

# Dottore London

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Overall summary

**This service is rated as Good overall.** (Previous inspection 27 June 2019 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Dottore London as part of our inspection programme. 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.

Dottore London is a private health clinic in central London which specialises in offering private consultations and medical services for local and international patients living in London (primarily Italian nationals) with medical professionals including gynaecologists, paediatricians, midwives, dermatologists, orthopaedists, neurologists, neurosurgeons, urologists, radiologists, haematologists, general physicians, gastroenterologists, endocrinologists, cardiologists, cardiac surgeons, plastic surgeons, psychiatrists, physiotherapists, ear, nose and throat specialists, speech therapists, dietitians and psychotherapists. A complete list of services can be found on the clinic's website.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dottore London is registered in respect of the provision of treatment of diseases, disorder or injury, diagnostic and screening procedures, maternity and midwifery services and family planning services. Therefore, we were only able to inspect the clinical consultations, examinations and treatments for those services registered with CQC.

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

## Our key findings were:

- There was an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and monitored.
- There was a system in place to receive safety alerts issued by government departments such as the Medicines and Healthcare products Regulatory Agency.
- Staff had the skills, knowledge, and experience to deliver effective care and treatment.
- Staff assessed patients' needs and delivered care in line with current evidence-based guidance.
- To ensure and monitor the quality of the service, the service completed audits which showed the effectiveness of the service.

# Overall summary

- Information about services and how to complain was available and easy to understand.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The service held a range of policies and procedures which were in place to govern activity; staff were able to access these policies.
- We saw there was leadership within the service and the team worked together in a cohesive, supported, and open manner.
- The service proactively sought feedback from patients, which it acted on.

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

- Ensure all oxygen cylinders are working correctly and at least half full.
- Ensure clinical staff are trained to the correct level of safeguarding for their role.
- Provide a formal appraisal system for non-clinical staff to ensure that staff are supported, their performance is managed and training and development opportunities are identified and explored.
- Continue to monitor strategy with regards to future objectives, including carrying out more audits and multidisciplinary team meetings.
- Continue to ensure that references are sought for all new employees to the service.

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor.

## Background to Dottore London

Dottore London is located at 24-25 Hand Court, Holborn, London WC1V 6JF. There is a second clinic located at 19 Sheen Road, Richmond upon Thames, Surrey, TW9 1AD.

The service website can be accessed through the following link <https://www.dottorelondon.com/>

The provider offers face to face consultations, physical examinations, dermatology services, counselling and psychotherapy, health screening, diagnostic imaging and scanning and minor surgery (mainly cryotherapy).

The services opening hours are between 9:00am to 8:00pm Monday to Friday and 10:00am to 6:00pm on Saturdays. The service is closed on Sunday. There is no out of hours provision, service users are directed to contact their GP out of hours.

### How we inspected this service

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre-inspection information which we reviewed.

During our inspection we:

- Spoke with staff (director and founder, practice manager, medical director, clinical lead and administrative staff).
- Reviewed personnel files, practice policies and procedures and other records concerned with running the service.
- Reviewed a sample of records.
- Looked at information the service used to deliver care and treatment plans.

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 rated safe as Good because:**

*The provider had systems and procedures which ensured that users of the service and information relating to service users were kept safe. Information needed to plan and deliver care was available to staff in a timely and accessible way. In addition, there were arrangements in place for the management of infection prevention and control and reliable systems in place for appropriate and safe handling of medicines.*

*We identified a minor safety concern on the day of inspection that the provider told us would be rectified soon after our inspection. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor.*

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had safety policies which were regularly reviewed. These policies were accessible to all staff.
- The provider informed us they had not made any safeguarding referrals in the last year.
- We found that some clinical staff were not trained to safeguarding adults and children level three. The provider told us that this was because some clinicians did not see children or difficult adults at the service. Staff we spoke to knew how to identify and report concerns.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All clinical staff and management had received a Disclosure and Barring Service (DBS) check.
- 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.
- The provider had infection prevention and control policies and protocols in place and all staff had carried out infection prevention and control training. The provider carried out regular infection prevention and control (IPC) audits and hand hygiene audits. The premises were clean and tidy.
- There were systems for safely managing healthcare waste.
- The provider ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. We saw evidence that equipment had undergone portable appliance testing (PAT), dated June 2022 where necessary. We saw evidence that equipment had undergone calibration testing where necessary, dated April 2022.
- Equipment was single use and within the expiry date.
- Staff immunity status was monitored and all staff were up to date with their immunisations.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of patients using the service and those who may be accompanying them.
- A risk assessment relating to legionella (a term for bacterium which can contaminate water systems in buildings) had been carried out, dated December 2019. Several recommendations had been rated high risk and medium risk. An action plan was seen which showed the provider had addressed some concerns, with others documented as ongoing and a plan to review the action plan annually.

## **Risks to patients**

# Are services safe?

## **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 staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. Staff were knowledgeable about which treatments were covered by their insurance and would refer patients back to their GP if they had any concerns.
- The service had a defibrillator and oxygen in case of an emergency, however on inspection the oxygen valve indicator was on red. The service told us that the cylinder was full and had only recently been delivered. During the inspection the practice manager provided email evidence to show the cylinder would be replaced and that it was most likely a faulty gauge. After the inspection the provider informed us that the oxygen cylinder had been replaced the following week.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

## **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. For example, the service recorded the patient's GP details and requested consent for information sharing purposes when required.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## **Safe and appropriate use of medicines**

### **The service had reliable systems for appropriate and safe handling of medicines.**

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks.
- The service does not prescribe controlled drugs.
- There were effective protocols for verifying the identity of patients including children and babies.

