

# London ENT Clinic

## Inspection report

51 Harley Street  
London  
W1G 8QQ  
Tel: 02072620297  
[www.londonentclinic.com](http://www.londonentclinic.com)

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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.**

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 the London ENT Clinic as part of our inspection programme. We have not previously carried out an inspection of this service.

The London ENT Clinic is an independent health service offering diagnosis and treatment for ear, nose and throat (ENT) conditions to adult patients.

The lead clinician 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 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.
- The clinicians and staff dealt with patients with kindness and respect and were committed to involving people in decisions about their care.
- The service adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The way the service was led and managed promoted the delivery of high-quality, person-centred care.

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

- The prescribing policy should more clearly reflect prescribing practice in the service, for example, setting out the types of medicines that can and cannot be prescribed.
- The service should risk assess the range of emergency medicines that it is appropriate to keep in stock at the clinic.
- The service should have access to the results of relevant premises risk assessments promptly and follow-up any actions required with the landlord.
- The lead clinician should consider completing training about their responsibilities under the Mental Capacity Act (2005).
- The service should consider documenting existing 'buddy' arrangements with other professionals so these are clear to all parties.

# Overall summary

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team comprised a CQC inspector and a specialist adviser.

## Background to London ENT Clinic

The London ENT Clinic is an independent health service offering diagnosis and treatment for ear, nose and throat (ENT) conditions and rhinoplasty. The service is only available to patients over 18. The clinic is located on the second floor, 51 Harley Street, London, W1G 8QQ in rooms purposely adapted for clinical use.

The clinic is used for outpatient consultations with the specialist ENT surgeon who provides the service. They employ a health care assistant and an administrator. Surgical procedures are carried out at a private hospital in London and fall outside the scope of this inspection.

Patients can self-refer or may be referred by another clinician. The service is available by appointment only. The office is open from 9am to 6pm from Monday to Friday with consultations available on various days of the week including the weekend. Where clinically appropriate, consultations may be carried out over the telephone. All new patients complete a registration form and are seen face-to-face.

The service is located in an older building but is reasonably accessible with lift access to the second floor.

The service has been registered with CQC since 2015 and provides the regulated activities of:

- diagnostic and screening procedures
- treatment of disease, illness or injury.

### How we inspected this service

Evidence was gathered through a review of policy documents and records kept by the service; clinician and staff interviews; and a review of patient feedback and reviews. The inspection team visited the service and observed the facilities. No patients were present at the service during the inspection.

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?

# Are services safe?

## We rated safe as Good because:

The provider understood the risks associated with providing the service and had effective systems in place to keep patients and staff safe which were regularly reviewed. However, there were some areas for improvement. The provider should risk assess the range of emergency medicines held at the clinic. They should also ensure they are informed of the results of relevant premises risk assessments and any follow-up actions required. The lead clinician should consider completing training about their responsibilities under the Mental Capacity Act (2005).

## Safety systems and processes

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

- The service was governed by appropriate safety policies, which were regularly reviewed and accessible to staff. These outlined clearly who to go to for further guidance.
- Staff received safety information as part of their induction and refresher training.
- The service had policies in place to safeguard children and vulnerable adults from abuse. The service was provided to adults over 18 years only.
- The service had not experienced any instances of potential abuse but had identified the statutory agencies in place to support patients and protect them from neglect and abuse should the need arise.
- The provider carried out staff checks at the time of recruitment. Disclosure and Barring Service (DBS) checks were undertaken for new staff members. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The lead clinician was trained to level 2 in relation to both safeguarding vulnerable adults and safeguarding children. As the clinical lead for the service, we were not assured that this was sufficient, and they confirmed that they had completed level 3 training following the inspection.
- There was an effective system to manage infection prevention and control. There were systems for safely managing the decontamination of specialist diagnostic equipment and disposing of healthcare waste.
- The clinic facilities and equipment were safe. Equipment was maintained according to the manufacturers' instructions.
- The lead clinician provided evidence that appropriate environmental risk assessments, for example, fire safety were being carried out. However, the recommendations arising from the wider building assessments (for example, the electrical installation inspection) were not always communicated promptly to the provider. There had been no recent fire drill.

