

# Bowling Clinic

## Bowling Clinic

### Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 3 May 2018 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

### **Our findings were:**

#### **Are services safe?**

We found that this practice was not providing safe care in accordance with the relevant regulations.

#### **Are services effective?**

We found that this practice was not providing effective care in accordance with the relevant regulations.

#### **Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations.

#### **Are services responsive?**

We found that this practice was providing responsive care in accordance with the relevant regulations.

#### **Are services well-led?**

We found that this practice was not 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Bowling Clinic is an independent medical practice located in King's Cross in the London Borough of Camden. It is run by a single-handed doctor and employs no staff. It is located in a single consultation room inside a beauty salon. The practice offers services for adults and children. It primarily serves the Chinese and South Asian communities and the doctor is able to speak several of the languages commonly spoken among the patient population.

We received CQC patient comment cards and spoke to patients at the practice. In total seven people provided feedback about the practice. All of the comments were positive about the service received. Patients said that the doctor was very kind and caring and always listened to their concerns, they also mentioned that although the clinic was small it was always clean and tidy.

### **Our key findings were:**

- There were limited arrangements in place to keep patients safe. The practice was not able to demonstrate that it was providing safe services in relation to responding to medical emergencies, safeguarding, infection prevention and control, electrical testing, instrument calibration, training and policies.

# Summary of findings

- The doctor had some awareness of relevant and current evidence based guidance. However, the guidance was not available for use at the premises.
- There were limited governance arrangements in place. Not all necessary policies and procedures were held by the practice.
- As the practice was run by a single doctor, with no staff, no chaperones were available for patients who may want one to be present during consultations, though patients were aware they could bring friends or family with them for that purpose.
- Information about how to complain was available. The practice had not received any complaints in the last 12 months.
- There was evidence of quality improvement activity. The practice had carried out a single cycle audit of cholesterol levels amongst the Chinese patient population. It had also undertaken a clinical case review of the treatment of a patient with eczema.
- Patient feedback was positive about access to the practice, the quality of care received and the kind patient nature of the doctor.
- There were systems and processes in place for reporting and recording significant events.

We identified regulations that were not being met and the provider must:

- Ensure care and treatment is provided in a safe way to patients.
- Introduce effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

You can see full details of the regulations not being met at the end of this report.

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

- Review infection prevention and control systems and processes to ensure audits are undertaken on a regular basis.
- Review the management of clinical waste.
- Review how safety alerts can be made available in the practice.

After our inspection the doctor told us that he had ceased to provide any regulated activities, and had made an application to CQC to de-register the practice.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- The practice did not have clearly defined and embedded systems, processes and practices to minimise risks to patient safety. For example, there was no infection prevention and control audit, health and safety risk assessment or fire risk assessment. Medical equipment was not calibrated to ensure it was safe to use and in working order. There was no cleaning schedule. There was no Legionella risk assessment.
- The doctor was able to explain his responsibilities in regard to safeguarding of adults and children but had not received up to date safeguarding training for adults or children.
- The practice did not have adequate arrangements in place to respond to emergencies and major incidents. It did not hold stocks of emergency medicines, nor did it have equipment for use in emergencies for example oxygen and defibrillator. It had not conducted a risk assessment for not having these in place.
- The doctor had received annual basic life support and first aid training.
- The practice did not have a business continuity plan in place for major incidents such as power failure or building damage.

### Are services effective?

We found that this practice was not providing effective care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- The doctor had some awareness of relevant and current evidence based guidance. However, the guidance was not available for use at the premises. During our inspection the doctor told us he would institute a system to print out and keep copies of relevant guidance at the premises.
- The practice did not use care plans, advice was delivered to patients verbally.
- There was evidence of quality improvement activity. The practice had carried out an audit of cholesterol levels amongst its Chinese patient population.
- There was no formal mechanism for sharing information with patients' NHS GP if they had them.
- The doctor was unable to demonstrate an understanding of the concept of Gillick competence in respect of the care and treatment of children under 16.
- The doctor confirmed that he referred patients to other services as required and we saw evidence to support this.

### Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

- The doctor was aware of the need to respect people's diversity and human rights.
- During our visit we spoke with two patients who told us they were treated with kindness, respect and dignity.
- The practice consists of a single consultation room which is too small to enable curtains to be provided to protect patients' dignity when undressing to be examined. In addition, patients said they were satisfied that there was enough privacy when discussing their treatment or being examined. During our inspection the doctor told us that he would implement a system to leave the room while patients undressed and prepared for an examination.
- We observed that the consultation room door was closed at all times, and that conversations in the consultation room could not be overheard.

# Summary of findings

- Patients' medical records were handwritten. They were securely stored in a cupboard in the consultation room, which was locked by the doctor every time he left the room.

## Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations.

- Although the practice was on the ground floor with level entry, the corridor was too narrow to provide access to the premises for wheelchair users. There were no disabled facilities available for patients use. The doctor told us that when new patients phoned to book an appointment they were told that the premises were not wheelchair accessible.
- The practice did not have provision for patients with additional needs such as hearing impairment.
- The majority of patients were Chinese or South Asian and the doctor was able to converse with them in their commonly used languages. The patient feedback survey was printed in English and Cantonese.
- The practice did not offer out of hours services, but patients could telephone the doctor to receive advice over the phone during the evening.
- A complaints policy set out the details of the complaints procedure, and details of how to make a complaint were in the patient guide.

## Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- The doctor had the capacity and skills to deliver the practice strategy and address risks to it.
- The doctor had some awareness of issues relating to the quality and future of services. He understood the challenges but was not effective in addressing them.
- There was no strategy or business plans in place to deliver the practice' vision.
- The practice did not have a mission statement.
- There was no consideration of the need for emergency medicines or equipment.
- The practice did not retain copies of prescriptions issued to patients.
- The practice had some policies and procedures to support good governance, and these had been reviewed within the last 12 months. However, it did not have policies to cover a range of activities and issues, including: medical emergencies, spillages, sharps injuries, fire risk and health and safety.
- There was no formal process for sharing information with patients' GP if there was a registered NHS GP.
- There was some quality improvement activity in place to monitor quality and to make improvements. However, the practice was not undertaking infection prevention and control audits.

# Bowling Clinic

## Detailed findings

### Background to this inspection

Bowling Clinic is registered with the Care Quality Commission to provide the regulated activities of: treatment of disease, disorder and injury.

The practice provides private GP services largely to the Chinese and South Asian communities. It is run by a single-handed doctor and employs no staff.

The practice is located in a single consultation room inside a beauty salon at 155 Kings Cross Road, London, WC1X 9BN.

It is open Monday to Friday from 1.30pm to 6.00pm, and Sundays 1.00pm to 4.00pm.

We previously inspected Bowling Clinic on 13 April 2013, it was found to be compliant with the regulations in place at that time. A copy of that report, published in May 2013, can be found on our website at: [www.cqc.org.uk/location/1-221483323](http://www.cqc.org.uk/location/1-221483323).

We carried out an announced comprehensive inspection at Bowling Clinic on 3 May 2018. Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP Specialist Advisor, together with a translator. Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We also reviewed the last inspection report published in May 2013, any notifications received, and the information provided from the pre-inspection information request sent to the practice prior to this inspection.

During our visit we:

- Spoke with the doctor.
- Looked at the systems in place for the running of the practice.
- Looked at the room and equipment used in the delivery of the service.
- Viewed a sample of key policies and procedures.
- Explored how clinical decisions are made.
- Reviewed five CQC comment cards which included feedback from patients about their experience of the practice.

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.

After our inspection the doctor told us that he had ceased to provide any regulated activities, and had made an application to CQC to de-register the practice.

# Are services safe?

## Our findings

We found that this practice was not providing safe care in accordance with the relevant regulations.

### Safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- The practice had systems in place to protect children from abuse, and there was a child protection policy and procedures that set out how to report any suspected abuse. However the doctor had last received training for child safeguarding in 2014, and there were no systems in place for the protection of vulnerable adults. Although the doctor was able to outline his responsibilities in regard to safeguarding vulnerable adults he had not undertaken training for this.
- The doctor told us that he did not see any children under the age of three because he had no experience of treating children below that age.
- As a sole practitioner the doctor was unable to provide chaperones and told us that he did not undertake intimate examinations of female patients. He told us that if patients did request a chaperone he would recommend that they saw an NHS GP.
- The doctor told us that he had not undertaken Legionella testing and did not know whether his landlord had done so. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. Nor had the practice carried out any other actions in order to reduce the risk of legionella, such as a legionella risk assessment.
- The Doctor was receiving annual appraisals and was next due to undergo revalidation in 2020. The process of revalidation requires medical practitioners to

### Risks to patients

- The practice had not conducted a health & safety risk assessment, to identify and assess hazards and potential risks of harm.
- We saw evidence that the GP had professional indemnity insurance that covered the scope of his practice.

- The practice did not have a health and safety policy available.
- There was no fire risk assessment, but fire extinguishers located in the beauty salon had been inspected. The beauty salon conducted fire alarm tests but the doctor was not present at those times. There were fire exits that were clearly marked.
- The practice was not undertaking regular infection prevention and control audits. Nor had the doctor received infection prevention and control training.
- The practice did not have biohazard bags for safe disposal of clinical waste.
- There was no spillage kit available to safely clean up any spillage of bodily fluids, such as blood, vomit or urine. The doctor had not received training in how to safely deal with spillages of bodily fluids.
- Clinical gloves, for use when examining patients, were in a box that expired in 2014. The doctor disposed of the unused gloves during our inspection.
- The practice could not effectively demonstrate that it ensured that its facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Portable appliance testing (PAT) had last been carried out in 2015. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.
- There were no paper towels for drying of hands. The Doctor used a fabric hand-towel to dry his hands between patients. This risked the transmission of bacteria from one person to another.
- Medical equipment was not calibrated to ensure it was safe to use and was in good working order.
- The doctor did not conduct legionella tests, nor had he risk-assessed the need for testing. Also, he did not know whether his landlord conducted legionella testing. Legionella is a type of bacteria that can cause a serious form of pneumonia called Legionnaires disease. Legionella testing detects the presence of the bacteria.
- We saw evidence that the doctor had sufficient professional indemnity cover for the scope of his practice.

# Are services safe?

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

- The practice did not hold stocks of emergency medicines, nor did it have equipment for use in emergencies for example oxygen and defibrillator. Nor had it conducted a risk assessment for not having these in place.
- The doctor had received annual basic life support and first aid training.
- The practice did not have a business continuity plan in place for major incidents such as power failure or building damage.

## Information to deliver safe care and treatment

- The practice kept handwritten patient notes. These were stored in a cabinet in the consultation room. The room was locked whenever the doctor was not there, and the cleaner only came into the room when the doctor was present.
- The practice did not have a process in place for recording patients with a NHS GP. The doctor told us he would write to a patient's NHS GP if the patient consented, most of his patients had an NHS GP.

## Safe and appropriate use of medicines

The arrangements for managing medicines, required improvement, including not having emergency medicines, to minimise risks to patient safety.

- The doctor did not prescribe controlled drugs, and no controlled drugs were stocked by the practice.
- Prescription pads were kept in the locked consultation room, and the practice stamp for authentication of prescriptions was kept in a locked cabinet in the consultation room. However, the practice did not keep copies of prescriptions it issued.

## Track record on safety

- We observed the premises to be clean and tidy, including the specific areas used by the practice, however there were no cleaning schedules.
- The doctor had not undertaken infection prevention and control training, and practice had not carried out an infection prevention and control audit.

## Lessons learned and improvements made

When there were unexpected or unintended safety incidents:

- There had been one significant event recorded in the last 12 months. On review we found that it had been adequately investigated, and the doctor had reflected and learnt from it. However, there was no policy on how to handle significant events.
- The practice gave affected people reasonable support, truthful information and a verbal apology.
- Written records were kept of verbal interactions.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this practice was not providing effective care in accordance with the relevant regulations.

