

27 Wimpole Street

Inspection report

27 Wimpole Street
London
W1G 8GN
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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?		Requires Improvement	

Overall summary

This service is rated as Good overall.

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? – Requires improvement

We carried out an announced comprehensive inspection at 27 Wimpole Street, London W1G 8GN on 25 July 2022. This inspection was undertaken as part of our programme of inspecting independent doctor services registered with the commission. This inspection was the first rated inspection following registration with the commission.

Although there were no legal breaches from the unrated inspection carried out on 22 February 2019, there were areas where the provider could make improvements and we said the provider should:

- Review the need to establish a cold chain policy with appropriate recordings of temperatures.
- Review the 2016 fire risk assessment and ensure that all actions had been completed.

27 Wimpole Street is a private doctor consultation and treatment service. The staff are one male GP and two administrative staff. The service operates five days a week from 27 Wimpole Street, London W1G 8GN. The building is owned by the service; however, services are only provided on the ground floor.

Dr KJ Ugboma 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:

- The provider was aware of their responsibility to respect people's diversity and human rights.
- There was a complaints procedure in place and information on how to complain was readily available.
- The service had systems and processes in place to mitigate any risks to health & safety.
- Individual care records were written and managed in a way that kept patients safe.
- The service had systems where the provider collected feedback and feedback forms were readily available.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs and helped them understand their conditions.
- There was a clear cold chain policy and regular recording of temperature.
- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to meet patients' needs.
- Patients could access care and treatment in a timely way.

Overall summary

- The way the service was led and managed generally promoted the delivery of high-quality, person-centred care. However, systems to sustain effective protocols should be improved.
- We considered circumstances that recently temporarily affected the individual provider's ability to maintain their usual level of oversight and that the provider demonstrated it had capacity to immediately rectify issues of concerns found during the inspection but the areas where the provider **should** make improvements are:
- Although we saw various policies, some were basic and required more information to ensure they were easier to follow and understand.
- Review and improve the consent policy to ensure parental responsibility is identified correctly.
- The provider must remain proactive with mandatory staff training and ensure that all staff including themselves are up to date with mandatory training within the guided timeframes.
- The provider must ensure effective systems for reviewing and approving protocols, including checks on emergency equipment.

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. The team included a GP Specialist adviser.

Background to 27 Wimpole Street

The registered provider for the service is Dr K J Ugboma. The provider is registered to carry out the regulated activity of:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

The service consists of one GP and two administration staff. The service is open Monday to Friday and provides approximately 30 appointments per week.

How we inspected this service

This inspection was carried out in a way which enabled us to spend a minimal amount of time on site. This was with the consent from the service and in line with all data protection and information governance requirement.

During our inspection we: -

- Looked at the system in place relating to safety and governance of the service.
- Viewed key policies and procedures.
- Conducted interviews with staff.
- Reviewed clinical 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?

We rated safe as Good because:

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 appropriate safety policies, which were communicated to staff.

- The service had systems to safeguard children from abuse.
- Very few children were seen at the service and there was a policy to assure that an adult accompanying a child had parental authority. However, the policy also stated that a teacher could also provide consent for medical care, which is not appropriate. The provider immediately amended its policy to state parental responsibility must be proven and consent can only be obtained once parental identity has been verified.
- Safeguarding policies were generally effective but required further information such as to include Local authority contact details. However, we saw that staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. We spoke to staff to check their operational knowledge of safeguarding and they were aware of correct safeguarding processes.
- The provider carried out staff checks at the time of recruitment. 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).
- Clinical staff received up-to-date safeguarding and safety training appropriate to their role although, the two non-clinical support staff were also safeguarding trained but this was limited to level 1 safeguarding and level 2 is required. The service immediately provided level 2 safeguarding training in both adult and child safeguarding and for both the non-clinical staff.
- Staff who acted as chaperones were not formally trained for the role but had received a DBS check and knew how to identify and report concerns. Since the inspection the staff who acted as chaperones have been booked for training and advised to not act as chaperones until the training has been completed.
- There was an effective system to manage infection prevention and control and for safely managing healthcare waste. The provider generally ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions but the defibrillator was broken. The service secured immediate access to a defibrillator from another provider in the same building and got a new replacement defibrillator within 2 working days of our inspection.

