

The Frater Clinic

Inspection report

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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 well-led?	Good	

Overall summary

This service is rated as Good overall. (Previous inspection April 2019 – Requires improvement)

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 focused inspection at The Frater Clinic, to follow up on previous breaches of regulations. During this inspection we inspected safe, effective and well led.

CQC inspected the service in April 2019. We rated the service as requires improvement overall due to concerns with, limited quality improvement activity in relation to the clinical outcomes for patients. At the time of inspection there was no evidence of a process in place to follow-up on patients that were referred for secondary care. The minutes of meetings attended by the consultants granted practising privileges could not be used as a record that could be referred back to and used for follow-up purposes because they did not capture the detail of the meeting or agreed outcomes.

We checked these areas as part of this focused inspection and found the concerns had been resolved.

The Frater Clinic is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the private medical services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Frater Clinic provides corporate health screening and pre-employment screening programmes to some employers. These types of arrangements are exempt by law from CQC regulation. Therefore, we did not inspect these. The service is registered with the CQC for the regulated activity of treatment of disorder, disease and injury.

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:

- The service made improvements to their policies and protocols since the last inspection.
- The audits we reviewed demonstrated quality improvement for patients.
- Processes for patients to access a chaperone within the clinic had been reviewed.
- The practice was now using an electronic recording system to support quality improvement.
- Governance arrangements had improved to ensure oversight of risk.
- Risks to patients were assessed and well managed.

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

Overall summary

- Continue to embed the programme of planned quality improvement activity and consider ways to broaden its scope.
- Review clinical staff safeguarding training levels.
- Consider reviewing/updating regulated activities to include Diagnostic and screening procedures, and Maternity and midwifery services.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care improvement)

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

Background to The Frater Clinic

The Frater Clinic is based at 94 Harley Street, London, W1G 7HX. The clinic rents three rooms on the ground floor. Several other healthcare services are based in the building, and there is a shared reception, waiting room and toilets. The area is well served by public transport.

The clinic provides private general practice (GP) care and travel medicine services (including vaccinations) to adults and children. The majority of the clinic's patients are non-UK residents or residents that travel frequently. Where patients are assessed as needing assessment and treatment by a consultant specialist, the GP refers to either a consultant specialist with practising privileges, who sees the patient at the clinic, or an independent specialist. Patients pay the clinic for both GP and specialist care received at the clinic, and the consultant specialists then invoice the clinic for their payment. GP care at the clinic includes travel medicine, treatment of short and long-term conditions, immunisations and antenatal care.

During the Coronavirus pandemic, patients are triaged and offered a telephone or video consultation. If a face to face consultation is deemed to be necessary, arrangements are in place. Patients of all ages are seen. GP services are by appointment, with appointments lasting typically 30-60 minutes and can be longer when necessary.

Prior to COVID, Minor surgery was performed at the clinic by a doctor who specialise in dermatology. The staff team comprises the medical director, who works as a GP and a practice manager. The clinic granted practising privileges to four consultants. The consultants attend the clinic when there is a patient who requires an appointment. The consultant's individual specialties are in cardiology, endocrinology, breast surgery and geriatric and general medicine. The majority of care provided by the clinic is episodic. Consulting hours are 9.30am-5.30pm, Monday to Friday, for booked appointments only. When the clinic is closed, patients are directed to other services. The clinic's website address is: www.thefraterclinic.com. We visited The Frater Clinic on 7 July 2021. The team was led by a CQC inspector, accompanied by a GP specialist advisor. Before the inspection, we reviewed notifications received about the service, and a standard information questionnaire completed by the service. During the inspection, we interviewed staff, made observations and reviewed documents.

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. 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 had systems in place to assure that an adult accompanying a child had parental authority.
- 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.
- The provider maintained a record of Disclosure and Barring Service (DBS) checks for the consultants given practising privileges and had created a spreadsheet of their renewal dates. (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. We identified that two consultants with practising privileges were trained to child safeguarding level two. When we raised this with the service, they explained they had undertaken a risk assessment and that these two consultants never had contact with children, however they would look into getting them trained to level three as indicated in the intercollegiate guidance.
- Staff who acted as chaperones were trained for the role and had received a DBS check. At the last inspection the provider informed us that chaperones were offered to patients. We did not see evidence that this was documented in patient consultation notes. At this inspection we saw evidence that chaperones were offered to patients and this was recorded in consultation notes.
- There was an effective system to manage infection prevention and control. The provider had carried out a legionella risk assessment in May 2021. A record of daily cleaning for the three clinical rooms had been maintained. Cleaning materials were stored in a locked cupboard. Monthly water temperature checks had been carried out.
- We saw the service had carried out an infection prevention action log for staff and patients attending the clinic. The service had installed vinyl washable antibacterial impregnated screens.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. We saw evidence that the provider had ensured that equipment brought into the clinic had received a portable appliance test.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them. In light of the Covid-19 pandemic, various checks were being undertaken to ensure the environment remained safe for both staff and people using the services. All appropriate policies had been updated to reflect the pandemic.

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, for example sepsis.
- The provider maintained a full list of the required emergency medicines at the clinic.

Are services safe?

- Resuscitation equipment and emergency medicines were readily available and clinical staff was suitably trained in emergency procedures.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.
- The provider had plans in place and had trained staff for major incidents, we saw a business continuity plan and a Coronavirus Supplement continuity plan.