## Risks to patients

### There were systems to assess, monitor and manage risks to patient safety.

- The lead clinician planned the number and mix of support staff needed. There were informal 'buddy' arrangements with professional colleagues outside the service, to cover any unexpected absence of the lead clinician that required immediate action.
- There was a structured induction process for new staff tailored to their role. The current health care assistant had joined before the previous postholder had left to enable an effective handover and shadowing period. The service did not employ temporary or locum staff or clinicians.
- 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, for example, sepsis.

# Are services safe?

- The service maintained emergency equipment (including an automated external defibrillator and emergency oxygen) to deal with medical emergencies. This equipment was checked weekly to ensure it was in good working order.
- The service also stocked some emergency medicines, for example to treat anaphylaxis, and these medicines were stored securely. Patients attending the service were typically in good, general health and the risk of medical emergency was low. However, we were not assured that the service had sufficiently assessed these risks when deciding which emergency medicines to stock. For example, it did not stock medicine to treat an exacerbation of asthma and had not carried out a risk assessment in relation to this.
- We saw that the emergency medicines were in date and we were told the stock was regularly checked. However, the service did not formally record these checks. This was added to the electronic monitoring sheet immediately following the inspection.
- There were appropriate indemnity arrangements in place

## 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 reviewed were clear and comprehensive and written in line with professional guidelines. Patient records were computerised.
- 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 shared relevant clinical information with the patient's GP, unless the patient did not want the service to do so.
- 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 ceased trading.

## Safe and appropriate use of medicines

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

- The service had systems and arrangements in place to safely manage medicines and prescribing. The prescribing policy was somewhat generic in nature. The lead clinician told us that they typically prescribed a limited range of medicines (for example, post-operative antibiotics) as appropriate to their specialty.
- Prescriptions were provided through an online pharmacy when this was convenient to the patient.
- The service stored prescription stationery securely.
- The service did not prescribe controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- The lead clinician prescribed medicines to patients in line with legal requirements and current national guidance. Patients were advised to read the patient information leaflet and contact the service if they had any concerns about their medicines or experienced side effects.
- The service did not carry out any regular medicines audit. We were told this was because the service was provided by a single clinician who prescribed a narrow range of medicines and there was limited scope to audit and identify areas for improvement.

## Track record on safety and incidents

### The service had a good safety record.

- The service monitored and reviewed activity. It had a good safety record, with incidents being very rare.

# Are services safe?

## 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 and a clear definition of the types of incidents that met the threshold for reporting. Staff understood their duty to raise concerns and report incidents and near misses. There had been no significant events over the previous 12 months.
- The service took opportunities to learn and improve safety. For example, the health care assistant was in the process of manually logging all activities involved in decontaminating one specialised piece of equipment between patients as the supplied smartphone 'App' did not always seem to record the steps correctly. The health care assistant was going to send this evidence to the supplier to help resolve any 'bug' in the software.
- The provider had a policy covering the Duty of Candour, that is, the duty to be open with patients if things went wrong. We saw evidence that the clinician discussed and resolved patient concerns at an early stage and received very few formal complaints.
- The service acted on and learned from external safety events as well as relevant safety alerts. For example, the service had followed guidelines on preventing the spread of the COVID-19 infection from the beginning of the pandemic.

# Are services effective?

## We rated effective as Good because:

The service assessed needs and delivered care in line with current legislation, standards and evidence-based guidance. Clinicians and staff had the skills, knowledge and experience to carry out their roles. The service was actively involved in quality improvement activity.

