Dr H W Berry

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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Overall summary

This service is rated as Requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive – Good

Are services well-led - Requires improvement

We carried out an announced comprehensive inspection of Dr H W Berry on 30 June 2022 as part of our inspection programme.

Dr H W Berry is a specialist in rheumatology. The service provides a diagnostic and continuing care programme, and offers mobile and walk-in services for adult only patients (patients over the age of 18). The service is based in Harley Street, London.

Our key findings were:

- We found that some staff had not completed some training, including the appropriate level of safeguarding training and chaperone training. The system for oversight of staff training was not sufficient.
- We found that the practice had a governance framework, however, it was not always effectively managing risks. This included the risks associated with management of medical emergencies on the premises.
- We found that the practice did not have a comprehensive patient identification procedure.
- We did not see evidence of any clinical audits that had been undertaken which identified areas for improvement or evidence of other quality improvement activity.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The service actively sought and acted on feedback from patients to improve services.

The areas where the provider must make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition to the above, the practice **should**:

- Improve the process for patient identification.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

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 and included a CQC GP specialist adviser.

Background to Dr H W Berry

Dr H W Berry is an independent health service which operates out of 66 Harley Street, London, W1G 7HY, on the ground floor of a building which also houses several other consulting rooms and services. The service consists of Dr H W Berry, who is a consultant rheumatologist, with experience in diagnosing and treating arthritis and other diseases of the musculo-skeletal system. The service employs a practice business manager and line manager. There is a reception at the entrance on the building and reception staff are employed by the owner of the building. The service is open on Tuesdays and Thursdays from 9am to 5pm and provides an ad hoc out of hours service. Appointments can be booked by contacting the service by telephone or email. Consultations are available in person, telephone or by video. The service treats below 50 patients a month.

The provider, Hedley Winston Berry, is registered with the CQC to provide the following regulated activities: diagnostic and screening procedures; and treatment of disease, disorder or injury.

How we inspected this service

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

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.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

- We found that some staff had not completed some training, including the appropriate level of safeguarding training and chaperone training.
- We found that whilst there was emergency equipment on the premises, there were no emergency medicines kept at the service.
- We found that the practice did not have a comprehensive patient identification procedure.

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse, however some improvements were required.

- The consultant had completed the appropriate level of safeguarding training for adults and children. We were told that a member of staff had not completed safeguarding training for adults and children and that the service had plans for this to be completed in the future.
- The service treated adults only (patients over the age of 18). The service had not made any safeguarding referrals. The service told us how it would work with other agencies to support patients and protect them from neglect and abuse if it had any concerns. The service told us that it was aware of how to escalate any risks or concerns in relation to Female Genital Mutilation (FGM).
- The service had undertaken Disclosure and Barring Service (DBS) checks for staff. 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.
- We were told that a member of non-clinical staff acted as a chaperone on occasion, however, they had not completed chaperone training. The service told us following the inspection that staff had subsequently completed chaperone training.
- Staff immunisations had been completed in line with the UK Health Security Agency (UKHSA) guidance.
- There was an effective system to manage infection prevention and control at the premises.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- We found that some staff had not completed training, including safeguarding adults and children and chaperone training.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The consultant completed annual life support training and told us that in the case of medical emergencies, the emergency services would be called. We found that whilst there was emergency equipment on site, including oxygen and a defibrillator, there were no suitable emergency medicines kept to deal with medical emergencies and no risk assessment had been completed reviewing whether emergency medicines were required.
- We found that the practice did not have a comprehensive patient identification procedure, where the provider could verify the identity of patients attending the service.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

Requires Improvement

Are services safe?

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 kept handwritten notes from consultations which were translated into clinical letters and reports. The clinical notes were kept in locked filing cabinets. The clinical reports were password protected and were sent to patients and their GPs by post. Some documentation, for example, signed consent forms, was kept in a locked filing cabinet at the home of the consultant. We did not see a copy of a signed consent form.
- There was a process in place for the sharing of information with staff and other agencies where permission had been provided by patients, to enable them to deliver safe care and treatment.
- There was a process in place to effectively manage test results.

Safe and appropriate use of medicines

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

- The service did not keep emergency medicines on the premises and no risk assessment had been completed regarding what emergency medicines may be required.
- The service did not carry out any formal clinical audits, however the consultant discussed cases with colleagues and shared knowledge where appropriate.
- The service had a process in place to prevent the forgery of prescriptions.

