

London Prolotherapy Ltd

Inspection report

88 Willesden Lane
London
NW6 7TA
Tel: 07921824714

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at London Prolotherapy Ltd on 7 December 2022 as part of our inspection programme.

The service offered ultrasound-guided prolotherapy (an injection treatment used to relieve pain) injections in the spine area. In addition, the service offered joint injections and osteopathy (a way of detecting, treating and preventing health problems by moving, stretching and massaging a person's muscles and joints).

The senior doctor 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.

For reasons of safety and infection prevention and control related to the COVID-19 pandemic, we did not commission patient feedback with CQC comment cards. We spoke to four patients during this inspection and received positive feedback.

Our key findings were:

- There were clear systems and processes to safeguard patients from abuse. The doctor had received training appropriate to their role.
- Consultations were comprehensive and undertaken in a professional manner.
- Clinical records were detailed and held securely.
- Consent procedures were in place and these were in line with legal requirements.
- There was evidence of quality improvement activity.
- The doctor was proactive in considering ways to improve and drive research in this specialist area.
- There was an infection prevention and control policy and procedures were in place to reduce the risk and spread of infection.
- Patients were able to access care and treatment in a timely manner.
- The service proactively gathered feedback from the patients.
- Information about services and how to complain was available.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Overall summary

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

Our inspection team

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

Background to London Prolotherapy Ltd

London Prolotherapy Ltd is an independent clinic in North West London.

Services are provided from: 88 Willesden Lane, London NW6 7TA. We visited this location as part of the inspection on 7 December 2022.

The service provides ultrasound-guided prolotherapy injections in the spine area, joint injections and osteopathy services.

The service was open to children and adults.

The service does not have a website.

The clinic is open from 9am to 3pm on Saturday.

The service is run by a senior doctor and they do not employ any staff.

The service is registered with the CQC to provide the regulated activity of treatment of disease, disorder or injury and diagnostics and screening procedures.

How we inspected this service

Pre-inspection information was gathered and reviewed before the inspection. We spoke with the senior doctor. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service. We reviewed patient feedback collected by 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?

We rated safe as Good because:

Safety systems and processes

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

- The service conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed. They outlined clearly who to go to for further guidance.
- The service offered services to children (advice and consultation only) and adults. 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. They took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service did not employ any staff. The service was run by a principal doctor.
- Disclosure and Barring Service (DBS) check was 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).
- The doctor received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control.
- Staff vaccination was maintained in line with current the UK Health Security Agency (UKHSA) guidance.
- The service had up to date legionella risk assessment in place and water temperature checks had been carried out regularly. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The service did not calibrate equipment such as blood pressure monitors as they had assessed it was more financially beneficial to replace the equipment on a yearly basis. We saw evidence that this had been carried out.
- The service carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- The doctor 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.
- When there were changes to services the service assessed and monitored the impact on safety.
- 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.

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 service was using a secure online clinical system.

Are services safe?

- 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.
- The doctor 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 medical gases, emergency medicines and equipment minimised risks.
- The service offered ultrasound-guided prolotherapy (an injection treatment used to relieve pain). They offered joint injections and osteopathy (a way of detecting, treating and preventing health problems by moving, stretching and massaging a person's muscles and joints). The service offered services to both children and adults. However, services were limited to advice and consultation only for children and injections were not offered to the children.
- The service did not prescribe any medicines and patients were referred to their GP for further consultation.
- The service 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). Neither did they prescribe schedule 4 or 5 controlled drugs.

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 had up to date fire risk assessment in place and they were carrying out regular fire safety checks.
- The fire extinguishers were checked regularly.
- 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

- There was an incident reporting policy for staff to follow and there were procedures in place for the reporting of incidents and significant events. However, we could not assess its effectiveness as no incidents had been reported.
- The doctor understood their duty to raise concerns and report incidents and near misses.
- The doctor demonstrated an understanding of which incidents were notifiable under 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).
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The service had systems to keep the clinician up to date with current evidence based practice. We saw evidence that the clinician assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- The service 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), Neuromuscular Medicines (NMM) and the London College of Osteopathic Medicine best practice guidelines.
- The service offered ultrasound-guided prolotherapy injections in the spine area. Usually, a course of three injections was offered with a gap of one to three weeks and up to eight injections could be offered if required. In addition, the service offered joint injections and osteopathy services.
- Patients' immediate and ongoing needs were fully assessed. The service used a comprehensive assessment process including full life history accounts and necessary examinations to ensure greater accuracy in the diagnosis process. The assessments were tailored according to information on each patient and included their clinical needs and their mental and physical wellbeing.
- The outcomes of each assessment were clearly recorded and presented with explanations to make their meaning clear.
- We reviewed examples of medical records which demonstrated that patients' needs were fully assessed and they received care and treatment supported by clear clinical pathways and protocols.
- The doctor 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.
- The doctor assessed and managed patients' pain where appropriate.
- The service did not offer any pathology analysis.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service had an effective system to assess and monitor the quality and appropriateness of the care provided.
- The doctor carried out peer reviews with international colleagues to monitor the individual clinical decisions and to identify the appropriateness of their treatment. Overall clinical outcomes for patients were monitored. Complex cases were discussed as required.
- The doctor was involved in various research activities, where cases were reviewed and learning was used to monitor and improve the quality of service. For example, they changed the method of injecting knee joint injection following the outcome of the research activity.
- The service was regularly collecting the patient's feedback to monitor the effectiveness of the treatment provided. In addition, the doctor was contacting the patients after six to eight weeks to monitor the progress and quality of service provided.
- The doctor advised patients what to do if their condition got worse and where to seek further help and support.

