Queens Clinic

Inspection report

75 Wimpole Street
London
W1G 9RT
Tel: 07740944473

Date of inspection visit: 9 & 10 February 2021
Date of publication: 22/04/2021

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Inadequate

Overall summary

This service is rated as Inadequate overall. (Previous inspection February 2021 – Requires improvement)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Queens Clinic on 9 & 10 February 2021 in response to information of concern that we received and to follow up on breaches of regulation identified in a comprehensive inspection carried out in February 2020 where we found:

- The provider had not established effective systems and processes to demonstrate positive clinical outcomes for patients through continuous quality improvement activities and audits.
- There were no systems to ensure appropriate action was taken in response to safety alerts.
- All patient records did not detail clinical decisions and the reasons for not following national guidelines.
- Recruitment procedures were not always followed, and appropriate checks were not completed prior to new staff starting employment.
- Not all staff received appropriate training for their role, including safeguarding adults and children and fire safety.

This inspection on 9 & 10 February 2021 found insufficient improvements have been made and we identified further concerns.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations

This service provides gynaecological services and advise to fee paying patients. The provider 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:

- Not all staff had the appropriate level of Disclosure and Barring Service check (DBS) check carried out
- The staff that acted as chaperones had not received training for this role
- Not all staff had the skills, knowledge and experience to carry out their roles. Some staff had not received specific training for their role
- The service did not have full infection control procedures in place.
- The care records were not clear as we found it was difficult to follow the reason for diagnosis or treatment rational

Overall summary

- We found staff did not understand what constituted a significant event
- The provider did not have systems to keep clinicians up to date with current evidence-based practice
- The service was not actively involved in quality improvement activity
- Staff did not understand the requirements of legislation and guidance when considering consent and decision making
- Staff did not recognise the importance of people's dignity and respect
- The service did not have a strategy or business plan in place
- There were no systems to support improvement and innovation work
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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

- Improve staff's recognition around the importance of people's dignity and respect when giving treatment.
- Review communication aids in place to support patients who were hard of hearing.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 who was accompanied by a gynaecologist specialist adviser.

Background to Queens Clinic

Queens Clinic is a private gynaecological service located on the second floor at 75-76 Wimpole Street, Marylebone, London, W1G 9RT. The building entrance lobby is accessed via two steps from the pavement. Wheelchair access is via a ramp at the front of the building (patients are advised of this and a member of staff is available to assist patients). The service is easily accessible by public transport and is a short walk from Bond Street. There are two consultation rooms, one minor operations room, one reception room and a waiting area for patients

The opening hours are 9am to 9pm, Monday to Friday and between 9am to 6pm on Saturdays. Patients have access to the lead clinician by phone for out of hours emergencies.

The medical team comprises of a single consultant, who is the provider and registered manager of the service. There are also two health care assistants (HCAs) who provide clinical and administrative assistance. The service provides private consultations to adults. A variety of services are offered including gynaecological diagnostic and minor surgery procedures, as well as early medical and surgical termination of pregnancy.

How we inspected this 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.

Inadequate

Are services safe?

We rated safe as Inadequate because:

We found the service did not have clear systems to keep people safe as:

- Not all staff had the appropriate level of Disclosure and Barring Service check (DBS) check carried out.
- The staff that acted as chaperones had not received training for this role.
- The provider did not have an effective induction system for staff.
- The service did not have full infection control procedures in place.
- The care records were not clear as we found it was difficult to follow the reason for diagnosis or treatment rational.
- We did not see any evidence that the clinicians made appropriate and timely referrals to other services.
- We found staff did not understand what constituted a significant event.

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- The landlord for the building conducted safety risk assessments. They had appropriate safety policies, which were regularly reviewed and communicated to the provider and his staff. Staff received safety information from the service as part of their induction.
- 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). However, we noted a Health Care Assistant (HCA) who had been employed in January 2021 only had a basic Disclosure and Barring Service check carried out, which is not appropriate as staff in a patient facing role are required to have enhanced DBS check.
- The service had systems to safeguard children and vulnerable adults from abuse. The service did not treat children (under 18 years old) at the time of our inspection. At our previous inspection in February 2020 we found the doctor did not have the appropriate level of safeguarding training for adult and children. At this inspection we saw all staff received up-to-date safeguarding training appropriate to their role. However, the HCA's acted as chaperones but had not received training for this role.
- The service did not have full infection control procedures in place. The service was not able to provide either a risk assessment or an annual audit for their work area including consultation rooms. There was no sign in the patient's bathroom about washing hands. The cleaning schedule used by the service were unclear. There was no recent signed daily checklist, however the master log was signed to say cleaning had been carried out. We checked the master log on the morning of our inspection and found it had been signed for the day, including the afternoon. Staff were unable to say where had been cleaned and told us the signing twice was an error.
- The landlords had carried out Legionella test and were following the identified actions.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There was a record of portable appliance testing and equipment calibration. There were systems for safely managing healthcare waste.

