

Dementech Limited

Dementech

Inspection report

Lister House
11-12 Wimpole Street
London
W1G 9ST
Tel: 020 3848 4500
Website: www.dementech.com

Date of inspection visit: 3 September 2018
Date of publication: 12/11/2018

Overall summary

We carried out an announced comprehensive inspection on 4 September 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.

The service is aimed primarily at patients diagnosed with neurological conditions (such as movement disorders) and covers patients' physical and mental health. The service offers private consultations with specialist doctors and therapists.

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.

One patient provided feedback about the service. They were positive about their experience and the results they were seeing.

Our key findings were:

- There was a clear vision to provide an innovative, personalised, high quality service.
- The clinicians were aware of current evidence based guidance and had the skills and knowledge to deliver effective care and treatment.

Summary of findings

- Patients were able to access the service in a timely way. Staff were caring.
- The provider had systems in place to protect people from avoidable harm and abuse.
- The provider had systems in place to record, monitor, analyse and share learning from significant events.
- The service had arrangements in place to respond to medical emergencies.
- Review the clinical governance mechanisms in place that directly relate to the clinic's priorities and goals, for example, develop tools such as clinical audit and clinical meetings to drive improvement as the service expands.
- Review the monitoring process for emergency medicines to include checks of individual items .
- Review the process for managing safety alerts so that managers can check and record that any required actions have been implemented.

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

Professor Steve Field CBE FRCP FFPH FRCGP Chief
Inspector of General Practice

Dementech

Detailed findings

Background to this inspection

Dementech is a recently opened, private medical clinic operating in the Harley Street area of London. The service is aimed at patients diagnosed with neurological conditions and patients experiencing mental health problems.

The service offers consultations with specialist neurologists, psychiatrists and psychotherapists and other health professionals including psychologists and a dietitian.

The clinic's patient population comprises working age and older adults with a diagnosed neurological condition or adults experiencing mental health problems. Patients can self-refer or can be referred by another doctor. The clinic had around 20 patient consultations a month at the time of the inspection.

The clinic's core opening hours are from 9am to 6pm, Monday to Friday but appointments and sessions can be booked flexibly up until 8pm as required. Individual clinicians are available to attend the clinic on set days and appointments are booked at a mutually convenient time with patients.

The clinic is led by the director who founded the service and employs a small staff team including a service

manager and an administrator. Clinical staff are contracted on a sessional basis by the service rather than directly employed. The service currently holds contracts with 13 clinicians (male and female).

The clinic is located within recently refurbished clinical premises within an older building. The rooms are fitted to modern clinical standards. The consultation rooms and waiting area are accessible on the ground floor and the clinic is signposted within the building.

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser with some relevant experience of neurological conditions.

The clinic registered with CQC in September 2017. It is registered to provide the regulated activity of treatment for disease, disorder or injury.

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

Safety systems and processes

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

- The provider conducted safety risk assessments and had developed a suite of safety policies, which had been communicated to staff and contracted clinicians. Staff received safety information from the service as part of their induction and training. Policies were accessible to the staff and sessional clinicians. Policy documents outlined who to go to for further guidance.
- The service had systems to safeguard children and vulnerable adults from abuse. The service had not identified any patients at risk of abuse to date. Staff were aware of the need to work with other agencies to support patients and protect them from neglect and abuse should a risk be identified and had been trained on types of abuse and reportable concerns, for example female genital mutilation.
- The practice did not have specific systems to verify patient identity although full contact details and medical history were obtained before the patient's first consultation. The clinic did not treat children.
- The provider carried out staff checks at the time of recruitment. All staff and clinicians working at the clinic had been DBS checked which was in line with the provider's policy. (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 received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role. Patients did not undergo intimate physical examinations at the clinic.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe. The equipment was new. The manager understood the need for ongoing maintenance and calibration in line with the manufacturers' instructions. There were systems for safely managing healthcare waste.

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 as the service developed and expanded. The clinic did not use temporary or agency clinical staff.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. There was a policy to check that clinicians' professional registration and indemnity cover were in place on an annual basis.

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 (for example, diagnostic testing services and patients' NHS doctors) to enable patients to receive safe and coordinated care and treatment.
- The service had a system in place to retain medical records in line with government guidance
- The clinic asked patients to provide details of their medical history and any recent diagnostic test results or imaging in advance of their first consultation using secure email.