### Effective needs assessment, care and treatment

- The doctor had some awareness of relevant and current evidence based guidance and standards, best practice and current legislation, as he received guidance from the Independent Doctors Federation. However, the guidance was not available for use at the premises. During our inspection the doctor told us he would institute a system to print out and keep copies of relevant guidance at the premises.
- Care plans were not used, advice was delivered to patients verbally.

### Monitoring care and treatment

- There was evidence of quality improvement activity. The practice had carried out a single cycle audit of cholesterol levels amongst the Chinese patient population. The practice had also undertaken a clinical case review of the treatment of a patient with eczema.

### Effective staffing

There were no staff employed as the practice was entirely run by a sole principal doctor.

### Coordinating patient care and information sharing

- There was no evidence of written communication between the clinic and patients' NHS doctors'. The doctor told us that most of his patients had NHS GPs.
- The doctor confirmed that he referred patients to other services as required and we saw evidence to support this.

### Supporting patients to live healthier lives

- The doctor encouraged and supported patients to be involved in monitoring and managing their health.
- Advice was delivered to patients verbally. However, there were no information leaflets provided to patients in their choice of language.

### Consent to care and treatment

- There was no formal mechanism for sharing information with patients' NHS GP if they had them. We were told the majority of patients had a registered GP. The doctor told us he would share information with patient's GP when it is clinically relevant.
- The doctor was unable to demonstrate an understanding of the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Nor was he aware of the Fraser Guidelines. The Fraser Guidelines were developed by Lord Fraser, in the case of Gillick, to provide guidance on giving contraceptive advice to children under 16.



# Are services caring?

## Our findings

We found that this practice was providing caring services in accordance with the relevant regulations.

### **Kindness, respect and compassion**

- The doctor was aware of the need to respect people's diversity and human rights.
- During our visit we spoke with two patients who told us they were treated with kindness, respect and dignity.
- The practice consists of a single consultation room which is too small to enable curtains to be provided to protect patients' dignity when undressing to be examined. The doctor told us that in future he would leave the consultation room while patients undressed and prepared for an examination.

- The practice had carried out its own patient feedback survey. All patients responding were satisfied that they were treated with dignity and respect and were satisfied that there was enough privacy when discussing their treatment or being examined.

### **Involvement in decisions about care and treatment**

Patients we spoke to said they felt involved in their care and treatment. Patients commented that the doctor took the time to explain any issues, medicines and treatment. They also said he was very patient and professional at all times.

### **Privacy and Dignity**

- We observed that the consultation room door was closed at all times, and that conversations in the consultation room could not be overheard.
- Patients' medical records were hand written. They were securely stored in a cupboard in the consultation room, which was locked by the doctor every time he left the room.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found the practice was providing responsive services in accordance with the relevant regulations.

### Responding to and meeting people's needs

- Although the practice was on the ground floor with level entry, the corridor was too narrow to provide access to the premises for wheelchair users. Nor were there disabled facilities available for patients to use. The doctor told us that when new patients phoned to book an appointment they were told that the premises were not wheelchair accessible.
- The practice did not have provision for patients with additional needs such as hearing impairment.
- The majority of patients were Chinese or South Asian and the doctor was able to converse with them in the commonly used languages. The patient feedback survey was printed in English and Cantonese.

### Timely access to the service

- The practice was open Monday to Friday from 1.30pm – 6.00pm, and Sunday from 1.00pm – 4.00pm.
- The practice did not offer out of hours services, but the doctor gave patients his mobile phone number. Patients could telephone the doctor to receive advice over the phone during the evening.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- A complaints policy set out the details of the complaints procedure, and details of how to make a complaint were in the patient guide.
- Verbal and written complaints were recorded, but there had been no complaints within the last 12 months.

# Are services well-led?

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

## Our findings

We found that this practice was not providing well-led care in accordance with the relevant regulations.