Risks to patients

The systems to assess, monitor and manage risks to patient safety were not effective.

- The provider did not have appropriate systems in place for planning and monitoring the number and mix of staff needed. Two members of staff had recently left and a third was due to go on leave which would leave one HCA and the

doctor at the clinic. On the day of inspection, we saw the clinical staff had to interrupt their booking in of patients to answer the phones as there was no receptionist at the time. Although the provider told us they had been trying to recruit for a couple of months we noted they had not pursued all options open to them, including recruiting temporary/locum staff.

- The provider did not have an effective induction system for staff. They had recently recruited a HCA, however there was no evidence of a formal induction or an assessment of competencies in relation to expected tasks and the staff member had no previous experience of working in healthcare.
- 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.
- There were appropriate indemnity arrangements in place.
- 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 did not always have the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment were not clear. We found it was difficult to follow the reason for diagnosis or treatment rational. Investigations and treatments must only be provided if there is a recorded reason for doing them.
- The provider had not implemented a system to ensure medical records were retained in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- We did not see any evidence that the clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. For example, we saw that in one patient record the results of an initial investigation suggested that the patients should have been referred to a specialist service for further tests in line with NICE guidance, however we noted that this referral had not been made.
- Medical records that we reviewed did not show clear rationales for decisions relating to patient care. We saw patient records where patients had been provided with cervical screening and doppler tests. Cervical screening is used to monitor the health of the cervix. A doppler ultrasound is a test that uses high-frequency sound waves to measure the amount of blood flow through arteries and veins. There was no recorded rationale for these tests in the record. Investigations and treatments must only be provided if there is a recorded reason or clear rationale for doing them.

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 minimised risks. The service kept prescription stationery securely and monitored its use.
- The provider told us they did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- The doctor 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 were effective protocols for verifying the identity of patients.

Track record on safety and incidents

Inadequate

Are services safe?

The service did not have a good safety record.

- At our previous inspection we found the provider could not evidence any action taken in responses to patient's safety alerts. At this inspection we noted that safety alerts were reviewed by the doctor and the HCA's and any action taken as a result was recorded on a log and kept in a folder on the computer.
- The service did not have any processes in place to monitor and review activity. The provider was unable to provide any risk assessments they had completed or any evidence to show they understood risks to their service and had plans in place to address them.

Lessons learned and improvements made

The service could not evidence they learnt lessons and made improvements when things went wrong.

- Staff we spoke with told us understood their duty to raise concerns and report incidents and near misses.
- There was a system for recording significant events. However, we found staff did not understand what constituted a significant event. There was only one incident recorded for the last 12 months and it had been recorded as a significant event because a staff member followed the wrong administrative process. The staff told us that significant events were discussed in their staff meeting, but they were unable to provide evidence of times where significant events had been discussed, analysed or used for learning.
- The provider was aware of and complied with the requirements of the Duty of Candour but could not demonstrate it was implemented.

Inadequate

Are services effective?

We rated effective as Inadequate because:

The provider did not have appropriate systems and processes in place to ensure that effective care was being delivered as:

- The provider did not have systems to keep clinicians up to date with current evidence-based practice.
- Clinical records did not always record all the required details of consultations.
- The service was not actively involved in quality improvement activity. The provider could not demonstrate how they were monitoring care and treatment to patients. Although the provider had carried out one audit, they could not demonstrate how improvements were made to patients care and treatment using completed audits.
- Not all staff had the skills, knowledge and experience to carry out their roles. Some staff had not received specific training for their role.
- The provider had not risk assessed the treatments they offered. They had not identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their NHS GP.
- Staff did not understand the requirements of legislation and guidance when considering consent and decision making.