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 emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use. Aside from a small stock of emergency medicines, the service did not directly dispense or administer medicines. There were no controlled drugs on the premises.

Are services safe?

- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Processes were in place for checking and recording medicines although the monitoring record did not include an itemised list to show that medicines had been individually checked.

Track record on safety

The service had been open for less than a year. It had a good safety record to date.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture.

Lessons learned and improvements made

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

- There was a system for recording and acting on significant events. Staff and clinicians understood their duty to raise concerns and report incidents and near misses.

- There were systems for reviewing and investigating when things went wrong. The service had not yet experienced any significant events but had learned and shared lessons identified through more minor issues, for example patient queries about the timeliness of clinical letters. As a result, clinicians had been asked to give patients greater clarity about what they should expect to happen following their consultations including expected timescales.
- The provider was aware of and ready to comply with the requirements of the duty of candour. The managers understood what constituted a notifiable incident under the duty.
- The service had systems to act and learn from external safety events such as patient and medicines safety alerts.
- The service disseminated alerts to members of the team including the sessional clinicians. No recent alerts had required action. The manager did not have a mechanism for checking if relevant alerts had been actioned.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice and new developments in the field. Clinicians were recruited on the basis of their specialism, experience and recent research work. The provider only contracted with doctors who also worked at consultant grade level within the NHS. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- Patients' immediate and ongoing needs were appropriately assessed. This included their clinical needs and their mental and physical wellbeing. The staff and clinicians recognised the potential vulnerability of patients diagnosed with long-term or degenerative cognitive and neurological conditions.
- Clinicians had enough information to make or confirm a diagnosis
- Arrangements were in place to deal with repeat patients. For example, continuity of care was maintained for the planned course of any treatment. The neurologist we interviewed told us they would refer patients back to their own GP if repeat prescribing was indicated.
- The practice invested in technology and equipment to provide good care, for example patients with Parkinson's disease could be issued with a small monitoring device worn on the wrist which would record detailed data about their particular condition and symptoms allowing treatment to be tailored to their circumstances.

Monitoring care and treatment

The service did not have a quality improvement programme aside from its involvement in clinical research activity as it had treated few patients in total to date. For example, we did not see any evidence of completed clinical audit.

- The service was keen to demonstrate effectiveness and was recording information about patients' progress and outcomes following treatment. The provider was able to show us a number of individual case studies. This information was recorded and shared with patients' consent.

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 and clinicians.
- Doctors were registered with the General Medical Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to ensure staff were fully prepared before the clinic opened. Up to date records of skills, qualifications and training were maintained.

Coordinating patient care and information sharing

Staff worked together or with other organisations when required to deliver effective care and treatment.

- Staff and clinicians referred to, and communicated effectively with, other services when 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. Patients were signposted to more suitable sources of treatment if they presented with symptoms or conditions outside the scope of the service.
- 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 doctors reserved the right to refuse treatment if they believed this was not in the patient's interest in the absence of shared communication.
- The provider had risk assessed the treatments they offered. For example, the clinicians did not prescribe medicines off-licence or recommend medical treatments for which there was no evidence base.
- Patient information was shared appropriately and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

and maximise their independence. For example, maintaining or improving functional independence was an important goal for many patients attending with neurological conditions.

- 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.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We received feedback from one patient attending the clinic. They were very positive about the way they were treated by all members of staff.
- Staff recognised patients' individual personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude when discussing the service and how they treated 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. We were told that genuine patient involvement was a core aim of the service.

- We were told that, to date, patients attending had spoken good English or attended with a family member. Patients were asked for their consent before another person attended a consultation. We were told that patients' preferences were discussed when they contacted the service to book an appointment. Interpretation services were available for an additional

fee for patients who did not have English as a first language but this had not been requested yet. If relevant, patients were also told about multilingual staff who might be able to support them.

- One patient provided feedback about the service as part of the inspection. They commented that they were working in partnership with their clinicians and were positive about the impact this had on their progress.
- The clinic did not treat patients with advanced cognitive impairment. Patients were assessed to have the mental capacity to decide to proceed with any consultation or treatment.
- Staff communicated with people in a way that they could understand, for example, communication aids were available.
- The clinic provided information about the service and the clinicians working there on its website. This was regularly updated.