### 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, including their clinical needs and their mental and physical wellbeing as appropriate.
- Clinicians obtained sufficient information, for example, by ordering diagnostic tests, to make or confirm a diagnosis
- The service was able to provide advice and treatment to patients for whom earlier surgical interventions had not been successful. Patients were advised about what to expect and how to contact the service if they had any questions or concerns.
- Clinicians 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 was able to provide recent examples of improvements made following clinical audit; case review; patient feedback and continuous professional development. The lead clinician kept abreast of developments in their specialist field.
- The lead clinician was able to describe a recent audit they had undertaken on the use of cartilage in rhinoplasty and changes in their practice as a result. They were hoping to publish these results.
- The service was also in the process of introducing patient-reported outcome measures (PROMs) for those treatments provided where verified PROMS tools exist. These are validated 'before and after' measures to assess the effectiveness of a specific treatment.
- The lead clinician also monitored specific indicators of quality such as post-surgical revision rates for rhinoplasty in line with published benchmarks. The service performed well on such measures.
- There was clear evidence of action to resolve patient concerns, for example, in relation to post-operative complications.

### Effective staffing

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

- The clinician and staff were appropriately qualified.
- There was an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation. The lead clinician was on the specialist register (otolaryngology).
- The provider understood the learning needs of staff and provided protected time and training to meet them.



# Are services effective?

- Up to date records of skills, qualifications and training were maintained.
- Staff were encouraged and given opportunities to develop if this fit with the service's goals.

## **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 when booking diagnostic tests or liaising with hospital staff before and after surgery.
- 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. Patients were signposted to more suitable sources of treatment where appropriate.
- 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 lead clinician had risk assessed the treatments they offered. They had informally identified medicines that were not suitable for prescribing, for example, medicines liable to abuse or which required ongoing monitoring. This was not clearly set out in the prescribing policy however.
- Patient information was shared appropriately and the information needed to plan and deliver treatment was available to relevant staff in a timely and accessible way.
- The service had systems in place to scan clinical letters and results so these were electronically accessible in the patient record.
- 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.**

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their GP for additional support.
- Where appropriate, the clinician gave patients advice so they could self-care.
- The lead clinician advised patients about lifestyle changes that could positively affect their condition, for example, the benefits of smoking cessation and the importance of limiting their exposure to loud noise, for example music.

## **Consent to care and treatment**

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

- The lead clinician understood the requirements of legislation and guidance when considering consent and decision making.
- Informed consent was obtained verbally for procedures carried out at the clinic.
- The lead clinician supported patients to make decisions. We were told that patients attending the service had the mental capacity to make decision about their treatment.
- The lead clinician had not had recent training on the Mental Capacity Act.

# Are services caring?

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

Patients were treated with kindness, respect and compassion. Patients were involved in decisions about their care and treatment. Staff respected patients' privacy and dignity.

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

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

- The service sought feedback on the quality of clinical care patients received. Every patient was sent a link following their treatment, to provide feedback about the lead clinician (who provided all the clinical care at the service). This was done through an established online health review service (doctify.com).
- Feedback from patients was overwhelmingly positive. At the time of the inspection, the clinical lead had an overall rating of 4.97 out of a possible maximum score of 5 with over 1000 verified patient reviews on doctify.com.
- Staff displayed an understanding and non-judgmental attitude to all patients. They told us they would consider patients' individual needs including cultural, social and religious needs and preferences.
- 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 although in practice, we were told that patients generally preferred to bring their own interpreter.
- Information leaflets were available covering a range of relevant conditions and treatment options.
- Staff communicated with people in a way that they could understand, for example, communication aids were available.
- The lead clinician used diagrams to explain treatments and could communicate in writing where people had a hearing impairment.
- The service was open about the costs of treatment.

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Appointments were timed to minimise the number of patients on the premises at any one time. Patients were able to discuss sensitive issues privately.

# Are services responsive to people's needs?

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

The service organised and delivered services to meet patients' needs. Patients were able to access care and treatment from the service within an appropriate timescale for their needs. The service took complaints and concerns seriously and responded to them appropriately to improve the 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, the service carried out surveys of its patients. In the most recent survey, 40% of patients who participated indicated they would have preferred to have a follow-up appointment more quickly. The lead clinician had recently increased the number of clinics they provided to achieve this, including introducing a Saturday clinic.
- The facilities and premises were appropriate for the services delivered.
- The service worked with an online pharmacy so that patients could have prescription medicines delivered direct to their home address if they wished.
- The service was located on the second floor. There was lift access to the service

### **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.
- The lead clinician was contactable out of hours if required.

