

OneWelbeck Women's Health

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	Inspected but not rated	
Are services safe?	Inspected but not rated	
Are services effective?	Inspected but not rated	
Are services caring?	Inspected but not rated	
Are services responsive to people's needs?	Inspected but not rated	
Are services well-led?	Inspected but not rated	

Overall summary

This service was inspected but not rated overall.

The key questions are rated as:

Are services safe? – Inspected but not rated.

Are services effective? – Inspected but not rated.

Are services caring? – Inspected but not rated.

Are services responsive? – Inspected but not rated.

Are services well-led? – Inspected but not rated.

We carried out an announced comprehensive inspection at OneWelbeck Women's Health as part of our inspection programme of independent health providers. The service is an outpatient centre providing in person breast and gynaecological consultations, investigations, minor procedures and family planning for women over 18 years of age. Patients may access the service in a number of ways including via self-referral, hospital referral, and through other doctors or specialists such as consultants. Services include cancer screening and investigations such as advanced breast screening mammography and diagnostic uterine and breast biopsies and markers, hysteroscopies, fertility treatment, and care and treatment for other women's' health conditions.

Our key findings were:

- Patients received care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to meet patients' needs.
- Patients could access care and treatment in a timely way.

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Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

On 6 June 2022 our inspection team was led by a CQC Lead Inspector and included a CQC GP Specialist Adviser. On 14 June 2022, the CQC team included the Lead Inspector, a GP Specialist Adviser, a Medicines Optimisation Team member, and two Second Inspectors.

Background to OneWelbeck Women's Health

OneWelbeck Women's Health provides a holistic range of private Women's health services to adults over 18 years of age, including Gynaecology, Obstetrics, Urology and Enhanced Breast Screening. The service receives patients via self-referrals and referrals from hospitals and clinical specialists. Services include mammography, diagnostic uterine and breast biopsies and markers, hysteroscopies, and fertility treatment.

The Medical Director works one afternoon per week at the service and is the Clinical Lead and CQC nominated individual. A nominated individual is a person who is registered with the Care Quality Commission as responsible for the service. There is no CQC registered manager because the provider is awaiting confirmation into post of a director, prior to them applying to become the registered manager. 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.

The address of the registered provider ASI London F Limited is the same as the registered location OneWelbeck Women's Health address that is: 1 Welbeck Street, London, W1G 0AR. ASI London F Limited is registered with the Care Quality Commission to provide the regulated activities: Diagnostic and screening procedures, Family Planning and Treatment of disease, disorder or injury. Regulated activities are provided at the registered location. The service is open for appointments-based in-person consultations weekdays 8am to 7.30pm and the provider treats approximately 400 patients per month. Most follow-up consultations are in-person, but some are online or by telephone, depending on the needs of the patient.

Clinical staff include 30 Consultant Independent Medical Practitioners employed under the service practicing privileges policy to undertake Obstetrics and Gynaecology, Clinical Radiology, General Surgery, Clinical Radiology, and Breast Radiology. There is a team of seven nurses (including the Centre Director, one Clinical Nurse Specialist and one Breast Care Nurse), two Healthcare assistants, one Radiographer, one Mammographer and a team of Business, Reception and Administrative staff.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical records checks and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- Two inspection day site visits and one offsite inspection day.

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

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

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

Are services safe?

Safety systems and processes

- Effective arrangements were in place for premises health and safety risk assessment and management, including fire safety. Health and safety and fire risk assessments were undertaken by an external consultant on 14 September 2021. Related safety improvement actions were completed such as staff display screen equipment risk assessments, providing fire extinguishers, and nominating fire marshals. Legionella testing (for water safety) was also undertaken.
- Staff received safety information from the service as part of their induction and refresher training.
- The premises and equipment were clean and tidy and a clinical waste pre acceptance audit and cleaning records were in place.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- 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). Staff who acted as chaperones were trained for the role and had received a DBS check.

Managing risks to patients

- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There was suitable equipment such as oxygen and a defibrillator to deal with medical emergencies which were stored appropriately, these items were checked regularly and were fit for use.
- There were appropriate indemnity arrangements in place, including professional medical indemnity insurance.

Information to deliver safe care and treatment

- Individual care records were written in a way that kept patients safe. We checked a random sample of several consultants' individual records of patients care and treatment and all were of a good standard.
- Clinicians made appropriate and timely referrals and individual patient's information was shared with their own GP with their consent, and where appropriate.

Medicines management

- Arrangements for managing emergency medicines and equipment minimised risks. Medicines were stored appropriately and access was limited to authorised staff members.
- The service kept its own private prescription stationery securely and monitored its use.
- Prescriptions issued to patients were monitored and scanned into patient records by the nurses.
- Medicines were administered safely to patients in the service following the prescribers' instructions. Records were maintained of all administrations and added to patient records. Medicines were not dispensed from the service directly to patients.
- The service carried out medicines audits to ensure safe medicine management and uploaded the results centrally.

Track record on safety and incidents

- There were comprehensive risk assessments in relation to premises safety that were well managed and minimised risks.

Lessons learned and improvements made

Are services safe?