## **Track record on safety and incidents**

### **The service had a good safety record.**

- There were comprehensive risk assessments in relation to safety issues. We saw evidence of a premises and health and safety risk assessment dated February 2022 with actions identified.
- 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**

# Are services safe?

## **The service learned and made improvements when things went wrong.**

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The service had not recorded any serious incidents in the last 12 months. The service defined a serious incident as “A serious incident/event is an act or omission in care that result in unexpected or avoidable injury resulting in serious harm”.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.
- 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 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 members of the team.

# Are services effective?

## We rated effective as Good because:

*The provider had systems and procedures which ensured clinical care provided was in relation to the needs of service users. Staff at the service had the knowledge and experience to be able to carry out their roles. The service had a programme of quality improvement and audits to help drive improvements.*

## Effective needs assessment, care and treatment

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).**

- The provider 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.
- The provider told us that clinicians were supervised regularly by the medical director and all new guidance and alerts were disseminated to all clinicians by the medical director.
- We saw evidence of minutes from clinical meetings and multidisciplinary team meetings where patients treatment was discussed and conversations around prescribing in line with guidance were documented.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

## Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients.
- The provider undertook audits in relation to prescribing, complaints, and a two cycle audit looking at monitoring standards of clinical care for children aged five and under with a fever, where recommendations were made and actions required documented.

## Effective staffing

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

- All staff were appropriately qualified. The provider had an induction checklist for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The service used an online platform for staff training and there was a training matrix in place to give management an overview of when training was due and the dates training had been completed.



# Are services effective?

- There was an appraisal system in place for clinical staff and clinical staff had an annual appraisal, however there was no formal appraisal system in place for non-clinical staff. The service told us that they have daily supervision and fortnightly one to ones with non-clinical staff and that their performance is monitored. After the inspection the provider informed us that a formal appraisal system for non-clinical staff had been drafted, and would be discussed with staff at the next monthly meeting.

## **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.
- 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 consultation notes where advice was given to patients regarding their treatment and follow up arrangements were put in place where it was felt to be clinically appropriate to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation when required.
- 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.

## **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**

### **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.
- Verbal consent was documented in the patients notes.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

## **We rated caring as Good because:**

*The service treated service users with kindness, respect and dignity. The service involved service users in decisions about their treatment and care. Staff we spoke with demonstrated a patient-centred approach to their work and were able to describe how lessons were learnt and actions were taken when things went wrong.*

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received after each consultation in the form of a patient survey.
- Feedback from patients was positive about the way staff treat people.
- An audit carried out in January 2022 looking at a review of all patients that had been seen by one or more Dottore London healthcare professional showed that 90% of patients rated their overall experience as above average and 80% of recorded their experience as very good (out of 153 respondents). The audit highlighted that an area for improvement was customer wait time regarding consultations and an action was documented to increase each consultation in order to reduce the wait time, with a review of the audit to be carried out in six months.
- 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.**

- All clinicians and staff working at the service were Italian nationals or could speak fluent Italian in addition to English. The service told us that 80% of the patients seen at the service were Italian.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

## **Privacy and Dignity**

### **The service respected respect 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?

## We rated responsive as Good because:

*The provider was able to provide service users with timely access to the service. The service had a complaints procedure in place, and it used service users' feedback to make adjustments and improve quality of care.*

## Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs, for example longer consultations were available at patients request.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others, for example there were clinical rooms and a disabled toilet available at street level as well as on the floor below.

## 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, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- 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 and responded to them appropriately to improve the quality of care.**

- 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. There had been two complaints in the past 12 months. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. We saw evidence of an audit looking at patient complaints, where it was identified that in both complaints there was a need for better communication between the clinician and the patient.

# Are services well-led?

## We rated well-led as Good because:

*Service leaders were able to articulate the vision and strategy for the service. Staff worked together to ensure that service users would receive the best care and treatment that would allow patients to lead active lives. There were good systems in place to govern the service and support the provision of good quality care and treatment. The service used patient feedback to tailor services to meet patient need. Staff reported that the service supported and ensured the wellbeing of its staff.*

## Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Some staff we spoke to reported feeling more anxious and under pressure when senior management was present.
- There was a management structure in place across the service and the provider. There were clear lines of communication between staff across both locations.

## 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 told us that their vision was primarily to provide a high quality, 360 degree service to the Italian community and the wider community.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

## Culture

### The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. Staff we spoke with were proud to work for the service; however, some staff that staffing levels needed to be improved.
- The service focused on the needs of patients who wished to access their services.
- 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 and these were discussed at team meetings, with the meeting minutes circulated. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need, although no formal appraisal system was in place for non-clinical staff.
- There was a strong emphasis on the safety and well-being of all staff.
- Staff felt they were treated equally and there were positive relationships between staff.

## Governance arrangements

# Are services well-led?

## **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.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## **Managing risks, issues and performance**

### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- There was evidence of regular checks in place which also included review of fire equipment and fire alarms.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- There were regular staff meetings. Staff reported they were able to raise concerns. Clinical governance meetings and multi-disciplinary team meetings were held regularly and meeting minutes documented.
- The service used performance information to monitor and manage staff.
- The service had information technology systems. All clinical records were completed on the computer.

## **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.**

- Patients, staff and external partners' views and concerns were heard and acted on. The provider informed us they had made the following changes following patient feedback:
- Consultation times had been extended from 30 to 40 minutes to allow patients more time to discuss their care and treatment and to reduce consultation waiting times.
- Staff could describe to us the systems in place to give feedback.

## **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, for example, there was management oversight of mandatory training.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The provider had plans to develop the service, based on patient need. For example, the provider told us that they would like to increase the scope of surgical procedures to include mole removal for their patients in the future.