

K J Ugboma

27 Wimpole Street

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 28 March 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

27 Wimpole Street is a private doctor consultation and treatment service. The service offers private consultations with a general physician and a gynaecologist. There are two GPs, one male, one female, a part time nurse and two administrative staff. The service operates five days a week from 27 Wimpole Street, London. The building is owned by the service, however services are only provided on the ground floor. They provided services for adults and children accompanied by adults.

Dr KJ Ugboma 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.

This service is registered with CQC under the Health and Social Care Act 2008 for the regulated activities of Treatment of disease, disorder or injury and Diagnostic and screening procedures.

We received 33 completed CQC comment cards which were all very positive about the level of service and the care provided, patients felt that they were treated with dignity and respect.

Summary of findings

Our key findings were:

- The service lead was the lead member of staff for safeguarding and all clinical staff had undertaken adult and child safeguarding training, however non-clinical staff received their training from the safeguarding lead.
- There was no evidence provided during our inspection to show that action points from a 2016 fire risk assessment had been completed.
- There was no health and safety policy or evidence of staff including non-clinical staff members having infection control training.
- The provider was aware of current evidence based guidance and they had the skills, knowledge and experience to carry out his role.
- The provider was aware of their responsibility to respect people's diversity and human rights.
- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- There was a complaints procedure in place and information on how to complain was readily available.
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.

- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- There was a clear leadership structure and staff felt supported by management.
- The service had systems in place to collect and analyse feedback from patients.

We identified regulations that were not being met and the provider must:

- Review the fire risk assessment and ensure all actions have been taken.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review the roles of staff and risk assess whether infection control training is required.
- Review infection control arrangements for the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- Some systems and processes were in place to keep people safe. Although not all staff had completed formal training in safeguarding vulnerable adults and children, however staff told us they would know to do in those circumstances.
- There were systems in place to ensure that when things went wrong, patients would be informed as soon as practicable, receive reasonable support, truthful information, and a written apology, including any actions to improve processes to prevent the same thing happening again.
- Not all action points from a 2016 fire risk assessment had been completed.
- The service had some embedded systems, processes and practices to minimise risks to patient safety, however there was no health and safety policy.
- There was a system in place for the reporting and investigation of incidents and significant events.
- Non-clinical staff had not had infection control training.
- There were arrangements in place to deal with emergencies and major incidents, however there was no automated external defibrillator (AED) or risk assessment for its omission (we saw evidence that this was purchased on the day of the inspection).

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible in a patient leaflet in the reception area.
- We saw systems, processes and practices allowing for patients to be treated with kindness and respect, and that maintained patient and information confidentiality.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

Summary of findings

- The service had good facilities and was well equipped to treat patients and meet their needs.
 - Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
 - Access to the service was available for people with mobility needs as they were on the ground floor.
 - Information about how to complain and provide feedback was available and there was evidence systems were in place to respond appropriately and in a timely way to patient complaints and feedback.
 - Treatment costs were clearly laid out and explained in detail in the patient's guide, this also included a staff list and out of hours contacts.
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Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- The provider had the capacity and skills to deliver high-quality, sustainable care.
 - The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
 - There were clear responsibilities, roles and systems of accountability to support good governance and management.
 - The service engaged and involved patients to support high-quality sustainable services.
 - Not all staff had received inductions, performance reviews and up to date training.
 - The provider was aware of and had systems in place to meet the requirements of the duty of candour.
 - There was a culture of openness and honesty. The service had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
 - The service had systems and processes in place to collect and analyse feedback from staff and patients via two different feedback forms.
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27 Wimpole Street

Detailed findings

Background to this inspection

27 Wimpole Street was inspected on the 26 March 2018. The inspection team comprised a lead CQC inspector, a GP Specialist Advisor and a Nurse Specialist Adviser.

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

During the inspection we utilised a number of methods to support our judgement of the services provided. For

example, we asked people using the service to record their views on comment cards, interviewed staff, observed staff interaction with patients and reviewed documents relating to the service.