### **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.
- There had been no formal complaints about the service. The lead clinician was able to provide examples of how they had responded to and resolved patient concerns at an early stage so that a formal complaint was unnecessary.
- The service had complaint policy and procedures in place.
- 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.

# Are services well-led?

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

The service was operating with a clear vision, visible leadership and effective governance systems in place to deliver high quality care for patients. The service engaged with patients and staff and was able to demonstrate evidence of learning, improvement and innovation.

## **Leadership capacity and capability;**

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

- The service was led by the lead clinician who was visible and accessible to staff and patients. Staff we spoke with were enthusiastic about the quality of leadership.
- The provider had started planning, for example in relation to eventual succession and future operation 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.**

- The service was a well-established, single-specialty service provided by an experienced and appropriately qualified specialist surgeon. The service was underpinned by a clear vision to provide the highest quality specialist clinical care and to achieve patients' treatment goals.
- The service had a realistic strategy to achieve its priorities, for example in balancing future patient demand and clinical capacity.
- Staff were aware of and understood the vision and values and their role in achieving these.
- The service monitored its progress and performance.

## **Culture**

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

- The service focused on the needs of patients. For example, the lead clinician was introducing validated screening tools to identify patients with body dysmorphia for whom cosmetic surgery was likely to result in a poor outcome.
- Openness, honesty and transparency were demonstrated when responding to concerns and potential complaints. The provider was aware of and complied with the requirements of the duty of candour.
- Staff told us they could and did raise concerns and suggestions and were encouraged to do so by the lead clinician. They had confidence that these would be addressed.
- There were systems in place to provide all staff with development opportunities consistent with the aims of the service. There was an appraisal process in place. Staff had protected time for training.
- Staff we spoke with were aware of the whistleblowing policy and procedure.
- The staff we spoke with said they were proud to work for the service.
- The lead clinician displayed compassionate leadership as an employer, for example, providing support which had been over and above statutory requirements.

## **Governance arrangements**

# Are services well-led?

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

- The lead clinician had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Structures, processes and systems to support good governance and management were understood and effective. There was clear governance and management of diagnostics, referrals and information sharing.
- Staff were clear on their roles and accountabilities

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

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

- There was an effective process to identify, monitor and address risks including risks to patient safety.
- The service had processes to manage performance. The lead clinician had oversight of relevant safety alerts, incidents, and complaints.
- Clinical audit was not formalised but the lead clinician could describe how they used case review; audit and their continuous professional development to continuously improve the quality of care. For example, they had recently changed their protocol for the types of cartilage support they would use when carrying out rhinoplasty.
- The provider had business continuity plans in place.

## **Appropriate and accurate information**

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

- Quality and operational information was used to monitor and improve performance. Performance information was combined with the views of patients.
- 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 made use of information technology to reduce the need for paper-based systems and improve information security. There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

### **The service involved patients and staff to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from patients. All patients were given a link to a verified, online feedback service. The service received overwhelmingly positive feedback from this exercise.
- The lead clinician was in the process of introducing patient-reported outcome measures (PROMs) for conditions and treatments where relevant and verified tools were available. PROMs are validated tools that measure the clinical impact of the treatment from the patient's perspective.
- Staff we spoke with said that they were able to provide feedback informally as needed. The health care assistant said they spoke with the lead clinician before and after every clinic.
- Staff told us that the quality of communication with patients before, during and after treatment was a strength of the service. The service was open with patients from the start of their consultation about the costs and fees involved.

# Are services well-led?

## Continuous improvement and innovation

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

- There was a focus on continuous learning, innovation and improvement.
- The lead clinician attended relevant seminars; research meetings and kept abreast of the clinical literature in their field. They were able to describe how this had positively influenced their practice.
- The service was responsive to patient feedback and concerns.
- There were systems to support improvement and innovation work, for example the introduction of patient-reported outcome measures.