Effective needs assessment, care and treatment

The provider did not have systems to keep clinicians up to date with current evidence-based practice. We saw no evidence to demonstrate that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider did not have systems to keep clinicians up to date with current evidence-based practice. The service was not able to provide evidence of how they did this. We did not see any rationale for when the provider veered away from national guidance as to why and if they had told the patient the reason why they did not follow that guidance. For example, we noted that patients were not always referred to recommended clinical pathways for specific conditions. We also found there were no protocols or register of outcomes for laser treatment and the leaflet did not give enough information to patients about the risks.
- The provider assessed patients' immediate and ongoing needs, however, the records we viewed did not contain complete enough information in order for clinicians to make or confirm a diagnosis and/or treatment.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The service was not actively involved in quality improvement activity. They could not demonstrate improvements made to quality of care and outcomes for patients. They provided data collection on cervical screening tests and infertility, but they were not able to show how this information had been acted on to improve care. We were also given a Maternity Audit. However, it was not dated and there was no information about how the audit was undertaken, learning or discussion.

Effective staffing

Staff did not have the skills, knowledge and experience to carry out their roles.

- The provider did not have had an induction programme for all newly appointed staff.
- The doctor was registered with the General Medical Council (GMC) and was up to date with revalidation.

Inadequate

Are services effective?

- The provider did not understand the learning needs of the HCA's staff, whose roles included carrying out health checks. Although HCAs had received some mandatory training, they had not received specific competency-based training which is required for this role.
- Staff appraisals and supervisions were sporadic and unclear. The most recent development plan for one of the HCAs was from 2019. It stated they had completed a clinical training course which we noted was outside the scope of the role.

Coordinating patient care and information sharing

Staff did not work together, and worked well with other organisations, to deliver effective care and treatment.

- Before providing treatment, the doctor at the service did not always ensure they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We did not see any examples of patients being signposted to more suitable sources of treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP when they first attended the service. However, the service was not able to demonstrate that they shared information in this way, although the doctor told us they would always share information with GPs where women were pregnant for them to access maternity NHS services.
- The provider had not risk assessed the treatments they offered. They had not 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. We were told where patients agreed to share their information then letters would be sent to their registered GP in line with GMC guidance. However, we did not see any copies of letters sent to doctors in the case notes that we reviewed. We were told they would send a list of the treatment the patient had. But they could not find any copies of this information to show us. Staff told us that no patients had asked for this to be done lately.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.

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.

Consent to care and treatment

The service did not always obtain consent to care and treatment in line with legislation and guidance.

- Staff did not understand the requirements of legislation and guidance when considering consent and decision making. The providers consent form did not contain any space for confirming they had discussed the risks and benefits of the care and treatment being provided, and it included a blanket consent for the doctor to carry out any other procedure/ treatment they considered necessary whilst carrying out the original procedure. We did not see any evidence in patient records that risk factors were identified and discussed with patients.
- The HCA's job description supplied by the provider indicated that it was HCA's that carried out initial discussions about consent with patients. We were told the patient must give consent and sign accordingly before any consultation with the Doctor. Consent should be sought by a clinician, and should include the reason for investigations and examinations, risk factors and where relevant options relating to treatment.

Good

Are services caring?

We rated caring as Good because:

Patients' comments on the website was positive about the way staff treat people.

Staff did not recognise the importance of people's dignity and respect and there were no communication aids in place to support patients who were hard of hearing.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- We did not get specific feedback from patients, however we noted that patients' comments on the website 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.

- Staff told us that 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.
- Communication aids were not available for patients who were hard of hearing or had vision impairment.

Privacy and Dignity

The service did not always respect patients' privacy and dignity.

- Staff did not recognise the importance of people's dignity and respect. When patients were provided with intravenous (IV) treatments, this could not be done privately, patients had to share a consulting room with clinical and administrative staff.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Requires Improvement

Are services responsive to people's needs?

We rated responsive as Requires improvement 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 provider had a complaints policy, however they did not record or respond to informal complaints

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. For example, patients could contact the doctor out of hours Monday to Friday and all day Saturday and Sunday.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, there was ramp access for patients with mobility issues.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Appointments were available between 9am and 9pm Monday to Friday and between 9am and 6pm on Saturday.
- 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.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The service did not always take complaints and concerns seriously or use them to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. However, we noted the provider only acted on formal complaints and told us they had not received any in the last twelve months. We saw some examples of informal complaints in the incident log book where the provider had not recorded them as complaints and had not responded in line with their complaint's procedure.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. However, we did not see any evidence of analysis of trends or lessons learnt from individual concerns or complaints.