Effective staffing

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

Are services effective?

- The service was run by a doctor. The service did not employ any staff.
- The doctor was registered with the General Medical Council (GMC) the medical professionals' regulatory body with a licence to practice and was up to date with revalidation.
- The doctor had a current responsible officer. (All doctors working in the United Kingdom are required to have a responsible officer in place and required to follow a process of appraisal and revalidation to ensure their fitness to practice). The doctors were following the required appraisal and revalidation processes.
- The doctor had attended a number of conferences relevant to their field, was involved in extensive research activities, delivered lectures and training sessions at the university and demonstrated proof of their ongoing professional development.
- Up to date records of skills, qualifications and training were maintained.

Coordinating patient care and information sharing

The service worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. If a patient needed further examination they were directed to an appropriate agency; signposted to their own GP or to their nearest A&E department.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medical history.
- When a patient contacted the service, they were asked if the details of their consultation could be shared with their NHS GP. If the patient did not agree to the service of sharing information with their GP, then in case of an emergency the provider discussed this again with the patient to seek their consent. 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.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

The doctor was consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, the doctor 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.
- Where patients' needs could not be met by the service, the doctor redirected them 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.

- The doctor understood the requirements of legislation and guidance when considering consent and decision making.
- The doctor supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

The doctor treated patients with kindness, respect and compassion.

- For reasons of safety and infection prevention and control related to the COVID-19 pandemic, we did not commission patient feedback with CQC comment cards. We spoke with four patients over the telephone during this inspection.
- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- The doctor 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

The doctor 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.
- The service gave patients clear information to help them make informed choices. The information included details of the scope of services offered and information on fees.
- Patients told us through telephone discussion, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- We saw that diagnostic procedures were personalised and patient specific which indicated patients were involved in decisions about care and treatment.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The doctor recognised the importance of people's dignity and respect.
- The doctor knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

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.

- Patients' individual needs and preferences were central to the planning and delivery of tailored services.
- 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.
- The service offered consultations to anyone who requested and paid the appropriate fee and did not discriminate against anyone.
- They provided services to patients with an ethos of providing individualised care and treatment, considering and respecting the wishes of its patients.

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 and diagnostic procedures.
- 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.
- Referrals and transfers to other services were undertaken in a timely way.
- This service was not an emergency service. Patients who had a medical emergency were advised to ask for immediate medical help via 999 or if more appropriate to contact their own GP or NHS 111.
- Appointments were available between 9am to 3pm on Saturdays only.

Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns.

- The service had a complaints policy and there were procedures in place for handling complaints.
- The doctor was a designated responsible person to handle all complaints.
- The service had not received any formal complaint in the last 12 months.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- The doctor had the experience, capacity and capability to run the service and ensure patients accessing the service received high-quality assessment and care.
- The doctor, who was a UK based GMC registered doctor, had overall responsibility for any medical issues arising.
- The doctor was knowledgeable about issues and priorities relating to the quality and future of services.

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 monitored the progress against the delivery of the strategy.

Culture

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

- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to patients' feedback. The doctor was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The doctor received regular annual appraisals and met the requirements of professional revalidation.
- There was a strong emphasis on the safety and well-being of everyone.
- The service actively promoted equality and diversity. The doctor had received equality and diversity training.

Governance arrangements

There were clear systems and processes in place 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 service had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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 reviews could be demonstrated through peer reviews. The doctor had oversight of safety alerts.

Are services well-led?

- Peer reviews and research activities had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The service 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.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the patients and external partners and acted on them to shape services and culture.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- There were systems to support improvement and innovation work. For example, the service informed us they were using the latest modern medical equipment to offer prolotherapy services.
- The doctor had attended a number of conferences relevant to their field, published research papers, and delivered lectures and training sessions at the University of Bournemouth.