

Dr Vania Healthcare

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

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A previous inspection was carried out on 17 October 2018. At that time, we did not rate the service but found the provider was compliant in all domains. We carried out this comprehensive inspection at Dr Vania Healthcare on 1 May 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This announced inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to rate the service.

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

The provider offers services specialising in sexual health, infertility, gynaecology, and female ultrasound. This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, the service provides aesthetic procedures such as Botox and dermal fillers which are not regulated by the CQC. Therefore, at Dr Vania Healthcare, we were only able to inspect the services which were subject to regulation.

Our key findings were:

- The service had systems in place to manage significant events.
- The provider had a clear vision to deliver high quality care for patients.
- The service had clearly defined systems, processes and practices to minimise risks to patient safety.
- Policies and procedures were in place to govern all relevant areas.
- The lead clinician had been trained in areas relevant to their role.
- The service had systems in place for monitoring and auditing the care that had been provided.
- The lead clinician assessed patients' needs and delivered care in line with current evidence-based guidance.
- Information about services were available and was easy to understand.
- The lead clinician had the skills and knowledge to deliver effective care and treatment.
- There was an effective system in place for obtaining patients' consent.
- 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.
- The service was aware of and complied with the requirements of the Duty of Candour.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Dr Vania Healthcare

Dr Vania Healthcare provides private medical services from an upper ground floor flat in a private residential street at 49 Netherhall Gardens Hampstead London NW3 5RJ. The premises are located on one floor. The premises consist of a patient reception area, and a consulting room.

The provider offers services specialising in sexual health, infertility, gynaecology, and provides female ultrasound. The service sees patients aged 18-65 primarily for patients from the Brazilian community whose first language is Portuguese, plus other Portuguese speaking countries including Mozambique and Angola. Portuguese speakers make up 70% of the service's list. The doctor is registered with the GMC. There are no other staff at the service. The service is registered with the CQC to provide the regulated activities of:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

The service also provides aesthetic procedures such as Botox and dermal fillers which are not regulated by the CQC. Therefore, at Dr Vania Healthcare, we were only able to inspect the services which were subject to regulation.

All the services provided are private and are therefore fee paying, no NHS services are provided at Dr Vania Healthcare.

Patients using the service book an appointment in advance. The clinician initially assesses all potential patients over the phone. The patients who the service sees face to face after this call are patients seeking fertility investigations and onward referral. Patients are generally healthy and young. On attending, patients are given a registration form to complete, they are then examined.

Based on the examination and medical history, a prescription may be issued, and patients will be discharged, or a follow up appointment will be offered. Other patients seen are women with gynaecological symptoms of a chronic and non-urgent nature.

If, during the initial phone call, the clinician believed that the symptoms described related to an urgent or acute problem, then they would not consider it appropriate for the patient to be seen but would guide them to an acute hospital trust or a GP.

The service is open at various times during the week with patients being seen by appointment only at times convenient to them.

Are services safe?

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

Safety systems and processes.

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

- The service had defined policies and procedures. Although the service had not experienced any significant events, there was a system in place for reporting and recording significant events and complaints.
- The provider conducted safety risk assessments including health and safety assessments, portable appliance testing and calibration of equipment. The provider had appropriate safety policies, which were regularly reviewed.
- The service had systems to safeguard children and vulnerable adults from abuse. Policies were in place for adult safeguarding, but the child safeguarding policy contained details not relevant to this service and no details as to who to go to for further guidance. A suitable safeguarding policy was provided after the inspection which contained details relevant to the service.
- The service worked with other agencies to support patients and protect them from neglect and abuse. The clinician took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The clinician always had a pre-assessment phone call with patients prior to them visiting. The patient would be advised during this phone call if they wanted a chaperone they could bring someone along with them. We saw a chaperone policy.
- We found the premises appeared well maintained and arrangements were in place for the safe removal of healthcare waste.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, for example we saw the ultrasound machine had been calibrated.

Risks to patients.

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

- The clinician understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were no emergency medicines or equipment available at the service (except for a first aid kit, kept in the treatment room) but the clinician confirmed that they had undertaken a risk assessment and that all potential patients were assessed over the phone prior to being seen face to face. Patients were generally healthy and young (age 18-65) or patients with gynaecological symptoms of a chronic and non-urgent nature and did not have acute illnesses. If, during the initial phone call, the clinician believed that the symptoms described related to an urgent or acute problem, then they would not consider it appropriate for the patient to be seen but would guide them to an acute hospital trust or a GP.
- The clinician had received annual basic life support training.
- The service had a comprehensive business continuity plan for major incidents such as power failure or building damage.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.
- We saw that a Legionella risk assessment had been undertaken. Legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- We saw evidence that electrical equipment was checked to ensure it was safe to use and was in good working order.
- On the day of the inspection, we saw that there was no pulse oximeter available but we were sent a copy of a purchase receipt later that day.
- Patient paper registration forms were kept in a locked filling cabinet.

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 and accessible.
- The service did not routinely keep the patients' GPs informed about the treatment. The service told us this was because many patients came to the service to seek sexual health advice and, due to the sensitive nature of

Are services safe?

that advice, many patients did not want their GP to be notified. However, we did see evidence of the registration form which included a question seeking consent to disclose details of the consultation to the patient's NHS GP. The clinician also told us that they advised patients to inform their GP of attendance at the clinic, together with details of the consultation and treatment offered.