Track record on safety and incidents

The service had a good safety record.

- Clinical and electrical equipment had been checked to ensure it was working safely.
- 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 service had not reported or investigated any significant events in the last 12 months.
- Staff we spoke with told us that they understood their duty to raise concerns and report incidents and near misses. The service was aware of the requirements of the duty of candour.
- The service had a process in place for receiving and acting on patient safety alerts.

Requires Improvement

Are services effective?

We rated effective as Requires improvement because:

- We found that the service did not undertake clinical audits or formal quality assurance activity to review and improve patient care outcomes.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- Staff signposted patients to relevant services and advised them what to do if their condition worsened.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The service ensured that care and treatment was delivered using current evidence based guidelines.
- The service did not carry out any formal clinical audits. The consultant discussed cases with colleagues and shared knowledge where appropriate.

Effective staffing

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

- Staff were appropriately qualified. The relevant professional was registered with the General Medical Council and was up to date with revalidation.
- We identified gaps in the training record for some staff.
- The service had completed annual appraisals with staff.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. The service told us that information was shared with patients' NHS GPs if consent was provided.
- Clinicians made referrals to other specialists where appropriate.
- Before providing treatment, the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.

Requires Improvement

Are services effective?

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Patients received coordinated and person-centred care. Where appropriate, advice and signposting was given to patients about living healthier lives, including advice on exercise and diet.
- 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, staff 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.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions about their care and treatment.

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. The service conducted an annual patient survey to check that the service being delivered was in line with what patients' wanted. Feedback was reviewed annually, at the same time of staff appraisals.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first, language, however this had not been required. The practice business manager spoke several languages and could assist patients where required. The service told us that patients sometimes brought an interpreter with them to appointments.
- The service told us that patients sometimes brought family or friends with them for support, which it accommodated.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them support and would discuss their needs.

Good

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.

- The provider understood the needs of their patients and improved services in response to those needs.
- 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. There were steps to access the premises. The service told us that the building had a ramp available for patients with mobility issues.
- On attendance at the premises, patients were greeted by reception staff. The consultant would then go an collect the patient from the main reception area and take to the clinic. The practice allowed 30 minutes for consultations generally, although longer consultations were provided where required depending on the needs of patients.

Timely access to the service

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

- Requests for appointments were managed by the practice business manager. Calls made to the service out of hours were transferred to the consultant's mobile phone and were answered if possible.
- The service was open on Tuesdays and Thursdays from 9am to 5pm, although these hours were flexible if later hours were required.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

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.

- The service had a complaints procedure document that was given to patients in an information pack. The service had received no complaints in the last 12 months.

Requires Improvement

Are services well-led?

We rated well-led as Requires improvement because:

- The system for oversight of staff training was not sufficient.
- The practice had a governance framework, however, it was not always effectively managing risks. This included the risks associated with management of medical emergencies on the premises.
- We did not see evidence of clinical audits that had been undertaken or other evidence of quality improvement.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable. They worked closely with staff to make sure they prioritised compassionate and inclusive leadership.

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 which supported person-centred care. The service told us that its priority was to ensure safe and effective treatment, to try to improve the quality of life of patients and to treat patients holistically.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The service actively promoted equality and diversity.
- Staff were clear on their roles and accountabilities.

Governance arrangements

There was a lack of good governance in some areas and improvements were required.

- The service had a governance framework, however, it was not always effectively managing risks. This included the risks associated with management of medical emergencies on the premises as the practice did not keep emergency medicines on site.
- The service had a clinical system to store patients' medical records securely and maintain privacy of confidential information.

Managing risks, issues and performance

Requires Improvement

Are services well-led?

There were processes for managing risks, issues and performance, however some improvements were required.

- There were processes in place to identify, understand, monitoring and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts.
- We did not see evidence of any clinical audits that had been undertaken which identified any areas for improvement.

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.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The service sought feedback from patients annually.
- Staff told us about the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- The system for oversight of staff training was not sufficient. We found that some staff had not received some training including safeguarding adults and children training. They had also not completed chaperone training.

This section is primarily information for the provider

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HCSA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** Processes and procedures to keep patients safe were not always effective. In particular, we found: • Staff had not completed some training, including safeguarding adults and children training and had also not completed chaperone training. • The service did not keep emergency medicines on the premises. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person had failed to ensure there were effective systems and processes in plan to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. In particular, we found: • The service did not undertake clinical audits or formal quality assurance activity to review and improve patient care outcomes.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.