- There were several actions arising from an event that related to a patient with bleeding that was longer than usual after a minor procedure. Staff monitored the patient to ensure their wellbeing and discussed the incident. No harm came to the patient. Learning was shared and a change in procedure was implemented to reduce risk, should there be a recurrence.
- Staff understood their duty to raise concerns and report incidents and near misses and there was a system for recording and acting on incidents.
- The provider was aware of and complied with the requirements of the Duty of Candour for the incidents it captured. When there were unexpected or unintended safety incidents, the service gave affected people reasonable support, truthful information and a verbal and written apology.
- The centre director was responsible for receiving and acting on safety alerts and we saw they had received safety alerts emails. The nurse provided us with two general examples that were followed through, one involving a contaminated clinical wipes batch that was withdrawn and another regarding ultrasound gel that resulted in the provider buying it in smaller containers.

Are services effective?

Effective needs assessment, care and treatment

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the Royal College of Radiologists and Royal College of Obstetrics and Gynaecology guidelines, as well as those from the British Menopause Society and British Fertility Society.
- The service also offered ultrasound guided breast density scanning which staff told us is outside of National Institute for Health and Care Excellence (NICE) best practice guidance due to lack of funding in the NHS.
- Clinical notes we reviewed showed 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.
- Arrangements were in place to deal with repeat patients. For example, continuity of care and treatment was in place due to patients remaining with one consultant.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

- The service was confident it was providing the best quality clinical care available because its founders are all either heads of service at London teaching hospitals, or have played major roles in clinical innovation and we saw evidence confirming this was the case; for example delivering international forum lectures, attending and speaking at national and global conferences and congresses, and reviewing journals and up to date research.

Effective staffing

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

- All staff were appropriately qualified. All consultants were engaged via a practicing privileges arrangement and some were investors. Staff told us consultants were engaged by invitation only following consideration by the medical executive committee on the initial basis they had a patient focused ethos and global presence.
- The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- Staff were encouraged and given opportunities to develop.

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 service sent appropriate reports to the services that referred patients to them.
- 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. For example, the provider retrieved patient's previous breast images from other health care organisations prior to their appointment using the images exchange portal.
- We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment, such as the patient's own GP.
- All patients were asked for consent to share details of their consultation with their registered GP.

Are services effective?

- 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).
- 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 and maximise their own health.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, patients were referred back to their own GP to ensure continuity of care so that the implications for a person's care and treatment are picked up by their GP.
- Where patients need could not be met by the service, staff redirected them to another department within the wider OneWelbeck group, or another to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions.
- Systems were in place to assess and recorded a patient's mental capacity to make a decision, if and where appropriate.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received such as a patient survey, feedback forms offered at first registration, and encouraging google reviews. The provider was also developing a bespoke patient feedback app.
- The provider had collated 75 patient survey responses received between January and May 2022. The survey considered feedback on a wide range of questions including quality of information given, being welcomed, cleanliness, experience of consultation and aftercare. Survey results found patients were highly satisfied with the quality of their care.
- Feedback from patients was positive about the way staff treat people. For example,
- 80% of patients were satisfied with the punctuality of their consultant.
- 85% of patients were satisfied with the quality of information shared with them prior to their initial appointment.

We saw that the results of the survey were shared with the clinical team in the provider newsletter, and the provider had identified that punctuality of appointments and the quality of information shared with the patient prior to the appointment could be improved.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. However, patients usually brought a companion to assist patients to be involved in decisions about their care.
- Staff communicated with people in a way that they could understand; for example, a hearing loop was available for patients who were hard of hearing and there was signage in braille in the building for patients blind or significantly visually impaired.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs. All consultations were held in private rooms.

Are services responsive to people's needs?

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 provider offered a “one stop clinic” rapid service whereby patient could be seen and examined and receive diagnostics such as ultrasound and/or a mammogram. The provider's website indicated results were delivered during the same visit, such as within the bespoke Enhanced Breast Screening Centre and that further investigations necessary such as MRI or blood tests can be arranged usually on the same day.
- The facilities and premises were appropriate for the services delivered.

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.
- Same day appointments were available, and patients had their individual care and treatment needs prioritised.
- Referrals to other services were undertaken in a timely way, such as to a patient's own GP.
- The appointments system was easy to use, patients could make appointments online or over the telephone.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service had a complaints policy and procedures in place. The service learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, a complaint regarding the accuracy of a billing issue was resolved and an apology offered. We saw that six complaints had been made in the last year and we examined the response to two, which were handled in line with the policy.

Are services well-led?

Leadership capacity and capability

- Leaders were knowledgeable about issues and priorities relating to the quality and future of Women's health services and understood the challenges at a national level. For example, the service submitted information to be considered as notable and outstanding practice that its staff had undertaken, including the Medical Director undertaking work to advise the government and influence at scale improvements to Women's Health.
- Staff we spoke to told us leaders at all levels were visible and approachable.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

- There was a vision and strategy to deliver "beyond better". The service website described its focus on the best patient care possible and all staff were aware of and understood the vision.

Culture

- Staff told us they felt respected, supported and valued.
- The service focused on the individual needs of patients.
- Openness, honesty and transparency were demonstrated when responding to events that were recognised as incidents and complaints. For example, a billing error. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff received regular annual appraisals and were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There were positive relationships between staff and teams and staff told us social events took place, such as staff lunches.

Managing risks, issues and performance

- The service submitted data or notifications to external organisations as required, including the CQC.
- The provider had plans in place and had trained staff for major incidents.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to inform plans for improving services.

- 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, through daily staff huddles and patient feedback.
- Staff could describe suggestions for improvements they had made that were acted on, such as to have some music in the waiting area.