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

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 tailored services in response to those needs. For example, some patients attended the service from overseas. The service allowed patients to have their follow-up consultations by telephone or secure email if appropriate and if they wished.
- The facilities and premises had recently been refurbished and 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. The clinic environment (for example, the signage for the toilets and maximising the use of natural light sources where possible) had been considered with the needs of people with neurological conditions in mind.

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.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service had not yet received any formal complaints.

- The service had a complaint policy and procedures in place. Information about how to make a complaint or raise concerns was available and clearly displayed on the wall in the waiting area.
- The policy included information about further action available to patients should they not be satisfied with the response to their complaint.
- While the service had not received any formal complaints, we saw evidence of learning from patient feedback, for example, following patient queries about the timeliness of clinical letters.

Are services well-led?

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

Our findings

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The director had set up the service with the support of a clinical and academic advisory team with recognised skills and extensive experience in the field.
- The director was ambitious for the service, for example aiming to rapidly disseminate new and innovative treatments to patients where there was evidence of effectiveness.
- The director was clear about the priorities and challenges they faced in expanding the service and the types of treatment and therapies they wanted to make available.
- The director and manager were visible and approachable.

Vision and strategy

The service had a clear vision and 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 strategy to promote the service both to patients and potential strategic partners (for example in the voluntary and academic sectors) and supporting business plans to develop and fund the service.
- The service developed its vision, values and strategy drawing directly on personal patient experience.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. Staff told us they were proud to be part of the clinic and its work.
- The service monitored progress against delivery of the strategy.

Culture

The service was aiming to foster a culture of high-quality sustainable care.

- The clinic was working to develop its partnerships with experts in the field and develop its research activity to underpin the service.
- Staff felt respected, supported and valued. They were proud to work for the service.

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with 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 staff with the development they need. This included implementation of an appraisal process including career development conversations.
- The service promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff members and the wider clinical team.

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.
- As a new service, there were as yet limited opportunities for regular clinical meetings and shared clinical learning. Communication tended to occur through email.
- Staff were clear on their roles and accountabilities
- The director and manager had established proper policies, procedures and activities to ensure safety and assure themselves that policies were operating as intended.

Managing risks, issues and performance

The service had processes in place for managing most risks.

- Employed staff members' performance was monitored and there were systems for ongoing review and appraisal.
- The clinic did not yet have well developed systems for monitoring the work of clinical contractors in the clinic. This focus had been on securing the services of clinicians with a proven track record and a well-established reputation in their chosen specialty.

Are services well-led?

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

- The service managers requested evidence of ongoing training and appraisal but had not yet put in place any clinic based audit or records review. Individual clinicians maintained evidence of patient outcomes but this was not yet systematically collected or analysed.
- There were processes in place to identify, understand, monitor and address current and future risks including risks to patient safety.
- Leaders had systems to identify and act on incidents, and complaints.
- 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.

- The service was still developing the information it held to demonstrate its clinical results and overall performance.
- The service had not yet implemented a quality improvement programme. The limited number of sessions currently provided by individual clinicians made this difficult to establish at this stage. The doctor we interviewed told us they were more likely to review and discuss any clinical questions they had with colleagues at their NHS acute trust. There were systems in place to ensure that clinicians received and acknowledged receipt for example of test results promptly via secure electronic communication.
- 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 managers were aware of relevant notification requirements for example, the types of events that must be notified to CQC.

- 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 was active in trying to involve patients and develop relationships with external partners to support high-quality sustainable services including patient and voluntary organisations. The provider was keen to promote research and innovation in the field and make innovative treatments more widely available to patients.

- Staff were able to describe to us the systems in place to give feedback. The service asked every patient to provide feedback after their consultation. The managers reviewed comments as these were received. All feedback received to date had been positive about the service.
- We saw evidence of feedback opportunities for staff, for example at monthly team meetings.
- The service was collaborative 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 as the service developed.
- Leaders and managers encouraged staff to review individual and team objectives, processes and performance.
- There were systems to support improvement, for example, the adoption of innovative treatments.