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. The service consisted of a small team of three including the individual GP provider and two administration staff. In the event of sickness absence the administration staff would provide cover for each other at short notice and the clinic would close if the provider was unwell with alternative arrangements in place for the patients.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly, except for the defibrillator which the provider rectified immediately. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Are services safe?

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 records that we saw were paper based but stored securely.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event they cease trading.
- The clinician 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, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- 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 was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There was an appropriate consent policy in place that the provider amended to ensure clarity on the process for verifying parental responsibility.

Track record on safety and incidents

The service had a good safety record.

- 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 that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. The staff did not document concerns but had daily opportunities to discuss verbally.
- There were adequate systems for reviewing and investigating when things went wrong.
- 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.
- 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 including sessional and agency staff.

Are services effective?

We rated effective as Good because:

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)

- 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.
- Arrangements were in place to deal with repeat patients. The majority of the patients were repeat patients with a limited number being tourists accessing one off care and treatment. We found consistent care was delivered to patients that were well known to the clinician.
- 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. There was clear evidence of action to resolve concerns and improve quality. An example of an audit was based on the number of cervical smears taken over a period of time and that there had been a clear and correct pathway dependent on the results. There was also evidence of audits being part of the clinical governance and annual appraisals for the provider.

Effective staffing

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

- All staff were appropriately qualified.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided training to meet them but at the time of the inspection some of the mandatory training was not completed or were overdue, this included the incorrect safeguarding level for non-clinical staff, Mental capacity Act for the provider, chaperone training for the non-clinical staff and Basic Life Support (BLS) for all staff but this was resolved within 2 days of the inspection.

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. The provider attended Multi-Disciplinary Team (MDT) meetings with other private consultants.
- 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.

Are services effective?

- 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 provider had risk assessed the treatments they offered.
- Patient information was shared appropriately (this included when patients moved to other professional services).
- 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 had been referred to other services.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance although the confirming parental responsibility was not clear.

- Staff understood the requirements of legislation and guidance when considering consent and decision making although obtaining parental consent was not clear at the time of the inspection, but this was rectified immediately.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

**We rated caring as Good because:
Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people. The service had feedback form available in the waiting room and consultation room. We saw evidence of 30 patient feedback forms completed and all were positive.
- 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. The majority of patients brought a family member to translate and the clinician

could also speak Portuguese.

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?

We rated responsive as Good because:

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.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service was located on the ground floor but with step access. The majority of service users were able bodied, but arrangements were in place to borrow a wheelchair ramp for mobility impaired service users if needed. A wheelchair was also available on site.

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.

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 a complaint policy and procedures in place. The service had not received any complaints in the past 12 months.

Are services well-led?

We rated well-led as Requires improvement because the service was generally well-led, but some governance systems needed to be improved

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 at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- 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 was no processes for providing all staff with appraisal and career development conversations.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

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 generally well set out, understood and effective, but sometimes needed improvement. .
- Staff were clear on their roles and accountabilities.
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended but some examples we saw were not clear, for example, the safeguarding policy explained the process but did not show who to report concerns to i.e. Local Authority details.

Managing risks, issues and performance

There was not always clear and effective clarity around processes for managing risks, issues and performance.

Are services well-led?

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety but some of the processes were not clearly documented. For example, there was a chaperone policy in place but focused on the patient and their consent and did not cover the requirement for staff who chaperoned to be fully trained.
- The service had processes to manage current and future performance of the clinician but not of the two non-clinical support staff. Performance of the provider could be demonstrated through audit of their consultations, prescribing and referral decisions as part of the annual providers appraisal.
- 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 personally trained staff for major incidents but all three staff, including the provider had not completed a recent Basic Life Support (BLS) course which since the inspection has been booked for a face to face practical course for all three staff members.

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.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.

Continuous improvement and innovation

There was a little evidence of systems and processes for learning, continuous improvement and innovation, mainly clinical.

- There was a focus on continuous learning and improvement for the provider only.
- The service made use of internal and external reviews of incidents and complaints. Learning was used to make improvements.