### Leadership capacity and capability;

- The doctor had the capacity and skills to deliver the practice strategy and address risks to it.
- The doctor had some awareness of issues relating to the quality and future of services. He understood the challenges but was not effective in addressing them.

### Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. However:

- There was no strategy or business plans in place to deliver the vision.
- The practice did not have a mission statement available.

### Culture

- Openness, honesty and transparency were demonstrated when responding to patient complaints and feedback.
- The doctor told us that he focused on the needs of patients, and provided a service that met the needs of the largely Chinese and south Asian patient group.
- Patients we spoke with told us they were able to raise concerns. They had confidence that these would be addressed.

### Governance arrangements

The practice had limited governance arrangements in place to support the delivery of good care.

- There was no oversight for emergency medicines or equipment, there was a lack of consideration for how to deal with medical emergencies.
- The practice did not retain copies of prescriptions issued to patients.
- The practice had some policies and procedures to support good governance, and these had been reviewed within the last 12 months. However, it did not have policies to cover a range of activities and issues, including: medical emergencies, spillages, sharps injuries, Fire Risk and Health and Safety.

- There was no formal process of sharing information with patients' GP if there was a registered NHS GP.
- There was some quality improvement activity in place to monitor quality and to make improvements. The practice had carried out one single-cycle clinical audit. However, it was not undertaking infection prevention and control audits.
- There were no medicine audits to monitor the quality of prescribing.

### Managing risks, issues and performance

There were limited processes for managing risks, issues and performance. Risks were not always managed effectively.

- There were no processes in place to identify, understand, monitor and address current and future risks within the practice. For example, there were no health and safety checks or general cleaning checks.
- There was no risk assessment for legionella in place, including water temperature checks.
- Electrical equipment was not checked and clinical equipment had not been calibrated on a regular basis to ensure it remained accurate.
- There was no system in place to ensure that the doctor had an up-to-date record of his immunity status.
- There were no arrangements in place to respond to medical emergencies.
- There had been no fire risk assessment, or comprehensive infection prevention and control measures.

### Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

- There were no systems to use performance information to monitor practice performance.
- The information used to monitor performance and deliver quality care was not always accurate and useful. We found that some clinical records did not always contain sufficient information.

# Are services well-led?

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

- The practice did not optimise the use of information technology systems to monitor and improve the quality of care.
- The practice involved patients to deliver services.
- The practice had proactively sought patient views and had received six feedback forms, all were positive.

**Engagement with patients, the public, staff and external partners**

## Requirement notices

### 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
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had failed to ensure that care and treatment is provided in a safe way to service users. In particular:</p> <ul style="list-style-type: none"><li>• There were no emergency medicines or equipment, and no risk assessment for not having these.</li><li>• There was lack of process for checking if a patient had a NHS GP.</li><li>• The doctor had not received adult safeguarding training, and he had last received child safeguarding training in 2014.</li><li>• There were no clinical waste bags.</li><li>• Surgical gloves expired in 2014.</li><li>• There was no cleaning schedule.</li><li>• There was no evidence that electrical equipment had been PAT tested since 2015. Medical equipment had not been calibrated.</li><li>• There was no evidence of legionella testing or risk assessment.</li><li>• There was no infection prevention and control audit.</li><li>• There were no paper towels for hand drying.</li><li>• There was no robust system to follow up test results.</li><li>• There were no spillage kits to clean up spillages of bodily fluids.</li></ul>

## Requirement notices

- There had been no fire risk assessment or health and safety risk assessment.

This is in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had failed to ensure that systems or processes were established and operated effectively to ensure good governance. In particular:

- The doctor was unaware of the precedents established following the cases of Gillick and Fraser.
- There was no business continuity plan.
- The practice did not have policies to cover a range of activities and issues, including: medical emergencies, spillages, sharps injuries, Fire Risk and Health and Safety.
- Essential training had not been completed.
- Although medical alerts were received, there was no system to have these available in the practice.
- There was no system to keep track of issued prescriptions.

This is in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.