Information to deliver safe care and treatment

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

- Since the last inspection the service had implemented a new electronic patient record system.
- Individual care records were now typed and managed in a way that kept patients safe, all previous records had been scanned on onto the electric patient record system. 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.
- 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 kept prescription stationery securely and monitored its use.
- The provider had disseminated safety alerts to the consultants granted practising privileges and had updated the clinic's safety alert policy to reflect this requirement.
- We reviewed two full cycle audits, an electronic prescribing audit, and general audit. The provider's prescribing policy had been updated to reflect the requirement for annual prescribing audits.
- 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 a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events.

Are services safe?

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

We rated effective as Good because:

At our last inspection in April 2019 we rated effective as requires improvement due to limited monitoring of the outcomes of care and treatment. Also, there was no documented approach to ensure consultants had completed updates relevant to their field of work.

At this inspection, we found that the provider had made improvements to monitoring the outcomes of care and treatment for patients, and we saw the service was monitoring consultants.

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 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.
- Since July 2019, the service had implemented using an electronic patient recording system which was encrypted and recorded communication with patients, specialists and NHS GPs. Prescriptions could also be issued electronically.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to resolve concerns and improve quality. Examples of completed audits included an electronic prescribing audit, also a general audit involving responses to patient mailings during the pandemic. Both audits demonstrated thought had gone into improving outcomes for patient care.

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) were registered with the General Medical Council (GMC) and were up to date with revalidation. The provider showed us a 'Conditions for Practising Privileges' form used as part of an integration to the service tool for consultants with practising privileges. The document included the requirement for consultants to provide evidence of registration with the GMC, requirement to sign the patient confidentiality document, and the requirement to notify the provider if they become infected with a virus or infectious illness.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Are services effective?

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 clinic's registration form requested the details of patient's NHS GP and asked whether details of their consultation could be shared with their NHS GP. If patients agreed, we were told that a letter was sent to their registered GP. Clinical staff were aware of their responsibilities to share information under specific circumstances (where the patient or other people were at risk) 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.
- The lead GP informed us an integrated care system was now in place, when a patient had a consultation with a specialist to whom she had referred a joint discussion would take place that would allow for integrated care to take place and support for the patient. A record was now made in the notes of the joint meeting and management plan.
- 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. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- 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.

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.
- Health promotion information was available on the service website.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- We saw minutes of meetings where the lead GP was working with other GPs to encourage the uptake of the Covid 19 vaccination in the Black, Asian, and minority ethnic (BAME) community. We also saw exchanges of emails between the lead GP and a clinical advisor from the Covid vaccination programme, where they were working together to set up a vaccination Pop-Up hub aimed at the BAME community.

Consent to care and treatment

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

- The GP understood and sought patients' consent to care and treatment in line with legislation and guidance.
- We saw evidence that consultants who had been granted practising privileges had received training on the Mental Capacity Act 2005.
- The service monitored the process for seeking consent appropriately.

Are services well-led?

We rated well-led as Good because:

At our last inspection in April 2019 we rated the service Requires improvement because, leaders did not demonstrate effective oversight of the consultants granted practising privileges. There was limited quality improvement activity in relation to the clinical outcomes for patients. At the time of inspection there was no evidence of a process in place to follow-up on patients that were referred for secondary care. The minutes of meetings attended by the consultants granted practising privileges could not be used as a record that could be referred back to and used for follow-up purposes because they did not capture the detail of the meeting or agreed outcomes.

During this inspection we found that improvements had been made and were being sustained. We have now rated well-led as good.

Leadership capacity and capability;

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

- Leaders demonstrated effective oversight of the consultants granted practising privileges.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- 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.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- We reviewed the recruitment files of consultants provided practising privileges. Recruitment checks were carried out in accordance with regulations and a list of the required training undertaken was maintained.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

Are services well-led?

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

- Structures, processes and systems to support good governance and management were 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.
- The lead GP informed us an integrated care system was now in place, when a patient had a consultation with a specialist to whom she had referred a joint discussion would take place that would allow for integrated care to take place and support the patient. A record was now made in the notes of the joint meeting and management plan.
- 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. All policies we saw had been reviewed in May 2021 and had an annual review date.

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.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had 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.
- Since July 2019, the service had implemented using an electronic patient recording system which was encrypted and recorded communication with patients, specialists and NHS GPs
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- We saw evidence of a range of meetings, including team meetings and external meetings with other independent health GPs, these meetings were held every two months, the lead GP was instrumental in collating information, setting up benchmarking structures and strategies.
- 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, the public, staff and external partners to support high-quality sustainable services.

Are services well-led?

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, we saw exchanges of emails between the lead GP liaising with NHS England and the Jamaican High Commissioner. Where they discussed having a pop-up clinic at the Jamaican Embassy, during which members of the BAME community could receive the COVID19 vaccination, as well as health checks.
- The service informed us patients could provide feedback via the service website or by clicking a link to an online survey.
- 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.

- There was a focus on continuous learning and improvement.
- The lead GP has been involved in training medical students and doctors and held a clinical tutorship at the University College London (UCL) School of Medicine. She set up the Appraisal system for The Independent Doctors Federation and a mentoring scheme for colleagues.
- There were systems to support improvement and innovation work, for example the lead GP was involved in a number of community projects. The lead GP formed the BAME Children's Computer Fund which had raised funds to buy laptops for disadvantaged children.