- The service had a system in place to retain medical records.
- The clinician made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. We saw a number of NHS and private referrals to consultant Gynaecologist/Obstetricians and correspondence received back from these individuals.
- We were told that if the clinician had concerns there may be a serious underlying diagnosis, then the patient would always be referred. We were told that this was because Brazilian patients seen in London (plus other Portuguese speaking countries including Mozambique and Angola) have a higher risk of cervical pre-cancer than from other countries. This relates to the younger age of starting sexual relationships, multiple partners concurrently as a cultural norm, younger age for having children, and poor screening services in their home country.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The service had no emergency medicines and equipment but had undertaken a risk assessment and that all potential patients were assessed over the phone prior to being seen face to face. Patients were generally healthy and young (age 18-55) or patients with gynaecological symptoms of a chronic and non-urgent nature and did not have acute illnesses. If, during the

initial phone call, the clinician believed that the symptoms described related to an urgent or acute problem, then they would not consider it appropriate for the patient to be seen but would guide them to an acute hospital trust or a GP.

- The service kept prescription stationery securely and monitored its use.
- The clinician prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. We saw that patients were given leaflets and a DVD to explain some prescribed medicine, for example patients seeking fertility treatment.

Track record on safety

The service had a good safety record.

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

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- 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 clinician understood what constituted a serious incident or significant event but confirmed that there had been no unexpected or unintended safety incidents. The service did have protocols to give affected people reasonable support, truthful information and a verbal and written apology, if such incidents arose.

Are services effective?

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

Effective needs assessment, care and treatment

The provider had systems to keep 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 such as the Royal College of Obstetricians and Gynaecologists, and the British Fertility Society.
- Patient's immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Patients completed a comprehensive questionnaire regarding their previous medical history.
- The clinician had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- The clinician assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- We saw two audits which demonstrated quality improvement, these included a cervical screening outcomes audit and an ultra sound audit looking at reasons and outcomes.

Effective staffing

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

- The clinician had the skills, knowledge and experience to carry out their role.
- The clinician was appropriately qualified. We saw a number of certificates which demonstrated relevant and up to date knowledge.
- The clinician was registered with the General Medical Council (GMC).

Coordinating patient care and information sharing

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

- Before providing treatment, the clinician at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. 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.
- At the last inspection it was noted that the service did not request details of patients' NHS GPs at the time of registration. It was felt that due to the nature of the service provided, information would not have been routinely shared with the NHS GP. At this inspection we saw evidence of an updated registration form requesting NHS GP details and the clinician told us they would share information if appropriate.

Supporting patients to live healthier lives

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

- We saw the lead clinician had produced educational on-line videos promoting women's health.
- Where appropriate, the lead clinician gave people advice so they could self-care.
- Risk factors were identified, and highlighted to patients.
- Where patients' needs could not be met by the service, the lead clinician 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 clinician understood the requirements of legislation and guidance when considering consent and decision making.
- The clinician supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

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

Kindness, respect and compassion

- The clinician treated patients with kindness, respect and compassion.
- The clinician understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- All the patient Care Quality Commission comment cards we received were wholly positive about the service experienced.
- Consultation room doors were closed during consultations; conversations taking place in the waiting area could not be overheard.

Involvement in decisions about care and treatment

- The service's website provided patients with information about the range of treatments available including costs. The website could be accessed in Portuguese as well as English.
- We saw clear example of charts regarding ultra sound and fertility cycles/contraceptive choices/success rates, test required and a number of sexual health leaflets.

Privacy and Dignity

- The service respected and promoted patients' privacy and dignity.
- Patient paper registration forms were kept in a locked filling cabinet.

Are services responsive to people's needs?

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

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, prior to attending the clinic, the clinician would speak to the patient to determine their needs. Once assessed, the clinician would determine if they could help them or not, and would advise accordingly. Most patients tended to be seeking fertility investigations, sexual health, gynaecology concerns or onward referral.
- Appointment times were available throughout the week and on weekends. The service was flexible in relation to times of appointments making the service more accessible to those patients who worked or relied on relatives.
- 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. For example, the provider saw a range of patients including patients who suffered domestic abuse and sex workers.
- There was a comprehensive price list, in Portuguese and English, so that patients were aware of the total costs of any particular course of treatment.

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.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way. We saw the clinician had made a number of referrals to hospitals for patients.
- The service did not offer out of hours care.

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.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- There was a poster in reception which displayed what patients could do if they wanted to make a complaint. There had been no complaints in the previous year. There was a policy for managing complaints. The provider showed us how the complaint would be dealt with and the processes that were in place for learning from complaints.

Are services well-led?

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

Leadership capacity and capability

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

- The clinician had a clear vision, embedded in the service culture, to deliver high quality care for patients. There was an overarching governance framework which supported the delivery of high quality care.
- The clinician was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- The service planned its services to meet the needs of service users.
- The service had a vision to deliver high quality care and promote good outcomes for patients.

Culture

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

- The service focused on the needs of patients.
- The lead clinician had annual appraisals.
- The service actively promoted equality and diversity.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- The clinician 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 clinician had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place 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.
- 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.
- Patients completed a comprehensive questionnaire regarding their previous medical history and allergies were recorded.
- Patients' GPs were not routinely informed of treatment unless consent to do so was obtained.

Engagement with patients, the public, staff and external partners

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

- There were 19 CQC patient comment cards. All the cards were positive.
- The service used social media to gain patient feedback.

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.

Are services well-led?

- There were systems to support improvement and innovation work, for example we had seen on-line

videos to promote women's health produced by the lead GP. We saw agendas where the lead GP had given presentations and we were told the lead GP intended on continuing to undertake presentations.