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

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

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

Are services safe?

Our findings

We found that this service was not providing safe care in accordance with the relevant regulations.

Safety systems and processes

The service had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Notices advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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).
- The service asked for either a passport, birth certificate or driving licence to confirm identity and to verify parental authority.
- Arrangements for safeguarding reflected relevant legislation and the service had processes in place to access relevant information for patients' local safeguarding teams where necessary. Policies were accessible to all staff and policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The service lead was the lead member of staff for safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, nurses were trained to level two, however none of the administration staff had received formal safeguarding training. Staff told us the GP would disseminate the training to them and that they understood their responsibilities. Whilst the provider did not directly provide clinical services for patients under 18 there is an expectation that staff working in a health care setting are trained in child safeguarding in line with the intercollegiate guidance. This recommends child safeguarding training and competencies for not only those directly caring for children but also those providing care for their parents or carers.

Risks to patients

- There were procedures for assessing, monitoring and managing risks to patient and staff safety, however the service did not have a health and safety policy and were unable to produce evidence of infection control training for non-clinical staff.
- There was an infection control policy and the premises were clean however the policy needed updating and the sharps bin had not been closed properly.
- There had been a fire risk assessment in 2016 which had identified remedial action, the service had been unable to confirm that these actions had been taken, such as monthly checking of all fire doors and emergency lights and ensuring that there was adequate lightning protection. All fire equipment had been serviced and checked.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

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 saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The provider had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

- The provider did not hold any medicine stocks but did administer some travel vaccines.
- The provider received patient safety alerts from the Independent Doctors Federation (IDF), we saw examples of alerts being acted upon.
- All prescriptions were issued on a private basis by the provider. Blank prescription pads were stored in a locked cupboard.
- The provider did not prescribe any controlled drugs.

Are services safe?

Track record on safety

- On the day of inspection there was no defibrillator available on the premises for use in a medical emergency, oxygen was available but only children's masks were held in the emergency equipment, there were no adult masks (all emergency equipment was ordered on the day of the inspection). A first aid kit and accident book were available. Emergency medicines were easily available to staff in a secure area of the premises. All the medicines were in date, appropriate and stored securely. In the case of an emergency the service told us that they would normally call an ambulance and the nearest hospital was at the end of the road.
- All staff had received annual basic life support training.
- The service did not have a business continuity plan for events such as power failure or building damage as the majority of their patients saw them by appointment only for insurance purposes or overseas residents and they were not delivering urgent care, the service would close until the premises was available again.

Lessons learned and improvements made

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

There was an incident reporting policy and there were procedures in place for the reporting of incidents and significant events. There had been no incidents or significant events reported in the last 12 months.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

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 National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Guidelines were accessed through the service computer system and used to deliver care and treatment that met patients' needs.

Monitoring care and treatment

The service had undertaken two single cycle audits on the management of hypertension and the other in the management of Chronic Obstructive Pulmonary Disease (COPD) to ensure that care was being delivered in line with NICE guidelines. For example, the service had carried out a comparison of home blood pressure monitoring (HBPM) and 24-hour ambulatory blood pressure monitoring (ABPM) (HBPM is a self-recorded BP measurement taken at home or work with both morning and evening readings taken every day within 1 week. ABPM is when your blood pressure is being measured as you move around, living your normal daily life. It is normally carried out over 24 hours). They found that both methods were effective in helping their patients manage their condition.

Effective staffing

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

- Learning and development needs were identified through a system of appraisals, meetings and reviews of service development needs, however not all staff had received formal inductions and infection control training.

- Staff had access to appropriate training to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching, mentoring and clinical supervision. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

- The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient. There were clear protocols for onward referral of patients to specialists and other services based on current guidelines, including the patient's NHS GP.
- Where patients' consent was provided, all necessary information needed to deliver their ongoing care was appropriately shared in a timely way and patients received copies of referral letters.

