

# Lanserhof at The Arts Club

## Inspection report

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Date of inspection visit: 24 & 26 January 2022  
Date of publication: 22/02/2022

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. This is the providers first inspection.**

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 Lanserhof at The Arts Club 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.

The practice 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.

## **Our key findings were:**

- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- The provider had systems in place to protect people from avoidable harm and abuse.
- There was a clear vision to provide a safe, personalised, high quality service.
- All staff we spoke to felt valued by the leaders and said there was a high level of staff support and engagement.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- The service had a business development strategy that effectively monitored the service provided to assure safety and patient satisfaction.
- There was a focus on continuous learning and improvement.

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Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector who was accompanied by a specialist adviser.

## Background to Lanserhof at The Arts Club

Lanserhof at The Arts Club is a private wellness clinic that provides a range of personal, doctor-led, health assessments and treatments with an emphasis on preventive medicine. All assessments include detailed consultations and personalised health report and treatment plan.

The clinic is located at 17-18 Dover Street, London W1S 4LT. The clinic is located on the third and fourth floor of the building and is accessed via a lift from the ground floor. The service has consultation rooms and a range of diagnostic suites which includes a cardiology, MRI scanning and ophthalmic.

The opening hours are 9am to 6pm Monday to Friday by appointment. The team comprises of a chief operating officer, a medical director, a practice manager, consultant GPs, radiographers, lead nurse, health coordinators and an administration team. The service is part of international clinic network.

### How we inspected this service

We reviewed information sent to us by the provider remotely prior to attending the site to reduce the time spent on site in line with our Covid- 19 inspecting guidance. We spoke with staff at the clinic which included medical director, the practice manager, a consultant GP and other operational and administrative staff. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service.

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

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

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

# Are services safe?

**We 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 regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- 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. All staff received up-to-date safeguarding and safety training, administrative staff completed level two and clinical staff had completed level three safeguarding training in line with intercollegiate guidance. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- 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).
- There was an effective system to manage infection prevention and control which had been updated to reflect the changes needed following the Covid pandemic. For example, they reduced the number of patients they saw on a daily basis and all staff wear surgical masks and visors when they are with patient. The provider had carried out Legionella testing and were following the identified actions.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw records that confirmed that Portable Appliance Testing (PAT) and equipment calibration were up to date. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## **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.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections or those who were extremely unwell.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- The clinic had appropriate indemnity arrangements in place for the staff they employed and all contracted clinical staff given practising privilege had to provide evidence of appropriate indemnity cover prior to commencing work.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

## **Information to deliver safe care and treatment**

**Staff had the information they needed to deliver safe care and treatment to patients.**

# Are services safe?

- 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 if needed.
- 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 that they cease trading.
- 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, controlled drugs, emergency medicines and equipment minimised risks.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- 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.

## Track record on safety and incidents

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

- There were comprehensive fire and building risk assessments in place.
- 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. We saw risks were discussed at daily informal meetings, weekly management meetings and monthly whole staff meetings.

## Lessons learned and improvements made

### 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.
- 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. We noted that following an incident where a patient had suffered a medical emergency on site, this was discussed in a special meeting with all staff where learning points had been identified.
- 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

### When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

# Are services safe?

- 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 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)**

- 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.
- 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 involved in quality improvement activity.**

- The service used information about care and treatment to make improvement. We saw that all radiologists audited 10% of their reports for second opinion and daily MDT's were held with the MSK teams where treatment and outcomes were discussed.
- However, as they had been operating for less than a year due to the Covid pandemic they were in the process of developing a system for carrying out formal clinical audits

## **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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, the provider was supporting the lead nurse to become a nurse prescriber.

## **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. For example, the doctors would refer patients to other specialist services such as Orthopaedic surgeons or back to NHS services where they identified any concerns outside their scope.
- 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 being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

# 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. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma.
- 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. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

## **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. 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. A tablet was located at reception and patients were asked to leave feedback following their visit. The provider had also implemented a system where patients would receive an email link to also provide feedback.
- Feedback from patients was positive about the way staff treat people.
- 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. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

## **Privacy and Dignity**

### **The service respected/did not 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:**

## **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, they had reorganised their treatment areas to be able to offer treatment to patients in total privacy where this was requested.
- 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, the clinic had lifts, disabled accessible showers and all clinical staff had completed moving and handling training.

## **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 reported that the appointment system was easy to use.
- 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 a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, they had recently changed the laboratory where they sent their blood tests as a result of a patient's complaint and changes to legislation.

# Are services well-led?

**We rated well-led as Good because:**

## **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.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## **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.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

## **Culture**

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

- There was a strong emphasis on the safety and well-being of all staff. Staff felt respected, supported and valued. Staff we spoke with told us they were proud to work for the service.
- 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. 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. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. All staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between managers and teams.

## **Governance arrangements**

**There were clear responsibilities, roles and systems of accountability to support good governance and management.**

# Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- 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.
- The service used performance information which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- 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.

## 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.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- There was clear evidence of action to change services to improve quality. The provider had recently introduced clinical peer reviews.
- 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.**

- Quality and operational information was used to ensure and improve performance. 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.

## 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 practice manager told us the service encouraged views and concerns from patients, staff and external partners in order to shape services and culture.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

### **There was evidence of systems and processes for learning, continuous improvement and innovation.**

## Are services well-led?

- There was a focus on continuous learning and improvement. The provider supported staff further development such as paying for the nurse to complete their prescribing course and HCA's to complete phlebotomy training.
- The provider is part of an international organisation and we saw evidence of training and updates with/from their central services.
- There were systems to support improvement and innovation work. The clinic offered both diagnostic and preventative health care under one roof, provided by an MDT with multiple specialities such as general medicine, orthopaedics, cardiology, sports and exercise medicine and infusion therapy.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- Further, the provider was working on a project in collaboration with a university. This involved carrying out the assessments in their Spine and Movement Lab, where staff were provided by the university to collect and interpret data, to provide scientific expertise, support and advice following the assessment. The collaboration gave the university access to anonymised patient data which they used for research. The results and data from assessments flagged up any weaknesses that the patient may need to work on at the clinic. The doctors also told us the results assisted with patient rehabilitation pre and post- surgery. It also helped the clinical team develop bespoke rehabilitation plans for the patients.