Inadequate

Are services well-led?

We rated well-led as Inadequate because:

We found that leadership capacity, monitoring processes, governance arrangements and approach to continuous improvement was insufficient as:

- The service did not have a strategy or business plan in place.
- There was no evidence of formal discussions about the quality of service or clinical outcomes.
- Tasks were delegated to staff whose competence had not been assessed and staff were unclear about their roles.
- There were no systems to support improvement and innovation work.

Leadership capacity and capability;

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- The lead clinician was knowledgeable about some issues and priorities relating to the quality and future of services. However, they did not understand all the challenges of providing safe and effective care, and how to address them.
- The doctor had not ensured that safe and effective care was being provided. Tasks were delegated to staff whose competence had not been assessed.
- Management were visible and approachable.

Vision and strategy

The service did not have a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- Staff described what they thought was the vision and values of the service. However, the provider did not have a clear vision or values set.
- The service did not have a strategy or business plan in place.

Culture

The service did not have a culture of high-quality sustainable care.

- The provider could not demonstrate how openness, honesty and transparency were used when responding to incidents and complaints.
- The provider was aware of the duty of candour but did not have appropriate systems to ensure compliance was always implemented. This included the implementation of the significant events procedure at the service.
- Not all staff received regular supervision or appraisals in the last year. Staff told us they discuss learning and development in their annual development meeting and had regular informal discussions with the lead clinician.

Governance arrangements

There was no clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were not clearly set out, understood or effective.

Inadequate

Are services well-led?

- The provider did not carry out regular audits of the clinical service provided to assess and monitor and improve the quality of clinical care and treatment of the service.
- Staff were unclear about their roles as we noted some had completed training for tasks that were not contained in their job descriptions. For example, a HCA had completed phlebotomy and cannulation course when these were clearly stated as tasks only the lead clinician would carry out.
- The service submitted data or notifications to external organisations as required.
- Operational information was not used to ensure and improve performance. The service was not in a position to adequately monitor performance.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- The process to identify, understand, monitor and address current and future risks including risks to patient safety were not effective.
- The service did not have processes to manage current and future performance. Performance of clinical staff could not be demonstrated through audit of their consultations, prescribing or referral decisions.
- We did not see evidence of systems to improve the quality of care and outcomes for patients. We saw data, although there was no evidence of this being used to drive improvements.
- The provider had a business continuity plan in place. However, the plan did not give clear guidance on what staff should do in the event of the lead clinician becoming incapacitated as they are the person that carried out medical treatment. Further, there were no arrangements in place for patient records if the provider ceased trading.

Appropriate and accurate information

The service did not have appropriate and accurate information.

- Sustainability was discussed in relevant meetings where all staff had sufficient access to information. For example, we noted that social media campaigns were discussed at all team meetings. However, we noted there was no evidence of formal discussions about the quality of service or clinical outcomes.
- The provider told us there were arrangements in place in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However, they did not provide any evidence to confirm this when we asked.
- The provider did not always provide accurate information, we noted that recent meeting minutes contained the names of staff who were no longer working at the service at the time of the meeting.

Engagement with patients, the public, staff and external partners

- The service sought feedback on customer satisfaction from patients. However, they did not seek feedback on the quality of clinical care patients received. We did not see evidence of the service acting on feedback from external partners and they had not addressed the concerns raised by us in our previous inspection.
- Staff told us they had monthly meetings where they could give feedback about the service.

Continuous improvement and innovation

There was no evidence of systems and processes for learning, continuous improvement and innovation.

- The service did not make use of internal and external reviews of incidents and complaints.
- The lead did not encouraged staff to take time out to review team objectives, processes and performance.

Inadequate

Are services well-led?

- There were no systems to support improvement and innovation work.

This section is primarily information for the provider

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
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** • Not all staff had the appropriate level of Disclosure and Barring Service check (DBS) check carried out • The staff that acted as chaperones had not received training for this role • The service did not have full infection control procedures in place. • The care records were not clear as we found it was difficult to follow the reason for diagnosis or treatment rational.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** - The service did not have a strategy or business plan in place. - The provider had not established effective systems and processes to ensure: • Clinicians were kept up to date with current evidence-based practice • Understanding of the requirements of legislation and guidance when considering consent and decision making. • They responded to all complaints, including informal ones in line with their complaints policy.