Supporting patients to live healthier lives

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The service supported national priorities and initiatives to improve the population's health, for example, the service referred patients to a smoking cessation service and a private obesity clinic.

Consent to care and treatment

- The provider had a consent policy in place and the provider had received training on consent, we saw evidence that consent forms were used.
- The provider understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The patient leaflet given to all patients explained all services and prices before commencing a consultation.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

The service treated patients with kindness, respect and compassion.

- We saw staff understood patients' personal, cultural and social needs.
- All of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described the excellent and courteous service and being made to feel at ease, one comment card stated that the GP excelled in communication, following up and diagnosis.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- A patients' guide leaflet was available in the reception area, which described the service's contact details and appointment times, how to complain and how to give positive feedback, and the service's responsibilities to keep patients' information private and confidential.
- The service did not offer interpretation services, but staff told us that they spoke other languages, including Portuguese, Nigerian and Arabic and most of their overseas patients came from West Africa.

Privacy and Dignity

Staff recognised the importance of patients' privacy and dignity.

- We saw that, in the patients' guide leaflet, there was reference to the service's responsibilities under the Data Protection Act 1998.
- We saw that paper patient information and records were held securely and were not visible to other patients in the reception area.
- We saw that doors were closed during consultations and conversations taking place in the consultation room could not be overheard.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- The facilities and premises were appropriate for the services delivered.
- The clinic and toilet facilities were accessible to those patients with mobility issues.
- The service had a patients' guide which included out of hours contact telephone numbers which patients could use to contact the doctor if they experienced any issues associated with their appointment or treatment.

Timely access to the service

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

- The service was open Monday to Friday from 9.30am until 6pm.

Listening and learning from concerns and complaints

The service had a complaints policy in place.

- The patients' guide leaflet detailed how patients could make a complaint and the escalation process.
- Reception staff told us any complaints would be reviewed and dealt with by the GP.
- The service had not received any verbal or written complaints.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We found that this service was well-led in accordance with the relevant regulations.

Leadership capacity and capability;

The service had a clear vision to deliver high quality care for patients. There was an overarching governance framework which supported the delivery of high quality care. This outlined service structures and procedures and ensured that:

- The provider had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- Service specific policies were implemented and were available to all staff.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- There were some arrangements in place for identifying, recording and managing risks, however actions from the last fire risk assessment carried out in 2016 had not been actioned, there was no infection control training provided for non-clinical staff and there was no health and safety policy.
- The provider was visible and approachable.

Vision and strategy

There was a clear vision and set of values.

- The vision was to mentor young doctors and ancillary medical staff and to keep up to date with new developments in the field to provide the best quality service possible.
- The provider wanted to develop a paediatric clinic in the future with an attending paediatrician so the service could be extended to children.

Culture

The clinic had a culture of high-quality sustainable care.

- The provider was proud of the service they provided and focused on the needs of patients.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues at any time and felt confident and supported in doing so.

- Staff said they felt respected, valued and supported, and that they were involved in discussions about how to run and develop the service.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The service encouraged a culture of openness and honesty.

Governance arrangements

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

- There was a clear staffing structure which comprised of two GPs, a secretary and two administrators.
- Practice specific policies were implemented and available in hard copies and on the computer system.

Managing risks, issues and performance

There were some processes for managing risks.

- The arrangements for identifying, recording and managing risks, were not always effective. For example, there was no evidence of a health and safety policy and actions from the fire risk assessment had not been completed. There had been portable appliance testing (PAT) and all staff had completed basic life support training.

Appropriate and accurate information

Appropriate, accurate information was effectively processed and acted upon.

- There were effective 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 engaged and involved patients to support high-quality sustainable services.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- The service acts on feedback received from their comment cards, for example, when their patients asked for the toilets to be refurbished and for refreshments to be available in the waiting area.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment Care and treatment must be provided in a safe way for service users How the regulation was not being met: There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • there was no Health and safety policy, • actions from a fire risk assessment had not been completed and • there was no risk assessment to determine which staff needed infection control training. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.