

Dr. John Edgar Ind

# The Sloane Street Clinic

## Inspection report

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Date of inspection visit: 13 April 2018  
Date of publication: 06/06/2018

### Overall summary

We carried out an announced comprehensive inspection on 13 April 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 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.

51 Sloane Street is a private doctor consultation and treatment service. The clinic offers private consultations with a general physician with additional occupational health, vaccination and gynaecology services. There is one male GP, a part time nurse/administrator. The service operates two days a week from 51 Sloane Street, London, the building is owned by a private landlord. Services are provided on the ground floor, there was one large doctor's consulting room and shared administration and reception areas.

Due to construction work next door to the service clinical sessions were reduced to two sessions per week on Tuesday and Thursday mornings. However, the GP was in the office on weekdays except Wednesday. If a patient wanted to be seen on Mondays or Fridays that could be arranged. Once the work is completed they will be open from 8:30am to 6pm every weekday.

Dr John Edgar Ind 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.

# Summary of findings

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 five 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.

## **Our key findings were:**

- Systems and processes were in place to keep people safe. The service lead was the lead member of staff for safeguarding and had undertaken adult and child safeguarding 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 service 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 a number of policies to govern activity but these had not been reviewed since 2016.
- 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.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- 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.

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

- Review all policies and ensure that they are still relevant and up to date.
- Consider the provision of translation services for service users.

# 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 providing safe care in accordance with the relevant regulations.

- Systems and processes were in place to keep people safe.
- 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.
- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- The service had policies to govern its activities but these needed reviews.
- There was a system in place for the reporting and investigation of incidents and significant events.
- There were arrangements in place to deal with emergencies and major incidents.

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### **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.
- The service had a vulnerable patient list and held meetings to discuss their needs.
- The service sent patients a consultation summary letter after every consultation, which they encouraged patients to share with their own GP.

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### **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.

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### **Are services responsive to people's needs?**

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

- 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 clinic 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.

# Summary of findings

- Treatment costs were clearly laid out and explained in detail in the patient's guide.
- The GP was available seven days a week on the phone for out of hours emergencies.

## **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.
- 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 and had carried out a patient survey for 2016/17.

# The Sloane Street Clinic

## Detailed findings

### Background to this inspection

Sloane Street Clinic was inspected on the 13 April 2018. The inspection team comprised a lead CQC inspector and a GP Specialist Advisor.

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:

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 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.

### Risks to patients

- There were procedures for assessing, monitoring and managing risks to patient and staff safety. The service had several safety systems, with policies governing their use, however most of the policies were from 2016 and needed reviewing.
- There had been a fire risk assessment in 2017, Staff had all had fire training and 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

- Arrangements for safeguarding reflected relevant legislation and the service had processes in place to access relevant information for patient's 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 undertaken adult and child safeguarding training.

### Safe and appropriate use of medicines

The provider did not hold any medicine stocks at the clinic.

- The provider had signed up to receive patient safety alerts from the Medicines and Healthcare Regulatory Agency (MHRA), 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.

### Track record on safety

The clinic had arrangements in place to respond to emergencies and major incidents in line with the Resuscitation Council (UK) guidelines and the British National Formulary (BNF).

- There was a defibrillator available on the premises and oxygen with adult and children's masks. 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.
- All staff had received annual basic life support training.
- The service had a business continuity plan for events such as power failure or building damage as the majority of their patients saw them for insurances purposes 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:

## Are services safe?

- 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 only been one significant event in the last year, the service had a problem with their calls being diverted to another number, they reviewed their systems to ensure that they had a contingency in case of a reoccurrence.

# 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 completed a Patient satisfaction survey for 2016/17 98 patients responded, the results showed that 95% of patients who responded had confidence in the services provided.
- The service had undertaken one two cycle audit cycle in the last two years when they noticed that one GP had signed more death certificates than any other. The first cycle in 2016 showed that this GP had taken over patients from two retired GPs and that the average age of these patients was higher than the other GPs and that it also reflected a level of care which allowed patients to die at home in preference to hospital. The service felt that there was no need for concern and the second cycle in 2017 showed fewer deaths distributed evenly amongst the GPs.

### 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.
- 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 patients NHS GP.
- All patients received a consultation summary letter after every appointment which they were encouraged to share with their local GP.
- The service had a vulnerable patient list and held meetings to discuss their needs. This list included patients who were frail and house bound.
- 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 private obesity clinic.

### Consent to care and treatment

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

- The provider had a consent policy in place and the provider had received training on consent. As the provider did not carry out invasive procedures at the clinic only verbal consent was required.
- The provider had a policy in place in relation to gaining consent to contact with patients' NHS GP.
- 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 five patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described the excellent and courteous service the way the service focused on their personal situation, the facilities and overall experience as excellent.
- The comment cards were in line with the results of the services' Patient feedback from their 2016/17 survey, which was based upon 98 returned patient questionnaires. For example, 93% of respondents stated that they were satisfied with their visit and 94% felt they were listened to by the service.

### **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 a third of their patients were from overseas and if needed they would bring someone who spoke English with them.

### **Privacy and Dignity**

Staff recognised the importance of patients' privacy and dignity.

- Reception staff told us that 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 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 GP was available on a mobile number for out of hours, which patients could use to contact the doctor if they experienced any issues associated with their appointment or treatment.
- The services' Patient feedback from their 2016/17 survey, which was based upon 98 returned patient questionnaires, showed that 95% of respondents stated that they felt the reception staff were either good, very or excellent, 95% felt that the explanations of the care provided was either good, very good or excellent.

### Timely access to the service

Patients were able to access care and treatment from the service within an acceptable timescale for their needs, however due to construction work next door the number of clinical sessions available had been reduced.

- The service ran two clinical sessions per week on Tuesday and Thursday mornings. However, the service would provide appointments if requested on Mondays or Fridays. Once the work is completed they will be open from 8:30am to 6pm every weekday.
- The services' Patient feedback survey showed that 90% of patients were satisfied with telephone and appointment access and 91% were satisfied that they could see the practitioner of their choice.

### Listening and learning from concerns and complaints

The service had a complaints policy in place.

- We saw a poster in the reception area and information in the patients' guide leaflet which detailed how patients could make a complaint.
- Reception staff told us any complaints would be reviewed and dealt with by the GP. The complaint policy and procedures were in line with recognised guidance. One complaint had been received in the last year and we found that it was handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, when a patient submitted a written complaint regarding the condition of the carpets in the waiting area, the practice wrote to the patient and agreed to renew the carpet when practical, this was done within 12 months of the complaint.

# 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. There was not a programme in place for the regular update and review of policies. After the inspection we were advised that the provider was reviewing all of their policies.
- 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 appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The provider was visible and approachable

### Vision and strategy

There was a clear vision and set of values.

- The vision was to keep up to date with new developments in the field to provide the best quality service possible.
- The service had a plan to increase the number of GP's and clinical sessions once the construction work was completed.
- There was a realistic strategy to deliver it through continuous professional development and attendance at national conferences.

### 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 the provider and a part time nurse/administrator.
- Practice specific policies were implemented and available in hard copies and on the computer system.

### Managing risks, issues and performance

There were clear, effective processes for managing risks.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, health and safety risk assessment had been completed including fire and portable appliance testing (PAT).
- The service completed a patient survey for 2016/17, and would use the results to shape services for the future.

### 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 clinic 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 and complaints, for example, when their patients asked for the carpets to be refurbished in the waiting area the practice acted on it.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation

- The provider attended national and international conferences to keep abreast of new developments in the field.