

Queens Clinic

Inspection report

75 Wimpole Street
London
W1G 9RT
Tel: 07740944473

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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

Inspected but not rated



Are services safe?

Inspected but not rated



Overall summary

This service was not rated in this report, and the overall rating remains inadequate.

We carried out an unannounced focussed inspection on 2 September 2021 in response to information of concern that we received. The focussed inspection looked only at the area of infection control, and did not review progress against any of the other breaches detailed in the report following CQC's previous inspection on 9 and 10 February 2021.

The inspection of 2 September 2021 found there had been insufficient improvement in the area of infection control, and we identified further concerns.

Our key findings were:

- The service did not have full infection control procedures in place.
- The service did not have sufficient risk processes and procedures in place to mitigate the risk of transmission of Covid 19.
- A clinician at the service had consulted with patients at a time when they either knew or suspected that they had contracted Covid 19.

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.

This service was placed in special measures following our previous inspection of 9 and 10 February 2021. Insufficient improvements have been made in the area of infection control. Therefore, we are taking action in line with our enforcement procedures and have urgently suspended the service until 3 December 2021. A further comprehensive inspection of the service will take place before this date, and if insufficient improvement is made, this will lead to cancelling of the service's registration. The service will be kept under review and if needed could be escalated to urgent cancellation of their registration.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector who had access to advice from a specialist advisor. The team included further CQC inspector.

Background to Queens Clinic

Queens Clinic is a private gynaecological service located on the second floor at 75-76 Wimpole Street, Marylebone, London, W1G 9RT. The building entrance lobby is accessed via two steps from the pavement. Wheelchair access is via a ramp at the front of the building (patients are advised of this and a member of staff is available to assist patients). The service is easily accessible by public transport and is a short walk from Bond Street. There are two consultation rooms, one minor operations room, one reception room and a waiting area for patients

The opening hours are 9am to 9pm, Monday to Friday and between 9am to 6pm on Saturdays. Patients have access to the lead clinician by phone for out of hours emergencies.

The service provides private consultations to adults. A variety of services are offered including gynaecological diagnostic and minor surgery procedures, as well as early medical and surgical termination of pregnancy.

How we inspected this service

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

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

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

Are services safe?

We did not rate the safe key question as only infection control processes were reviewed during the inspection. However, we found the following:

Safety systems and processes

The service did not have clear systems to keep people safe.

- There were insufficient systems in place to manage infection prevention and control.
- Three staff at the service had tested positive for Covid 19. The service did not notify Public Health England (PHE) as required. There was no asymptomatic or symptomatic testing regime in place at the service in order to mitigate risk, and staff were required to arrange their own testing.
- A clinician at the service had been working at a time when they were symptomatic with Covid 19. The clinician had tested for Covid 19, but had continued to see patients while awaiting the result, despite being symptomatic. Clinical staff are prohibited from seeing patients if they know they either have or suspect they have Covid 19.
- The clinician who had tested positive for Covid 19 had not confirmed their diagnosis of Covid 19 with the members of the service team. None of the patients they had consulted either prior to or after any of the staff's positive tests had been contacted to inform them of the potential risk.
- The service had not undertaken a dedicated infection control audit, including a review of Covid 19 processes in the last year. Monthly check box audits were being completed, but this is insufficient to mitigate risk.
- Two of the rooms in the service did not have boxes of surgical masks in place. Staff reported that did not always have access to required personal protective equipment (PPE) at the service, and that they had been asked to provide their own masks.
- A risk assessment had been conducted which determined that screens should be put in place in the reception area to mitigate the risk of Covid. transmission. On the day of the inspection there were no screens in place in the reception area.
- There was no formal protocol in place for cleaning spillages of body fluids on site.
- Sharps disposal bins in two consulting rooms were considerably overfilled. Clinical waste bins in the service had not been emptied for at least a week.

Enforcement actions

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
Family planning services Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• Three staff at the service had tested positive for Covid 19. The service did not notify Public Health England as required. There was no asymptomatic or symptomatic testing regime in place at the practice in order to mitigate risk, and staff were required to arrange their own testing.• A clinician at the service had been working at a time when they were symptomatic with Covid 19. The clinician had tested for Covid 19, but had continued to see patients while awaiting the result, despite being symptomatic. Clinical staff are prohibited from seeing patients if they know they either have or suspect they have Covid 19.• The clinician who had tested positive for Covid 19 had not confirmed their diagnosis of Covid 19 with the members of the service team. None of the patients they had consulted either prior to or after any of the staff's positive tests had been contacted to inform them of the potential risk.• The service had not undertaken a dedicated infection control audit, including a review of Covid 19 processes in the last year. Monthly check box audits were being completed, but this is insufficient to mitigate risk.• Two of the rooms in the practice did not have boxes of surgical masks in place. Staff reported that did not always have access to required personal protective equipment (PPE) at the service, and that they had been asked to provide their own masks.• A risk assessment had been conducted which determined that screens should be put in place in the reception area to mitigate the risk of Covid transmission. On the day of the inspection there were no screens in place in the reception area.• There was no formal protocol in place for cleaning spillages of body fluids on site.

This section is primarily information for the provider

Enforcement actions

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