safety.
 - Action had been taken since our last inspection in May 2018 such that a formal governance structure was in now in place with regularly updated policies and procedures.

Leadership capacity and capability;

The lead GP had the capacity and skills to deliver high-quality, sustainable care.

- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- They were visible and approachable; and prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of delivering patient led, high-quality and 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. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The receptionist told us they were able to 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. 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. 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.

Governance arrangements

Action had been taken since our last inspection in May 2018 such that 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.
- Staff were clear on their roles and accountabilities.
- The lead GP had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Systems were also now in place to ensure that there were regularly reviewed.

Managing risks, issues and performance

Action had been taken since our last inspection in May 2018 such that there were now clear and effective processes for managing risks, issues and performance.

Are services well-led?

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

There was an effective, process to identify, understand, monitor and address current and future risks relating to safeguarding, infection prevention and control, the management of emergency medicines and equipment; and health and 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.
- 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.

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.

- Staff and patients' views and concerns were encouraged, heard and acted on to shape services and culture.
- Staff were able to describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. For example, the lead GP had acted since our last inspection to develop their knowledge and understanding of Sepsis management.
- The lead GP and receptionist also regularly took time out to review objectives, processes and performance. For example, following our May 2018 inspection, the lead GP had introduced an improvement plan to closely monitor how the service addressed the concerns we raised at our inspection.